

# **Public Disclosure for Tax-Exempt Organizations**

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption.<sup>1</sup> If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization **may omit names and addresses of contributors from its return(s)**. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

# 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.

# 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.

## Written Requests

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.

## What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

<sup>&</sup>lt;sup>1</sup> Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, *e.g.*, information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

# Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

# Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet 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.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

# What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

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

Form	9	9	0

# **Return of Organization Exempt From Income Tax**

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

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.

OMB No. 1545-0047

Open to Public

A	For th	e 2020	) calendar year, or tax year beginning	07	/01,2020	), and end	dina		00	5/30, <b>20</b>	21	
			C Name of organization	-	,	,	<u>9</u>	D Employer id		-		
Β	Check if a	applicable:	WABASH COLLEGE					35-086	5820	2		
	Addr	ess	Doing business as							-		
-	chan		Number and street (or P.O. box if mail is	not delivered to street addres	s)	Room/su	uite	E Telephone n	umber			
-	-	e change	P. O. BOX 352		,0)	100111/00		(765) 3				
-		l return return/	City or town, state or province, country, a	and ZIP or foreign postal code				(705) 5	01-0	5011		
		inated			5					220	100	211
	retur		CRAWFORDSVILLE, IN 479					G Gross receip H(a) Is this a gr		238,		
	pend		<b>F</b> Name and address of principal officer:	SCOTT FELLER				subordinate			F	XNO
			PO BOX 352, CRAWFORDS	VILLE, IN 47933			1	H(b) Are all subo			Yes	No
<u> </u>		kempt st		) ┥ (insert no.)	4947(a)(1)	) or	527	lf "No,"	attach a	a list. See instru	uctions	
_			WWW.WABASH.EDU					H(c) Group exe	· ·			
Κ	Form	of orgar	nization: X Corporation Trust	Association Other	•	LY	ear of format	tion: 1832 <b>N</b>	State	of legal don	nicile:	IN
P	art I		ımmary									
	1	Briefly	y describe the organization's mission or	r most significant activitie	s: WABAS	SH COLI	LEGE IS	A LIBER	AL A	ARTS CO	LLEG	Έ
e		FOR	MEN THAT EDUCATES THEM	TO THINK CRITI	CALLY,	ACT RI	ESPONSI	BLY, LEA	D			
Jan		EFF	ECTIVELY, AND LIVE HUMAN	NELY.								
/eri	2	Check	k this box 🕨 🦳 if the organization di	liscontinued its operatior	ns or dispos	sed of mor	e than 25%	6 of its net asse	ets.			
Governance	3	Numb	per of voting members of the governing						3			40.
ళ	4		per of independent voting members of the						4			39.
Activities	5		number of individuals employed in cale						5			951.
tivi	6		number of volunteers (estimate if necess						6			39.
Act	-		unrelated business revenue from Part VI						7a		121,	812.
			nrelated business taxable income from F						7b		,	0.
		ivel u		Form 990-1, Fait I, line T				Prior Year	10	Curr	ent Ye	
	•	Contr	ibutions and grants (Dort )/III, line (1b)					33,720,1	26			643.
iue	8		ibutions and grants (Part VIII, line 1h)					46,402,4				369.
Revenue	9		am service revenue (Part VIII, line 2g)									622.
Re			tment income (Part VIII, column (A), line					9,559,0				
	11		revenue (Part VIII, column (A), lines 5,					64,1				718.
	12		revenue - add lines 8 through 11 (must					89,745,7				352.
	13		ts and similar amounts paid (Part IX, colu					25,830,5		28,6	682,	804.
	14	Benef	fits paid to or for members (Part IX, colu	ımn (A), line 4)					0.			0.
S	15		ies, other compensation, employee bene					27,916,4				711.
Expenses	16 a	Profe	ssional fundraising fees (Part IX, column	n (A), line 11e)				299,7	03.		199,	550.
ďx	b	Total	fundraising expenses (Part IX, column (I	D), line 25) ▶2 ,	149,852	2.						
ш	17		expenses (Part IX, column (A), lines 11					27,092,0	23.	26,4	436,	839.
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A), line	25)			81,138,7	35.	82,	737,	904.
	19	Rever	nue less expenses. Subtract line 18 from	n line 12				8,607,0	28.	2,6	656,	448.
or	20 21 22							nning of Current	Year	End	of Year	r
lanc	20	Total	assets (Part X, line 16)				5	537,122,1	52.	622,0	033,	627.
Ass Ba	21		liabilities (Part X, line 26)				• •	68,640,7	56.	64,2	202,	057.
Net	22		ssets or fund balances. Subtract line 21				4	168,481,3	96.	557,8	831,	570.
	art II		gnature Block									
_			of perjury, I declare that I have examined thi	is return, including accomp	anving sched	dules and s	statements. a	and to the best	of mv	knowledge a	and bel	lief. it is
true	e, corr	ect, and	complete. Declaration of preparer (other than	n officer) is based on all info	mation of wh	nich prepar	rer has any k	nowledge.	- ,			-,
								05/3	16/2	022		
Sig	n		Signature of officer					Date	/ _			
He	-		KENDRA COOKS		CFO, I	ידים מחסי	PFP					
			Type or print name and title			INEAD01						
			Type preparer's name	Preparer's signature		Date				PTIN		
Paid	d			all'e Buller	4				"		10171	-
	parer		OLE B FISHBACK	Theor P. Fishb	acR	05/	/16/202			P0127		<u> </u>
	only		sname BKD, LLP			1. 4.5.0.0		Firm's EIN 🕨				
		_	s address ▶201 N. ILLINOIS S							-383-40		
	-		liscuss this return with the preparer		nstructions	5)						No
For	Pape	rwork	Reduction Act Notice, see the separate	te instructions.						Form	990	(2020)
JSA												

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WADADII	COLLEGE

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5	5 0	00	02	0 2

	n 990 (2020)			Page <b>2</b>
Pa	Statement of Program Se			
1	Briefly describe the organization's m	ins a response or note to any line in this Pa		· · · · · · · · · · · · · · · · · · ·
-	, .	RAL ARTS COLLEGE FOR MEN THAT	EDUCATES THEM	
		RESPONSIBLY, LEAD EFFECTIVEL		
	HUMANELY.			
2	Did the organization undertake any	significant program services during the y	ear which were not listed on t	he
-				
	If "Yes," describe these new services	s on Schedule O.		
3	-	ucting, or make significant changes in	how it conducts, any progra	am
-		· · · · · · · · · · · · · · · · · · ·		
	If "Yes," describe these changes on 3			
4	Describe the organization's progra	m service accomplishments for each of	its three largest program ser	vices, as measured by
		01(c)(4) organizations are required to re	port the amount of grants and	d allocations to others,
	the total expenses, and revenue, if a	ny, for each program service reported.		
4a	(Code: ) (Expenses \$	73,439,141. including grants of \$ 24	8,682,804. ) (Revenue \$	48,580,671. )
	INSTRUCTION - THE ACADEM	IC INSTRUCTION PROGRAM. STUDE	NT SERVICES	
	AND ATHLETICS - ACTIVITI	ES WHOSE PRIMARY GOAL IS TO C	ONTRIBUTE TO	
		AND PHYSICAL WELL-BEING AS WE		
	INTELLECTUAL, CULTURAL, A	AND SOCIAL DEVELOPMENT OUTSID	E OF THE	
		ORT AND LIBRARY - SUPPORT SER		
	INSTRUCTION, RESEARCH, AN	ND PUBLIC SERVICE. INCLUDES L	IBRARY AND	
	COMPUTER SERVICES. 868 ST	FUDENTS SERVED.		
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
40	(Code: ) (Expenses \$	including grants of \$	) (Povonuo <sup>¢</sup>	)
40			) (Revenue \$	)
4d	Other program services (Describe o	-		
		ng grants of \$ ) (Revenu	ie \$ )	
0	Total program service expenses <b>&gt;</b>	73,439,141.		
JSA 0E1	020 1.000			Form <b>990</b> (2020)
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Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"

Is the organization required to complete Schedule B, Schedule of Contributors See instructions?

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to

candidates for public office? If "Yes," complete Schedule C, Part I .....

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)

election in effect during the tax year? If "Yes," complete Schedule C, Part II.

5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5
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
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	
•	<i>complete Schedule D, Part III</i> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8
9		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10
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,"	
u	complete Schedule D, Part VI	11a
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b
с	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f
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
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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13
	Did the organization maintain an office, employees, or agents outside of the United States?	14a
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16
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
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	
	If "Yes," complete Schedule G, Part III	19
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21
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**Checklist of Required Schedules** 

Form 990 (2020)

Part IV

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Form 990 (2020)

Page **4** 

Part	V 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		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		Х	
04.5	employees? If "Yes," complete Schedule J.	23	Δ	
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	240	x	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
L.	to defease any tax-exempt bonds?	24c		х
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa		25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	2.Ja		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
		28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		37	
• •	conservation contributions? If "Yes," complete Schedule M	30	Х	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	~~		Х
22	complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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,	33		
54	or IV, and Part V, line 1.	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity 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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in 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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
184	reportable gaming (gambling) winnings to prize winners?	1c	000	
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Form 990 (2020)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 951			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).			
30	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country	iu		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
۶a		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		х
	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6h		
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		х
	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-	х	
	required to file Form 8282?	7c		
		7.		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

Form 9	90 (2020) WABASH COLLEGE 35-04	368202	I	Page <b>6</b>
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	O. See in	nstruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	40		
b	Enter the number of voting members included on line 1a, above, who are independent	39		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	h		
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the dire	ot		
	supervision of officers, directors, trustees, or key employees to a management company or other person?			Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х
6	Did the organization have members or stockholders?			Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoi	nt		
	one or more members of the governing body?	_	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) member stockholders, or persons other than the governing body?			x
8	Did the organization contemporaneously document the meetings held or written actions undertaken durir			
•	the year by the following:	9		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	le Code	).)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter	s,		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?		X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes			
	describe in Schedule O how this was done		X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?		X	
15	Did the process for determining compensation of the following persons include a review and approval b	-		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		x	
а	The organization's CEO, Executive Director, or top management official			
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme			x
	with a taxable entity during the year?			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate i participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?			
Secti	on C. Disclosure			<u> </u>
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA, IN,			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99		tion F	- - - 
10	<ul> <li>(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>X Own website Another's website X Upon request Other (explain on Schedule O)</li> </ul>			501(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflic	t of inte	rest r	oolicy.
	and financial statements available to the public during the tax year.		· · · r	- , ,
20	State the name, address, and telephone number of the person who possesses the organization's books and rec KENDRA A. COOKS P.O. BOX 352 CRAWFORDSVILLE, IN 47933 765-361-6212	ords 🕨		
	RENDRA A. COUKS P.U. BUX 352 CRAWFURDSVILLE, IN 47933 765-361-6212			
JSA		Form	990	(2020)

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 instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

				(0	C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average					e than c		Reportable	Reportable	Estimated amount
	hours					is both		compensation	compensation	of other
	per week (list any				-	or/trust	, 	from the organization	from related organizations	compensation from the
	hours for	Individual trustee or director	Inst	Officer	Key employee	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	vid u	itutio	cer	emp	loye	ner			related organizations
	organizations	br tr	Institutional trustee		oloye	ë on				
	below dotted line)	Jste	trus		e	h pen				
		e	tee			Highest compensated employee				
						ă				
(1)HESS, GREGORY	50.00									
FORMER PRESIDENT	1.00	1					Х	358,919.	0.	34,345.
(2) FELLER, SCOTT E.	50.00									
PRESIDENT	1.00	X		Х				316,647.	0.	42,871.
(3)JONES, STEVEN L.	50.00									
DEAN FOR PROF. DEVELOPMENT	0.					X		225,106.	0.	31,937.
(4) JANSSEN, MICHELLE L.	50.00									
DEAN FOR ADVANCEMENT	0.	1				Х		192,219.	0.	55,135.
(5)COOKS, KENDRA A.	50.00									
CHIEF FINANCIAL OFF/TREASURER	0.	1		Х				195,300.	0.	45,000.
(6)WESTFIELD, NANCY L.	50.00									
DIRECTOR OF WABASH CENTER	0.					Х		189,841.	0.	22,023.
(7)AMIDON JR, JAMES L.	50.00									
SECRETARY/CHIEF OF STAFF	0.			Х				152,099.	0.	29,190.
(8)NELSON, DEREK R.	50.00									
PROFESSOR OF RELIGION/DIRECTOR	0.					Х		152,759.	0.	23,438.
(9) BLAICH, CHARLES M.	50.00									
DIRECTOR OF INQUIRIES-CILA	0.					Х		147,169.	0.	25,544.
(10) <sup>ALLEN</sup> , JAY R.	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(11) BIRD, JEREMIAH C.	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(12) BOWEN, STEPHEN S.	1.00									
TRUSTEE	0.	Х						0.	0.	0
(13) BRADY, WILLIAM P.	1.00									
TRUSTEE	0.	X						0.	0.	0
(14) BRAR, AMAN D.	1.00									
TRUSTEE	0.	Х						0.	0.	0.

Form 990 (2020)

	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average			Pos				Reportable	Reportabl			timated	
		hours per	•				e than on is both a		compensation	compensation	n from		ount of	
		week (list any hours for	office				or/truste		from	related			other pensati	nn
		related	9 <del>5</del>						the organization	organizatio (W-2/1099-N			om the	<i>"</i>
		organizations	divi	stitu	Officer	ÿ e	ghe	Former (	(W-2/1099-MISC)	(**-2/1033-1		org	anizatio	n
		below dotted	dua	Itior	Ĩ	mpl	st c yee	≝   `	()				d related	
		line)	r tr	nal t		Key employee	mp					orga	anizatior	IS
			Individual trustee or director	Institutional trustee			ens							
				ee			Highest compensated employee							
5)	BRAUN, CHRISTOPHER J.	1.00						_						
	TRUSTEE	0.	x						0.		0.			
6)	CAMPBELL, STEVEN L.	1.00												
	TRUSTEE	0.	x						0.		0.			
7)	CASTANIAS, GREGORY A.	1.00						-						
	TRUSTEE	0.	x						0.		0.			
8)	CROUSORE, ANDREW P.	1.00						+						—
-/	TRUSTEE	0.	x						0.		0.			
91	DAVLIN V, JAMES A.	1.00						+	0.		~ ·			_
	TRUSTEE	0.	x						0.		0.			
))	ESTELL, R. GREGORY	1.00	- 22					-+	0.		5.			
	TRUSTEE	0.	x						0.		0.			
	EVANS, JENNIFER	1.00	- 22					-+	0.		5.			
	TRUSTEE	0.	x						0.		0.			
2 1	EVERSOLE, M. ERIC	1.00						_	0.		0.			
		1.00	v						0.		ο.			
> \	TRUSTEE		X					-+	0.		0.			
<u>)</u>	FOX JR, JOHN N.	1.00							^					
1 \	TRUSTEE	0.	X						0.		0.			
±)	GRAND, ROBERT T.	1.00	37						0					
- \	TRUSTEE	0.	X					-+	0.		0.			
<u>)</u>	JOVANOVICH, RAY W.	1.00							-					
	TRUSTEE	0.	X						0.		0.			
	Sub-total							▶∟	1,930,059.		0.		309,4	18
	Total from continuation sheets to Part VII, S	-						▶∟	0.		0.			
	Total (add lines 1b and 1c)								1,930,059.		0.	-	309,4	8
	Total number of individuals (including but not reportable compensation from the organization		nose 18		d at	bove	e) who	rece	eived more than	\$100,000 of			Yes	1
	Did the organization list any former offic													
	employee on line 1a? If "Yes," complete Sched	lule J for suc	ch ind	ividu	ual	• •		• •			• •	3	Х	
	For any individual listed on line 1a, is the													
	organization and related organizations gi												v	
	individual											4	X	
	Did any person listed on line 1a receive or for services rendered to the organization? If "\											5		
	tion B. Independent Contractors													_
	Complete this table for your five highest con compensation from the organization. Report year.													
	(A)								(B)		~	(C)		_
	Name and business ad TACHMENT 1	aress							Description of se	rvices	С	ompens	sation	
, m														_
Υ														
λT	IACHMENI I													_

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 ► 22

Howare weilt langer beschunger weilt langer der der der der der der der der der der	(A) Name and title	(B) Average			<b>(C)</b> Positie			(D) Reportable	<b>(E)</b> Reportab	ble		<b>F)</b> mated	
Instruction     Ins		-		not ch	eck m	ore than		· ·					
International registration     Internation     International registration     Int													n
Image: Second Secon			9 5		-								"
Image: Second Secon		organizations	divio	stitu	fice	nplo	me	U U	(11 2/10001	(100)	orgar	nizatio	ı
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Image: Second Secon		line)	۲ tr	alt		duc l					organ	Ization	S
Image: Second Secon			stee	rust	`	ens ens							
6)       ENNEDY III, PETER M.       1.00       x       0.       0.         TRUSTRE       0.       x       0.       0.       0.         TRUSTRE       0.       x       0.       0.       0.         NENNEY, PHILLTP G.       0.       0.       0.       0.       0.         TRUSTRE       0.       x       0.       0.       0.         NILBARE, JAMES J.       1.00       0.       0.       0.         TRUSTRE       0.       x       0.       0.       0.         1.ADELISE, FRANK R.       1.00       0.       0.       0.       0.         TRUSTRE       0.       0.       0.       0.       0.       0.         1.LEWIS, DAVID P.       1.00       0.       0.       0.       0.       0.         2.       MONAUGHT JR, HARRY F.       1.00       0.       0.       0.       0.       0.         3.       OLSON, CORY M.       1.00       X       0.       0.       0.       0.         TRUSTEE       0.       X       0.       0.       0.       0.       0.       0.         1.010       TRUSTEE       0.       X				ee		atec							
TrUSTEE       0       0       0         7) KENNEY, PHILLIP G.       1.00       0       0         TRUSTEE       0       0       0       0         8) KILBANE, JAMES J.       1.00       0       0       0         70) KENNEY, PHILLIP G.       0       0       0       0         70) KUSTEE       0       0       0       0         9) KOLISEK, FRANK R.       1.00       0       0       0         10 LADRIFEE II, RAYMOND E.       1.00       0       0       0         11 LEWIS, DAVID P.       1.00       0       0       0         12 NONINGHT JR. HARRY F.       1.00       0       0       0         13 OLSON, CORY M.       1.00       0       0       0         TRUSTEE       0       X       0       0       0         10 USSIGE       0.10       X       0       0       0         11 USTSE       0.100       X       0       0       0         10 USTSEE       0.10       X       0       0       0         10 USTSEE       0.10       X       0       0       0         10 USTSEE       0.10       X<	6) KENNEDY III, PETER M.	1.00											
TRUSTEE       0       0       0       0         8) KILBANE, JAMES J.       1.00       0       0       0         1RUSTEE       0       0       0       0         1LENES, DAVID P.       0       0       0       0         TRUSTEE       0       0       0       0       0         1LENES, DAVID P.       1.00       0       0       0       0         TRUSTEE       0       X       0       0       0         1Store       0       X       0       0       0         TRUSTEE       0       X       0       0       0         1PERINDERER, KELLY D.       1.00       X       0       0       0         1RUSTEE       0       X       0       0       0       0         1RUSTEE       0       X       0       0       0       0       0         1RUSTEE		0.	x					0.		0.			
8)       XLIBANE, JAMES J.       1.00       0. x       0.0.         TRUSTEE       0.0.       x       0.0.       0.0.         9)       KOLISEK, FRANK R.       0.00       0.0.         10.10APLERE II, RAYMOND E.       1.00       0.0.       0.0.         11.10PLERE II, RAYMOND E.       0.0.       0.0.       0.0.         11.10PLERE II, RAYMOND F.       0.00       0.0.       0.0.         11.10PLERE II, RAYMOND F.       0.00       0.0.       0.0.         11.10PLERE III, RAYMOND F.       0.00       0.0.       0.0.         11.10PLERE III, RAYMOND F.       0.00       0.0.       0.0.         11.10PLERE IIII, RAYMOND F.       0.00       0.0.       0.0.         11.10PLERE IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	7) KENNEY, PHILLIP G.	1.00											
TUSTEE       0       0       0         9) KOLISEK, FRANK R.       1.00       0       0         TRUSTEE       0       0       0         0) LADRIERE II, RAYMOND E.       1.00       0       0         11 LEWIS, DAVID P.       0       0       0         12 MCNAUGHT JR, HARRY F.       0       0       0         13 OLSON, CORV M.       1.00       0       0         TRUSTEE       0       0       0       0         15 PFLEDERER KELLY D.       0       0       0       0         15 PFLEDERER, KELLY D.       0       0       0       0         17EUSTEE       0       X       0       0       0         15 PFLEDERER, KELLY D.       1.00       0       0       0       0         17EUSTEE       0       X       0       0       0       0         17EUSTEE       0       X       0	TRUSTEE	0.	Х					0.		0.			
9) SOLISEK, FRANK R. 1.00   TRUSTEE 0,   0 LADRIERE II, RAYMOND E.   0, 0,   11. LEWIS, DAVID P. 1.00   TRUSTEE 0,   x 0   0. x   0. 0.   11. LEWIS, DAVID P.   12. MCNAUGHT JR, HARRY F.   13. OLSON, CORY M.   14. DOU   17. TRUSTEE   0.   17. USTEE   0.   10. LADRIERE, XELLY D.   10. CORY M.   11. COO   11. COO   12. CORY M.   13. CORY M.   14. CON   15. PPLEDDERER, KELLY D.   10. TRUSTEE   10. RAMRY, GARY D.   11. COO   12. Contractor   13. Contractor   14. Contractor   15. Contractor   16. Contractor   18. Contractor   10. Contractor   10. Contractor   10. Contractor   10. Contractor   10. Contrelet this table for your five highest compensation from the o	8) KILBANE, JAMES J.	1.00											_
TRUSTEE       0       0       0       0         1 LADRIERE II, RAYMOND E.       1.00       0       0       0         TRUSTEE       0       0       0       0       0         1 LEWIS, DAVID P.       1.00       0       0       0       0         TRUSTEE       0       0       0       0       0       0         2) MCNAUGHT JR, HARRY F.       1.00       0       0       0       0         TRUSTEE       0       0       0       0       0       0         3) OLSON, CORY M.       1.00       0       0       0       0       0         TRUSTEE       0       X       0       0       0       0       0       0         1.00       X       0<	TRUSTEE	0.	X					0.		0.			
0)       LADRIERE II, RAYMOND E.       1.00       x       0       0.         TRUSTEE       0.       x       0       0.       0.         1)       LEWIS, DAVID P.       1.00       x       0.       0.       0.         TRUSTEE       0.       x       0.       0.       0.       0.         2)       MCNAUGHT JR, HARRY F.       1.00       x       0.       0.       0.         3)       OLSON, CORY M.       1.00       x       0.       0.       0.         4)       PERKINS, JEFFREY M.       1.00       x       0.       0.       0.         TRUSTEE       0.       x       0.       0.       0.       0.       0.         5)       PELEDDERER, KELLY D.       1.00       x       0.       0.       0.       0.         6)       REAMEY, GARY D.       1.00       x       0.<	9) KOLISEK, FRANK R.	1.00											
TRUSTEE       0       0       0       0         1) LEWIS, DAVID P.       1.00       0       0       0         TRUSTEE       0       0       0       0         2) MCNAUGHT JR, HARRY F.       1.00       0       0       0         TRUSTEE       0       0       0       0       0         3) OLSON, CORY M.       1.00       0       0       0       0         TRUSTEE       0       X       0       0       0         3) OLSON, CORY M.       1.00       0       0       0       0         TRUSTEE       0       X       0       0       0       0         10 PERKINS, JEFFREY M.       1.00       X       0       0       0       0         TRUSTEE       0       X       0       <	TRUSTEE	0.	Х					0.		0.			
1)       LEWIS, DAVID P.       1.00       x       0       0.         TRUSTEE       0.       x       0       0.       0.         2)       MCNAUGHT JR, HARRY F.       1.00       x       0       0.         3)       OLSON, CORY M.       1.00       x       0       0.         TRUSTEE       0.       x       0       0.       0.         3)       OLSON, CORY M.       1.00       x       0       0.         TRUSTEE       0.       x       0       0.       0.         1)       PERKINS, JEFFREY M.       1.00       x       0       0.         TRUSTEE       0.       x       0       0.       0.         100       TRUSTEE       0.       x       0       0.         1100       1.00       x       0       0.       0.         1100       1.00       x       0       0.       0.       0.         1100       1.00       x       0       0.       0.       0.       0.         1201       REAMEY, GARY D.       1.00       x       0       0.       0.       0.         2       Total fom continuat	0) LADRIERE II, RAYMOND E.	1.00											
TRUSTEE       0.       0.       0.         2) MCNAUGHT JR, HARRY F.       1.00       0.       0.         TRUSTEE       0.       X       0.       0.         3) OLSON, CORY M.       1.00       0.       0.       0.         TRUSTEE       0.       X       0.       0.       0.         4) PERKINS, JEFFREY M.       1.00       0.       0.       0.       0.         5) PFLEDDERER, KELLY D.       1.00       0.       0.       0.       0.         6) REAMEY, GARY D.       0.0       0.       0.       0.       0.         7RUSTEE       0.       X       0.       0.       0.       0.         6) REAMEY, GARY D.       1.00       0.       0.       0.       0.       0.         7RUSTEE       0.       0.       0.       0.       0.       0.       0.         10 Sub-total       0.       0.       0.       0.       0.       0.       0.       0.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization s greater than \$150,000? If 'Yes," complete Schedule J for such individual	TRUSTEE	0.	Х					0.		0.			
2) MCNAUGHT JR, HARRY F.       1.00       x       0       0.         TRUSTEE       0.       x       0       0.         3) OLSON, CORY M.       1.00       0       0.         TRUSTEE       0.       x       0       0.         4) PERKINS, JEFFREY M.       1.00       0       0.       0.         5) PFLEDDERER, KELLY D.       1.00       0.       0.       0.         TRUSTEE       0.       x       0.       0.       0.         5) PFLEDDERER, KELLY D.       1.00       0.       0.       0.       0.         6) REAMEY, GARY D.       1.00       0.       0.       0.       0.       0.         7 Total form continuation sheets to Part VII, Section A       0.       0.       0.       0.       0.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶       18         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .       3 X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization?       3 X         5 Did any person listed on line 1a receiv	1) LEWIS, DAVID P.	+											
TRUSTEE       0.       X       0.       0.         3) OLSON, CORY M.       1.00       X       0.       0.         TRUSTEE       0.       X       0.       0.         4) PERKINS, JEFFREY M.       1.00       0.       0.       0.         TRUSTEE       0.       X       0.       0.       0.         5) PFLEDDERER, KELLY D.       1.00       0.       0.       0.       0.         6) REAMEY, GARY D.       1.00       0.       0.       0.       0.         7RUSTEE       0.       X       0.       0.       0.         6) REAMEY, GARY D.       1.00       0.       0.       0.       0.         7RUSTEE       0.       X       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0. <td< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td>0.</td><td></td><td>0.</td><td></td><td></td><td></td></td<>			Х					0.		0.			
3)       OLSON, CORY M.       1.00       x       0.0.         TRUSTEE       0.1.00       0.0.       0.0.         4)       PERKINS, JEFFREY M.       1.00       0.0.         TRUSTEE       0.1.00       0.0.       0.0.         TRUSTEE       0.0.1       0.0.       0.0.         5)       PFLEDDERER, KELLY D.       1.00       0.0.         TRUSTEE       0.0.1       0.0.       0.0.         6)       REAMEY, GARY D.       1.00       0.0.         TRUSTEE       0.0.1       0.0.       0.0.         15       Sub-total       0.0.0.       0.0.         c       Total from continuation sheets to Part VII, Section A       0.0.0.       0.0.         c       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organizatio	2) MCNAUGHT JR, HARRY F.	1.00	-										
TRUSTEE       0       0       0         4) PERKINS, JEFFREY M.       1.00       0       0         TRUSTEE       0.1       1.00       0       0         5) PFLEDERER, KELLY D.       1.00       0       0       0         7RUSTEE       0.1       0       0       0       0         6) REAMEY, GARY D.       1.00       0       0       0       0         7RUSTEE       0.1       0       0       0       0       0         6) REAMEY, GARY D.       1.00       0       0       0       0       0         7RUSTEE       0.0       0       0       0       0       0       0       0         7RUSTEE       0.0       0			Х					0.		0.			
4)       PERKINS, JEFFREY M.       1.00       x       0       0.         TRUSTEE       0.       x       0       0.       0.         5)       PFLEDDERER, KELLY D.       1.00       0.       0.       0.         TRUSTEE       0.       0.       0.       0.       0.         6)       REAMEY, GARY D.       1.00       0.       0.       0.         TRUSTEE       0.       X       0.       0.       0.         1b Sub-total       0.       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.         c Total funder of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       18       3       X         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3) OLSON, CORY M.	+	-										
TRUSTEE       0       0       0       0         5) PFLEDDERER, KELLY D.       1.00       x       0       0.         TRUSTEE       0.       x       0       0.         6) REAMEY, GARY D.       1.00       x       0       0.         TRUSTEE       0.       x       0       0.         15) Sub-total       0       0       0.       0         c Total from continuation sheets to Part VII, Section A       0       0.       0         c Total from continuation sheets to Part VII, Section A       0       0.       0         c Total from continuation sheets to Part VII, Section A       0       0.       0         c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶       18         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3 X         4 For any individual listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person       1         5 Did any person listed on line 1a receive or accrue compensation from sum person       1       4 X </td <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td></td> <td>0.</td> <td></td> <td></td> <td></td>			Х					0.		0.			
5)       PFLEDDERER, KELLY D.       1.00       X       0       0.         TRUSTEE       0. X       0       0.       0.         6)       REAMEY, GARY D.       1.00       0.       0.       0.         TRUSTEE       0. X       0       0.       0.       0.         1b Sub-total       0.       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.         c Total (add lines 1b and 1c)       18       0.       0.       0.       0.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       3         5       Did any person listed		1.00	-										
TRUSTEE       0       0       0         6)       REAMEY, GARY D.       1.00       0       0         TRUSTEE       0       0       0       0         1b       Sub-total       0       0       0       0         c       Total from continuation sheets to Part VII, Section A       0       0       0         d       Total (add lines 1b and 1c)       0       0       0       0         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 18       18       3         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .       5       3         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report co	TRUSTEE	0.	Х					0.		0.			
6)       REAMEY, GARY D.       1.00       x       0       0.         TRUSTEE       0.       0.       0.       0.       0.         1b Sub-total       0.       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.         c Total quarks of the organization sheets to Part VII, Section A       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.       0.         c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b       18       18       18         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .       3 X       4         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5 Did any person listed on line 1a receive or accrue compensation from any u	5) PFLEDDERER, KELLY D.	1.00											
TRUSTEE       0.       x       0.       0.       0.         1b Sub-total       0.       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       >       0.       0.       0.         d Total (add lines 1b and 1c)       >       0.       0.       0.       0.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       18       Yes       N         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .       Yes       N         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .       5       3         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)       (B)       (C)			Х					0.		0.			
1b Sub-total       0.000         c Total from continuation sheets to Part VII, Section A       >         d Total (add lines 1b and 1c)       >         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       18         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3 X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4 X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         7 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)       (B)       (C)													
c Total from continuation sheets to Part VII, Section A   d Total (add lines 1b and 1c)   2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 18   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   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.	TRUSTEE	0.	Х										
d Total (add lines 1b and 1c)       Image: style	1b Sub-total						►	0.		0.			
<ul> <li>2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization &gt; 18</li> <li>3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li></ul>	c Total from continuation sheets to Part V	II, Section A											
reportable compensation from the organization >       18         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .       3 X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .       3 X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .       5 Z         8 Section B. Independent Contractors       1         1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       4         (A)       (B)       (C)													
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3 X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3 X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5 Z         5 Section B. Independent Contractors       1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)					labo	ove) wh	o re	eceived more than	\$100,000 o	f			
<ul> <li>Bid the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li></ul>	reportable compensation from the organiz	ation 🕨	18	3									
employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       5         5       Did any person listed 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)       (B)       (C)												Yes	N
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       5         5       Section B. Independent Contractors       5       5       5         1       Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)												v	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											3	A	_
individual.       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       5         5       Section B. Independent Contractors       5       5       5         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)       (B)       (C)	4 For any individual listed on line 1a, is t	he sum of rep	ortab	le co	omp	ensatio	n a	nd other compens	sation from	the			
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       5         5       Section B. Independent Contractors       5       5         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)       (B)       (C)									le J for s	uch	4	x	
for services rendered to the organization? If "Yes," complete Schedule J for such person       5         Section B. Independent Contractors       1         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)										••	4		_
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)											5		2
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)       (B)       (C)				icuui	001	01 3001	i per	30/1			<b>J</b>		_
(A) (B) (C)	1 Complete this table for your five highest												
	year.												
	(A)							(B)			(C)		
		s address							rvices	Co		tion	

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  $\blacktriangleright$ 

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	ye	es,	and H	ligl	hest Compensat	ed Employ	ees (co	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reporta compensatio relate organizat	on from d	<b>(F)</b> Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
37) SCHROEDER, JOHN C. TRUSTEE	1.00	x						0		0.	
8) SHELBOURNE, K. DONALD	1.00							0	•	0.	
TRUSTEE		х						0		0.	
9) SHERWIN, ROBERT A.	1.00										
TRUSTEE	0.	x						0		0.	
0) SNODELL III, WALTER S.	1.00										
TRUSTEE	0.	Х						0	•	0.	
1) TURK, JOSEPH E.	1.00	-									
TRUSTEE	0.	X						0	•	0.	
2) WALSH, THOMAS M.	1.00	v						0		ο.	
TRUSTEE 3) WHEELER, WILLIAM J.	0.	X						0	•	0.	
TRUSTEE		x						0		0.	
4) WILLIAMS, JAMES P.	1.00								•		
TRUSTEE	0.	х						0		0.	
5) WILSON, PETER C.	1.00										
TRUSTEE	0.	х						0		0.	
6) WOOLS, PAUL	1.00										
TRUSTEE	0.	Х						0	•	0.	
7) WUNDERLICH, KATHLEEN	1.00	-									
TRUSTEE	0.	Х						0	•	0.	
1b Sub-total								0.		0.	
c Total from continuation sheets to Part VII	-				• •						
d Total (add lines 1b and 1c)								acived more than	¢100.000.4		
reportable compensation from the organiza		18 18		ua	DOV	e) who	Jie	ceived more than	\$100,000 (	וכ	
			-								Yes N
3 Did the organization list any former o employee on line 1a? If "Yes," complete Sch											3 X
4 For any individual listed on line 1a, is th organization and related organizations individual	greater than	\$15	50,0	00?	P If	"Yes	;," (	complete Schedu	le J for a	such	4 X
5 Did any person listed on line 1a receive for services rendered to the organization? If	or accrue co	mpen	sati	on	fron	n any	uni	related organization	on or indivi	dual	5
Section B. Independent Contractors			lout	100	101	50011	per	30//	<u></u>		5
<ol> <li>Complete this table for your five highest c compensation from the organization. Repo year.</li> </ol>											
(A) Name and business	address							<b>(B)</b> Description of se	ervices	Co	(C) ompensation

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  $\blacktriangleright$ 

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-	n 990 (2020)													Page <b>8</b>
Pa	art VII Section A. Officers, Directors, Tru		ey Enr ∣	nplo			and H	lig	_		yees (c	continue		
	(A) Name and title	(B) Average hours per week (list any hours for	erage Position Reportable Report rs per (do not check more than one box, unless person is both an cfliant and a dispet function of the second and the second		(E) Reporta compensati relate organiza	on from ed	e Estin a from amo ot	(F) stimated nount of other pensati	f					
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099		fro orga and	om the anizatio d related anization	n d
48	) YARED, RANA	1.00												
	TRUSTEE	0.	X						0		0.			0
			-											
			-											
			-											
			-											
			-											
									0.		0.			0.
c	<ul> <li>Sub-total</li> <li>Total from continuation sheets to Part VII, S</li> <li>I Total (add lines 1b and 1c)</li> </ul>	ection A	· · ·	•••	•••	· ·	· · ·							
2	Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				o re	eceived more than	\$100,000	of			
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3	Yes X	No
4	For any individual listed on line 1a, is the sorganization and related organizations groups of the sorganization o	eater than	\$15	50,0	00?	i If	"Yes	s,"	complete Schedu	le J for	such			
5	<i>individual</i> Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or indiv	idual	4	X	X
Se	ection B. Independent Contractors	es, comple	ie SCI	ieat	iie J	i ior	SUCH	per	5011	<u></u>		5		
1	· · · · · · · · · · · · · · · · · · ·													
	(A) Name and business add	Iress							<b>(B)</b> Description of se	rvices	C	(C) Compens	sation	
_														
								+						

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 ►

_				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
oun	b	Membership dues					
ŰĔ	с	Fundraising events					
ar /	d	Related organizations	13,394.				
Dij.	е	Government grants (contributions) 1e	2,127,914.				
Sir	f	All other contributions, gifts, grants,					
er uti		and similar amounts not included above . 1f	15,247,335.				
gi	g	Noncash contributions included in					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f	\$ 3,303,562.				
a C	h	Total. Add lines 1a-1f	<u></u>	17,388,643.			
			Business Code				
/ice	2a	TUITION & FEES	611600	37,980,240.	37,980,240.		
ue l	b	FRATERNITY ROOM AND BOARD	611710	5,284,785.	5,284,785.		
s n jen	С	RESIDENCE HALL ROOM AND BOARD	611710	3,320,370.	3,320,370.		
Sev	d	ATHLETIC REVENUE	713940	1,200,914.	1,200,914.		
Program Service Revenue	е	OTHER INCOME	611710	679,060.	679,060.		
• ∣	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u></u>	48,465,369.			
	3	Investment income (including dividends					
		other similar amounts)		15,489,833.		-520,228.	16,010,061
	4	Income from investment of tax-exempt bor		0.			
	5	Royalties	(ii) Personal	0.			
	6a	Gross rents 6a					
	b		).				
	c	Rental income or (loss) 6c					
	d _	Net rental income or (loss)         Gross amount from         (i) Securities		0.			
	7a		(ii) Other				
		sales of assets other than inventory <b>7a</b> <sup>156,540,312</sup>					
- nue	b	Less: cost or other basis and sales expenses <b>7b</b> 152,703,523					
Revenue	_						
Re			•	3,836,789.			3,836,789
Other	d			5,050,105.			3,030,103
Ē	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line	0.				
		1c). See Part IV, line 18					
	b	Less: direct expenses		0.			
	c		5	0.			
	9a	Gross income from gaming activities. See Part IV, line 19	0.				
	L						
	b C	Less: direct expenses		0.			
				0.			
	10a	Gross sales of inventory, less returns and allowances	305,154.				
	F	Less: cost of goods sold	~				
	b c	Net income or (loss) from sales of inventory	-	213,718.	115,302.	98,416.	
s			Business Code				
Miscellaneous Revenue	11a						
ane	b						
scellaneo Revenue							
isc R	c d	All other revenue					
Σ		Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions		85,394,352.	48,580,671.	-421,812.	19,846,850
			· · · · · · · · · · · · · · · · · · ·	, ,	,0,0,1		.,

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

WABASH COLLEGE

Statement of Revenue

Form 990 (2020)

Part VIII

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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 842,064 842,064 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 27,819,185 27,819,185. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and 21,555 21,555 foreign individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 781,107. 645,964 123,268 11,875. trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and 12,422 12,422 persons described in section 4958(c)(3)(B) 17,557,358. 20,898,969 2,530,113. 811,498. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 1,393,574. 1,073,103. 183,124 137,347. section 401(k) and 403(b) employer contributions) 314,096. 2,903,627. 2,589,531. 9 Other employee benefits 1,429,012. 1,176,602. 104,538. 147,872. Payroll taxes 10 11 Fees for services (nonemployees): 69,747. 39,957. 29,790. a Management 231,716 437. 227,161 4,118. **b** Legal 190,313. 190,313. c Accounting 0 d Lobbying 199,550. 199,550. e Professional fundraising services. See Part IV, line 17. 1,187,234. 1,187,234 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 184,965. 3,659,617. 2,643,238. 831,414 (A) amount, list line 11g expenses on Schedule O.) 205,968. 373,613. 583,306. 3,725 12 Advertising and promotion 951,446. 837,055. 100,244. 14,147. 13 Office expenses 506,188. 451,368. 54,820. 14 Information technology 0 15 Royalties 6,389,465. 5,933,086. 392,811 63,568. Occupancy 16 245,579. 236,999. 5,747. 2,833. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 22,071. 21,721 350 19 Conferences, conventions, and meetings 959,171. 918,615. 40,556. 20 0 21 Payments to affiliates 5,269,056. 5,140,336. 127,141 1,579. 22 Depreciation, depletion, and amortization 754,023. 264,387. 489,636. Insurance 23 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.) 3,278,193. aSTUDENT ROOM & BOARD 3,278,193. **h**MEALS 391,072. 357,124. 17,722 16,226. 508,759. cBOOKS, PERIODICALS, 507,831. 708 220. AND MEDI dOFF CAMPUS EXPENSES 284,660. 88,184. 192,896 3,580. 345,390. 620. 955,223. 609,213. e All other expenses 82,737,904. 73,439,141. 7,148,911 2,149,852. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

following SOP 98-2 (ASC 958-720)

Form 990 (2020)

0

rm 9	90 (2	WABASH COLLEGE 2020)		0-0868202 Page 1
Part	t X	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this P	art X	[
			(A)	(B)
			Beginning of year	End of year
	1	Cash - non-interest-bearing	5,291. <b>1</b>	
	2	Savings and temporary cash investments	13,145,914. <b>2</b>	
	3	Pledges and grants receivable, net	25,862,089. <b>3</b>	15,527,433
	4	Accounts receivable, net.	564,417. <b>4</b>	1,077,084
	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	0.5	
	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).	0.6	
2	7	Notes and loans receivable, net	0. 7	
Assels	8	Inventories for sale or use	0.8	
Ϊ	9	Prepaid expenses and deferred charges	649,297. <b>9</b>	679,43
1	0 a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D		
	b	Less: accumulated depreciation	124,826,930. 10	c 129,567,79
1	1	Investments - publicly traded securities	71,775,102. 11	54,689,56
1	2	Investments - other securities. See Part IV, line 11	261,761,610. 12	344,393,86
1	3	Investments - program-related. See Part IV, line 11	4,594,911. 13	3,876,35
1	4	Intangible assets	<sup>0</sup> . 14	
1	5	Other assets. See Part IV, line 11	33,936,591. 15	41,578,62
1	6	Total assets. Add lines 1 through 15 (must equal line 33)	537,122,152. 16	622,033,62
1	7	Accounts payable and accrued expenses	4,541,739. 17	2,971,64
1	8	Grants payable	<sup>0</sup> . 18	6
1	9	Deferred revenue	<sup>0</sup> . 19	)
2	0	Tax-exempt bond liabilities	39,060,800. <b>20</b>	36,229,20
2	1	Escrow or custodial account liability. Complete Part IV of Schedule D	<sup>0</sup> . 21	
2	2	Loans and other payables to any current or former officer, director,		
		trustee, key employee, creator or founder, substantial contributor, or 35%		
ao		controlled entity or family member of any of these persons	0. 22	2
Ĵ   2	3	Secured mortgages and notes payable to unrelated third parties	10,000,000. 23	10,000,00
2	4	Unsecured notes and loans payable to unrelated third parties	<sup>0</sup> . <b>24</b>	
2	5	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24). Complete Part X		
		of Schedule D	15,038,217. 25	15,001,21
2	6	Total liabilities. Add lines 17 through 25	68,640,756. <b>26</b>	64,202,05
sao		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.		
	27	Net assets without donor restrictions	237,759,002. 27	272,685,07
2	8	Net assets with donor restrictions	230,722,394. 28	285,146,49
Net Assets of Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.		
2	9	Capital stock or trust principal, or current funds	29	
333	0	Paid-in or capital surplus, or land, building, or equipment fund	30	
		Retained earnings, endowment, accumulated income, or other funds.	31	
1 0 5 3		Total net assets or fund balances	468,481,396. 32	
<u> </u>	3	Total liabilities and net assets/fund balances	537,122,152. 33	

Form 990 (2020)

JSA

Form 99	90 (2020)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				352.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8			904.
3	Revenue less expenses. Subtract line 2 from line 1	3				448.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				396.
5	Net unrealized gains (losses) on investments	5	8	6,7	13,4	401.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		_	19,0	675.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	55	7,8	31,5	570.
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," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	na			
	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	•			х	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Λ	
	If the organization changed either its oversight process or selection process during the tax year, e	kplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	he		х	
_	Single Audit Act and OMB Circular A-133?		.•• ⊦	3a	Λ	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•		<b>.</b>	Х	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	•••	3b		

Form **990** (2020)

SCHE	EDU	LE	Α
(Form	990	or	990-EZ)

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

		evenue Service		Go to www.irs.go	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
		he organization						Employer ident	ification number
WAI	BASI	H COLLEGE						35-0868	
	rt I				organizations must			,	ns.
	orga				is: (For lines 1 throug			,	
1					tion of churches desc				
2	Х				. (Attach Schedule E	-			
3		-		-	rganization described i				
4		A medical res hospital's nam	-		conjunction with a hos	spital de	scribed ir	section 170(b)(1)(	A)(III). Enter the
5		-	-	or the benefit of complete Part II.)	a college or universit	y owned	d or ope	rated by a governm	nental unit described in
6		A federal, stat	te, or local go	vernment or gover	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7		An organization	on that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or f	from the general public
		described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community	trust describe	d in section 170(b	)(1)(A)(vi). (Complete	Part II.)			
9		An agricultura	l research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	in conjunction with	a land-grant college
		or university o university:	or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the i	name, city, and state	of the college or
10 11		An organization receipts from support from acquired by the	activities rela gross investm ne organizatio	ted to its exempt f lent income and u n after June 30, 19	re than 331/3 % of its unctions, subject to c nrelated business tax 975. See <b>section 509</b> usively to test for publi	ertain ex able inco ( <b>a)(2).</b> (0	ceptions ome (less Complete	s; and (2) no more that s section 511 tax) from Part III.)	an 331/3 % of its
12	$\square$	•	•	•					carry out the purposes
. –		-	-	-					See section 509(a)(3).
									lines 12e, 12f, and 12g.
а		_		-	, supervised, or contr			-	-
ũ					regularly appoint or e	-			
			-		e Part IV, Sections A				
b			-		ed or controlled in co		with its	supported organiza	tion(s), by having
					rganization vested in				
			-		Sections A and C.		o po.co.		
с					ng organization opera	ted in co	onnectio	n with, and function	ally integrated with.
					s). You must comple				
d			•	. , .	porting organization o				orted organization(s)
			-		nization generally mus	-			
			-		mplete Part IV, Sect	-		-	
е		Check this b	oox if the orga	nization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type	e II, Type III
		functionally i	integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.	
f	En	ter the number	of supported	organizations					
g	Pro	ovide the follow	ving information	on about the suppo	orted organization(s).				
	<b>(i)</b> N	ame of supported of	organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo docu	organization ur governing ment?	(v) Amount of monetary support (see instructions)	<ul> <li>(vi) Amount of other support (see instructions)</li> </ul>
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
For I	Paper	work Reduction A	ct Notice, see the	e Instructions for Form	990 or 990-EZ.			Schedule	A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the 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	<b>-</b>	1	Γ	1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc. (					12	
13	<b>First 5 years.</b> If the Form 990 is for organization, check this box and <b>stop here</b>	the organization	on's first, secon	d, third, fourth,	or fifth tax yea	ar as a section	
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2020 (li	ne 6, column (f	), divided by line	e 11, column (f))	)	14	%
15	Public support percentage from 2019	Schedule A, Pa	art II, line 14			15	%
16a	331/3% support test - 2020. If the or	ganization did r	not check the bo	ox on line 13, a	nd line 14 is 33	1/3 % or more, c	heck this
	box and stop here. The organization q	ualifies as a pub	olicly supported	organization.			▶∟
b	331/3% support test - 2019. If the org	ganization did n	ot check a box	on line 13 or 16	6a, and line 15 i	s 331/3 % or mo	re, check
	this box and stop here. The organizati			-			
17a	10%-facts-and-circumstances test - 2	2020. If the org	ganization did n	ot check a box	on line 13, 16	a, or 16b, and l	ine 14 is
	10% or more, and if the organization					-	-
	Part VI how the organization meets	the facts-and-o	circumstances te	est. The organiz	zation qualifies	as a publicly s	upported
	organization						
b	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the organized					-	-
	in Part VI how the organization meet			-	-		
	organization						
18	Private foundation. If the organization						
	instructions						▶∟

Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990-EZ) 2020

#### 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						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
9	Amounts from line 6						
10 a	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						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is fo	r the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here	<u></u>		<u></u>		<u></u>	<u></u> ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2020 (line 8	, column (f), divid	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2019 Sche	edule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen					1	
17	Investment income percentage for 2020 (li					17	%
18	Investment income percentage from 2019					18	%
19 a	331/3% support tests - 2020. If the or	rganization did r	not check the bo	ox on line 14, a	nd line 15 is mo	ore than 331/3%	, and line
	17 is not more than 331/3%, check thi	s box and <b>stop</b>	here. The organ	nization qualifies	as a publicly su	upported organiza	ation . 🕨 📃
b	331/3% support tests - 2019. If the org	anization did not	check a box on	line 14 or line ?	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check		•				
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,			
JSA 0E122	1 1.000			_	5	Schedule A (Form 9	90 or 990-EZ) 2020

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

35-0868202

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **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.)

JSA 0E1229 1.010 Schedule A (Form 990 or 990-EZ) 2020

Part	V Supporting Organizations (continued)			
			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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		

#### Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>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.</i>	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		

## Section C. Type II Supporting Organizations

			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed				
	the supported organization(s).	1			

### Section D. All Type III Supporting Organizations

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see ins</b>	structio	ns).	
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instru	ction	s).
2	Activ	ities Test. Answer lines 2a and 2b below.		Yes	N

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

...

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	Page
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt 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			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A (Form 990 or 990-EZ) 2020

#### Schedule B (Form 990, 990-EZ.

or 990-PF)
Department of the Treasury Internal Revenue Service
Name of the organization

WABASH COLLEGE

# Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

35-0868202

Organization	type	(check	one)
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Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

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

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

#### General Rule

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

#### **Special Rules**

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

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

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

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

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Schedule B Name of o	(Form 990, 990-EZ, or 990-PF) (2020) rganization		Page 2 <sup>td# 8"1</sup> Employer identification nutried 180 td#051800 Td(b0-Td(9)T		
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of F	Part I if additional space is no	<b>2 CIA SOUTH A SOUTH OF TIZER BIRT : (1) GT 0 23:(0) Tizz 0</b>		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total comiezod())IId((5)TU	00 Td(b0 Td(9)Tj 16 0 Td()Tj 20 0 Td(e)Tj 206 22 0 Td(t)Tj 13 0 TP4		

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	<u>N/A</u>	\$13,000.	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
8	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
9	<u>N/A</u>	\$20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	<u>N/A</u>	\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	<u>N/A</u>	\$977,132.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number

35-0868202

Page 2

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 13 N/A Х Person Payroll 20,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 14 N/A Х Person Payroll 5,089. Х \$ Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 15 N/A Х Person Payroll 42,670. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 N/A Х 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 17 N/A Х 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 18 N/A Х Person Payroll 5,000. \$ Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2020) JSA

Employer identification number 35-0868202

PAGE 30

33946

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19	N/A	\$108,932.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20	N/A	\$11,000.	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
	N/A	\$5,500.	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
22	N/A	\$22,751.	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
	N/A	\$5,000.	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
 	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 3 (Form 990, 990-EZ, or 990-PF) (2020)

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
25	N/A	\$6,000.	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
26	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
27	<u>N/A</u>	\$10,000.	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
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution       Person     X       Payroll     Image: Complete Part II for
<u>No.</u> 28 (a)	Name, address, and ZIP + 4           N/A	Total contributions           \$         13,000.           (c)         (c)	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)
28	Name, address, and ZIP + 4           N/A	Total contributions       \$	Type of contribution         Person       X         Payroll       X         Noncash       Image: Complete Part II for noncash contributions.)         (Complete Part II for contribution       X         Quarter of contribution       X         Person       X         Payroll       X         Noncash       X         (Complete Part II for       X         Payroll       X         Noncash       Image: Complete Part II for

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

JSA

Page 2

Schedule B (Form 990, 99	0-EZ, or 990-F	PF) (2020)
Name of organization	WABASH	COLLEGE

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JSA

		(Complete Part II for noncash contributions.)		
(b) ss, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(b) ss, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	\$13,394.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
	Schedule I	3 (Form 990, 990-EZ, or 990-PF) (2020)		
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(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
31	N/A	\$_	65,925.	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
32	N/A	\$ _	6,000.	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
33	N/A	\$ _	92,263.	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
34	N/A	\$_	139,500.	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
35	N/A	\$_	20,000.	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
36	N/A	\$ _	13,394.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification	number
35-0868202	

(a)

(a)	(b)	(c)	(a)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37	N/A	\$5,000.	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
38	<u>N/A</u>	\$300,000.	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
39	<u>N/A</u>	\$200,000.	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
	<u>N/A</u>	\$17,500.	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
	<u>N/A</u>	\$5,573,100.	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
42	N/A	\$5,000.	Person X Payroll Noncash

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

(c)

(b)

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JSA

Employer identification number 35-0868202

(d)

(a)

No.

43

(a) No.

44

(a) No.

45

(a) No.

46

(a) No.

47

(a) No.

48

JSA

Employer identification number 35-0868202

(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
N/A	\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
N/A	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
N/A	\$10,000.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
N/A	\$30,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
)	Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)

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

PAGE 34

(a)

No.

49

N/A

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

		\$ 5,424.	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	\$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
51	N/A	\$105,000.	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
52	N/A	\$10,000.	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
53	N/A	\$10,000.	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
54	N/A	\$11,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(b)

Name, address, and ZIP + 4

Page 2

(c)

**Total contributions** 

ntification number 35-0868202

Person

(d)

Type of contribution

Х

JSA

(a)

No.

55

(a) No.

56

(a) No.

57

(a) No.

58

(a) No.

59

(a) No.

60

JSA

N/A

990-PF) (2020)

(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
N/A	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
N/A	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
N/A	\$106,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	Schedule	B (Form 990, 990-EZ, or 990-PF) (
855 D310 5/6/2022 12:51:01 PM	33946	PA

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

(b)

Name, address, and ZIP + 4

Person Payroll

Noncash (Complete Part II for noncash contributions.)

(d)

Type of contribution

Х

(c)

**Total contributions** 

\$

5,000.

PAGE 36

 \$1,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
 \$10,326.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2020)
33946	PAGE 37

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
61	N/A	\$5,070.	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	\$9,000.	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
63	N/A	\$20,000.	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
64	N/A	\$698,015.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
65		\$1,000.	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
66 	N/A	\$	Person X Payroll X Noncash (Complete Part II for noncash contributions.) B (Form 990, 990-EZ, or 990-PF) (2020)

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

Employer identification number 35-0868202

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
67	N/A	\$5,000.	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
68	N/A	\$29,702.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
69	N/A	\$2,000.	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
70	N/A	\$20,220.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
71	N/A	\$10,000.	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
72	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

PAGE 39

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33946			

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	
	N/A	\$5,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
74	N/A	\$11,000.	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	
75	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	
76	N/A	\$13,500.	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	
	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	
	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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JSA

33946

PAGE 40

Page 2 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
79	N/A	\$9,873.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	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
81	N/A	\$50,000.	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
82	N/A	\$11,000.	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
83	N/A	\$10,000.	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
84	N/A	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

JSA

Employer identification number 35-0868202

Part I	<b>Contributors</b> (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	
85	N/A	\$1,000.	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	
86	N/A	\$8,464.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
87	N/A	\$9,900.	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	
88	N/A	\$25,000.	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	
89	N/A	\$2,000.	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	
90	<u>N/A</u>	\$15,065.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)	

33946

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33946

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

PAGE 42

Part I (a)	Contributors (see instructions). Use duplicate cop		eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
91	N/A	\$57,634.	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	\$30,000.	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
93	N/A	\$32,000.	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
94	N/A	\$10,000.	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
95	N/A	\$20,251.	Person X Payroll X 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	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	<b>Contributors</b> (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	
97	N/A	\$3,000.	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	
98	N/A	\$45,609.	Person X Payroll X 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	\$51,468.	Person X Payroll X 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	\$23,032.	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	
101	<u>N/A</u>	\$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	
102	N/A	\$22,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

33946

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Part I	eeded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	N/A	\$53,278.	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
_104_	N/A	\$10,000.	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
105	<u>N/A</u>	\$28,750.	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	<u>N/A</u>	\$23,752.	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	\$1,000.	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
108	<u>N/A</u>	\$8,451.	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a)

No.

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109	<u>N/A</u>	\$10,000.	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
110	N/A	\$48,210.	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	\$10,000.	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
112	<u>N/A</u>	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113	N/A	\$7,000.	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
114	<u>N/A</u>	\$21,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(b)

Name, address, and ZIP + 4

35-0868202

(d)

Type of contribution

(c)

**Total contributions** 

PAGE 45

JSA

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_115	<u>N/A</u>	\$115,000.	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
_116	N/A	\$52,717.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$35,000.	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
	N/A	\$50,000.	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
	N/A	\$50,000.	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
120	<u>N/A</u>	\$18,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

JSA

Employer identification number 35-0868202

Page 2

(b)

Name, address, and ZIP + 4

33946

PAGE 47

#### 121 N/A Х Person Payroll 110,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 122 N/A Х Person Payroll 10,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 123 N/A Х Person Payroll 6,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 124 N/A Х Person Payroll 62,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 125 N/A Х 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 126 N/A Х Person Payroll 78,500. \$ Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(a)

No.

JSA 0E1253 1.000 (d)

Type of contribution

(c)

**Total contributions** 

(a)

No.

	N/A	\$10,000.	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
_128_	<u>N/A</u>	\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$ 8,320.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$ 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
_131_	<u>N/A</u>	\$ 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
	N/A	\$16,833.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
JSA 0E1253 1.00	00	Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)

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

(c)

**Total contributions** 

(b)

Name, address, and ZIP + 4

Employer identification number 35-0868202

(d)

Type of contribution

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
	N/A	\$85,000.	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
_134_	N/A	\$10,000.	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
	N/A	\$7,500.	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
136	N/A	\$10,000.	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
137	N/A	\$152,000.	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
138	N/A	\$105,164.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)

JSA

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(a)

No.

139

(a)

No.

140

(a) No.

141

(a) No.

142

(a) No.

143

(a) No.

144

JSA

N/A

N/A

N/A

N/A

N/A

N/A

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

noncash contributions.)

(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$1,100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$1,638,613.	Person X Payroll X Noncash X

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

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Employer identification number 35-0868202

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

Person Payroll

Noncash (Complete Part II for noncash contributions.)

(d)

Type of contribution

(d)

Type of contribution

Х

Х

Х

(c)

**Total contributions** 

(c)

**Total contributions** 

\$

\$

100,000.

83,000.

Schedule B (Form 990, 99	90-EZ, or 990-PF) (2020)
Name of annualization	WARACH COLLECE

(a)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

No.	Name, address, and ZIP + 4	Total contributions Type of contribution
145	N/A	\$200,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
146	N/A	\$10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
147	N/A	\$25,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
148	N/A	\$250,563. Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
149	N/A	\$15,000. Person X Payroll V Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
150	N/A	\$5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(b)

35-0868202

(d)

(c)

33946

(a)

No.

JSA

151	<u>N/A</u>	\$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
152	N/A	\$164,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153	N/A	\$73,594.	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
154	N/A	\$166,738.	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
155	N/A	\$2,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
156	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.) B (Form 990, 990-EZ, or 990-PF) (2020)

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

(c)

**Total contributions** 

(b)

Name, address, and ZIP + 4

Employer identification number 35-0868202

(d)

Type of contribution

33946

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

PAGE 53

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
157	N/A	\$10,000.	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
158	N/A	\$84,341.	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
159	N/A	\$5,000.	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
160	N/A	\$5,000.	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
161	N/A	\$16,623.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
162	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number 35-0868202

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Page <b>2</b>
Employer identification number
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
	N/A	\$51,000.	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
_164	N/A	\$10,000.	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
_165_	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
166	N/A	\$10,000.	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
_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	\$90,065.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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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
169	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
170	N/A	\$6,795.	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
_171_	<u>N/A</u>	\$7,500.	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
172	N/A	\$5,250.	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
_173_	N/A	\$10,000.	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
_174_	N/A	\$182,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PAGE 56

a)	(b)	(c)	(d)
o.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>5                                    </u>	I/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>26 N</u> 	I/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
0.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7 <u>7</u> <u>N</u> 	J/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
0.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>'8 N</u> 	I/A	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
ı)	(b)	(c)	(d)
o.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>79</u> <u>N</u> —	I/A	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
o.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>30 N</u>	I/A	\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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33946

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

PAGE 57

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	N/A	\$7,500.	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
182	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
183	N/A	\$10,000.	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
No.	Name, address, and ZIP + 4	Total contributions	X         Person       X         Payroll       Image: Complete Part II for
No. 184 (a)	Name, address, and ZIP + 4           N/A	Total contributions           \$12,750.	X         Payroll         Noncash         (Complete Part II for noncash contributions.)         (d)
No. 184 (a) No.	Name, address, and ZIP + 4           N/A	Total contributions         \$12,750.         (c)         Total contributions	Type of contribution         Person       X         Payroll       Image: Contribution         Noncash       Image: Contribution         (Complete Part II for noncash contributions.)       (d)         Type of contribution       Image: Contribution         Person       X         Payroll       Image: Complete Part II for         Noncash       Image: Complete Part II for         (Complete Part II for       Image: Complete Part II for

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

Employer identification number 35-0868202

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33946

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(D) FMV (or		(d) Date received		
	PUBLICLY TRADED SECURITIES				
14					
		\$5,089.	12/22/2020		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	CLOSELY HELD STOCK - \$88,766				
19	PUBLICLY TRADED STOCK - \$20,165				
		\$108,932.	12/17/2020		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	PUBLICLY TRADED SECURITIES				
49					
		\$5,424.	12/31/2020		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	PUBLICLY TRADED SECURITIES				
61					
		\$5,070.	10/14/2020		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
64	LAND/HOUSE				
		\$698,015.	07/29/2020		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	PUBLICLY TRADED SECURITIES				
66		— [			
		\$10,326.	12/10/2020		

Page 3

Name of or	ganization WABASH COLLEGE	Employer ider	ntification number
		35-086	58202
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additio		duplicate copies of Part II if additional space is need	ded.
(a) No.	(b)	(c) EMV (or estimate)	(d)

from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
68	PUBLICLY TRADED SECURITIES		
		\$29,702.	10/16/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
70	PUBLICLY TRADED SECURITIES		
		\$20,220.	09/01/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
79	PUBLICLY TRADED SECURITIES		
		\$9,873.	12/14/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
86	PUBLICLY TRADED SECURITIES		
		\$8,464.	05/18/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
90	PUBLICLY TRADED SECURITIES		
		\$15,065.	01/12/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
95	PUBLICLY TRADED SECURITIES		
		\$20,251.	11/16/2020

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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	Page 3
Employer identification number	
35-0868202	

Part II	t II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED SECURITIES		
98			
		<b>\$</b> 45,609.	11/11/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
99	PUBLICLY TRADED SECURITIES		
99		\$51,468.	12/11/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
108	PUBLICLY TRADED SECURITIES		
108			
		\$8,451.	09/03/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
110	PUBLICLY TRADED SECURITIES		
110			
		\$48,210.	08/03/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
110	PUBLICLY TRADED SECURITIES		
116			
		\$52,717.	12/11/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
100	PUBLICLY TRADED SECURITIES		
132		—	
		<b>\$</b> 16,833.	05/03/2021

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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
138	PUBLICLY TRADED SECURITIES		
		\$105,164.	01/25/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1.4.0	LAND/HOUSE		
140			
		\$83,000.	12/22/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1 4 4	PUBLICLY TRADED SECURITIES		
144			
		\$\$	09/28/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED SECURITIES		
148			
		\$\$	06/02/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
156	PUBLICLY TRADED SECURITIES		
156			
		<b>\$</b> 49,881.	01/15/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
161	PUBLICLY TRADED SECURITIES		
_161_		—	
		\$16,623.	11/11/2020
SA	1	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2020
E1254 1.000	5855 D310 5/6/2022 12:51:01 PM	33946	PAGE
		00910	

Employer identification number

35-0868202

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

	rganization WABASH COLLEGE		Employer identification number
Part III		ear from any one co ompleting Part III, enter . (Enter this information	ntributor. Complete columns (a) through (e) and er the total of <i>exclusively</i> religious, charitable, er
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP +	(e) Transfer of gift - 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP +	(e) Transfer of gift - 4 	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	Relationship of transferor to transferee
	Transferee's name, address, and ZIP +		

(e) Transfer of gift

 Transferee's name, address, and ZIP + 4
 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEE	DULE	D
(Form	990)	

# 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.

Inspection Employer identification number

OMB No. 1545-0047

**Open to Public** 

20

20

Name of the	organization
WABACU	COLLECE

Department of the Treasury

Internal Revenue Service

mpioyer	identification	nui
35-	0868202	

	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year.	
5	Did the organization inform all donors and donor advisors in writing that the assets held	t in donor advised
5	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		n of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution i	n the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or tern	ninated 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, inspec	ction, handling of
	violations, and enforcement of the conservation easements it holds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	g conservation easements during the year
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes 📖 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue ar	nd expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	cial statements that describes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its reven	ue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education service, provide in Part XIII the text of the footnote to its financial statements that describes	, or research in furtherance of public these items
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue	
	art, historical treasures, or other similar assets held for public exhibition, education, or re-	
	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 items:	
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) 2020

	dule D (Form 990) 2020	Maintainin	a Collect	ions of	Art Histo	rical Tre	easures	s or	Other	Similar	r Asse	ts (contin	Page 2
3 a b c	Using the organization's collection items (check a Public exhibition Scholarly research Preservation for fu	acquisition Il that apply	a, accessio ): ations	on, and o	other recor d e	ds, chec	k any o	of the	follow	ing that	make	significant	t use of its
4	Provide a description of XIII.	the organi	zation's co	ollections	s and expla	ain how	they fur	rther	the org	ganizatio	on's ex	empt purp	ose in Part
5													
		_											
		_											
		_											
		L											
					_								

Page 3

	vestments - Other Securities. In plete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, F	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	
(1) Financial de	erivatives			
(2) Closely held	d equity interests			
(3) Other				
	ATIVE INVESTMENTS	344,393,861.	FMV	
(B)				
(C)				
(D) (E)				
(E) (F)				
(G)				
(U) (H)				
	must equal Form 990, Part X, col. (B) line 12.)	344,393,861.		
	vestments - Program Related.			
	omplete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, F	Part X, line 13.
	(a) Description of investment	<b>(b)</b> Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
	h <b>er Assets.</b> Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, F	
	.,	scription		(b) Book value
	E INSURANCE			2,598,737.
<u> </u>	T IN PERPETUAL TRUSTS RITABLE REMAINDER TRUST			10,134,485.
	RITABLE REMAINDER TRUST			20,045,402.
(4)				
(5)				
<u>(6)</u>				
(7) (8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col. (B)	ine 15.)		41,578,624.
	her Liabilities.	/	·····	i
C	omplete if the organization answered e 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
	ncome taxes	,		
	TIREMENT BENEFIT OBLIG.			7,916,058.
	ES AND TRUSTS PAYABLE			6,362,675.
(4) SWAP TE	RMINATION			192,392.
(5) CAPITAI	LEASE			530,085.
(6)				
(7)				
(8)				
(9)				
	) must equal Form 990, Part X, col. (B) line 25.)		·	15,001,210.
2. Liability for ur	certain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that	t 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

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WABASH	COLLEGE
WABASH	COLLEGE

Schedu	le D (Form 990) 2020			Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Returr	۱.	
1	Total revenue, gains, and other support per audited financial statements		1	144,474,326.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	••••	-	
_		401.		
a				
b				
С		436.		
d			-	86,804,837.
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	57,669,489.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1, 187,			
b	Other (Describe in Part XIII.)	629.		
С	Add lines 4a and 4b		4c	27,724,863.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	85,394,352.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	<sup>.</sup> Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	55,104,477.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
- a	Donated services and use of facilities			
b	Prior year adjustments			
c c	Other losses.			
		436.		
d			2e	91,436.
е	Add lines 2a through 2d		3	55,013,041.
3	Subtract line 2e from line 1		3	55,015,041.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	224		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,187,			
b	Other (Describe in Part XIII.)	029.		
С	Add lines 4a and 4b		4c	27,724,863.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	82,737,904.
Part	XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Schedule D (Form 990) 2020

## 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 FURTHERANCE OF EXEMPT PURPOSE: EDUCATION - WABASH COLLEGE EMPLOYS THE ART COLLECTION IN CONNECTION WITH THE INSTRUCTION OF ART AND ART HISTORY COURSES.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 WABASH COLLEGE 35-0868202 Page 5 Part XIII Supplemental Information (continued) 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: \$91,436 COST OF GOODS SOLD SCHEDULE D, PART XI, LINE 4B OTHER RECONCILING ITEMS: \$26,537,629 GRANTS AND SCHOLARSHIPS

SCHEDULE D, PART XII, LINE 2D OTHER RECONCILING ITEMS: \$91,436 COST OF GOODS SOLD Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 4B

OTHER RECONCILING ITEMS:

\$26,537,629 GRANTS AND SCHOLARSHIPS

Department of the Treasury Internal Revenue Service

Name of the organization

## Schools

OMB No. 1545-0047

 Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.



Employer identification number 35-0868202

WABASH COLLEGE	
----------------	--

	Description have a residue pendicariminatory policy toward students by statement in its shorter		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	x	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	-		
-	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primarily publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the			
	general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	X	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
4 а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	x	
a b	Records documenting that scholarships and other financial assistance are awarded on a racially	4a		
N	nondiscriminatory basis?	4b	x	
с	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	· · · · · · · · · ·			
5	Does the organization discriminate by race in any way with respect to:	_		37
а	Students' rights or privileges?	5a		X
h	Administra policica?	56		x
b	Admissions policies?	5b		А
с	Employment of faculty or administrative staff?	5c		x
Ŭ				
d	Scholarships or other financial assistance?	5d		х
е	Educational policies?	5e		Х
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		X
				v
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

Page 2

**Part II 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 IT POSTED ON ITS WEBSITE.

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	Statement of Activities Outside the United St	ates 🛓	OMB No. 1545-0047	
(Form 990) Department of the Treasury Internal Revenue Service	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 14</li> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>	· · · · · · · · · · · · · · · · · · ·		
Name of the organization		Employer ide	ntification number	
WABASH COLLEGE 35-0			68202	
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	e organizati	on answered "Yes" on	
-	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to		

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space 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	0.	0.	INVESTMENTS		2,838,639.
(2)	NORTH AMERICA	0.	0.	INVESTMENTS		11,918,555.
(3)	EUROPE	0.	0.	INVESTMENTS		446,291.
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Subtotal Total from continuation sheets to Part I					15,203,485.
<u> </u>	Totals (add lines 3a and 3b) aperwork Reduction Act Notice, see	the Instruction	s for Form 990.		Schedul	15,203,485. e F (Form 990) 2020

Schedule F (Form 990) 2020

#### Page **2** 000

Par	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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
(1)			NORTH AMERICA	EDUCATIONAL	14,055.	CHECK					
(2)			NORTH AMERICA	EDUCATIONAL	7,500.	CHECK					
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											
2	Enter total number of recipient or exempt 501(c)(3) organization by the second								2.		
3	Enter total number of other organiz	zations or entities					▶	Schedule F	(Form 990) 2020		

Part III

Page 3

Schedule	F	(Form	990)	2020
Ochequie		(1 01111	330)	2020

(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	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
0)							
11)							
12)							
3)							
4)							
5)							
6)							
7)							
8)							

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

WABASH COLLEGE

Sched	ule F (Form 990) 2020	Page <b>4</b>
Part	V 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)	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)	No 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)	Νο
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)	No No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) Yes	X No

Schedule F (Form 990) 2020

#### 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.

33946

SCHEDULE G (Form 990 or 990-EZ)	Supplemental Complete if t	0MB №. 1545-0047								
	organization entered r Attach		Open to Public							
Department of the Treasury Internal Revenue Service	► G	io to www.irs.gov/Form		Inspection						
Name of the organization						Employer identification	on number			
WABASH COLLEGE						35-0868202				
Form 990-	<b>g Activities.</b> Comp EZ filers are not re	equired to comple	ete this pa	rt.		· · ·	7			
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. <b>a</b> $\begin{bmatrix} X \\ X \end{bmatrix}$ Mail solicitations <b>b</b> $\begin{bmatrix} X \\ X \end{bmatrix}$ Solicitation of non-government grants										
<b>b</b> $\stackrel{\times}{\times}$ Internet and email solicitations <b>f</b> $\stackrel{\times}{\times}$ Solicitation of government grants <b>g</b> $\stackrel{\times}{\times}$ Special fundraising events										
b If "Yes," list the 1	s listed in Form 990	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	X Yes No fundraiser is to be			
(i) Name and addre or entity (fu		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization			
			Yes	No						
1 MCALLISTER AN	D OUINN, LLC	CONSULTING		x		97,200.	-97,200.			
2	- <u>2</u> ,									
JOHNSON, GROS	SNICKLE	CONSULTING		х		66,850.	-66,850.			
3 MINDPOWER INC	ORPORATED	CONSULTING		x		30,000.	-30,000.			
4										
CRESCENDO INT	ERACTIVE, IN	CONSULTING		Х		5,500.	-5,500.			
5										
6										
7										
8										
9										
10										
Total						199,550.	-199,550.			
	which the organiza			to solicit	contributions or					
AK, AR, CT, DC, MD, M	0	, NH , ND , VA , WA ,								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 0E1281 1.000 TX6855 D310 5/10/2022 10:06:46 PM

Schedule G (Form 990 or 990-EZ) 2020

WABASH	COLLEGE

	edule G (Form 990 or 990-EZ) 2020				Page <b>2</b>
Pa	rt II Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts gre	iising event contributi			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
ð	-	(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1 Gross receipts				
<u></u>	<ul> <li>2 Less: Contributions</li> <li>3 Gross income (line 1 minus line 2)</li> </ul>				
	4 Cash prizes				
	5 Noncash prizes				
enses	6 Rent/facility costs				
<b>Direct Expenses</b>	7 Food and beverages				
Direc	8 Entertainment				
	9 Other direct expenses				
	<ol> <li>Direct expense summary. Add line</li> <li>Net income summary. Subtract lir</li> </ol>	es 4 through 9 in colur ne 10 from line 3, colu	mn (d) ımn (d)	►	
Ра	Irt III Gaming. Complete if the orga \$15,000 on Form 990-EZ, line	anization answered	Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue	\$13,000 011 0111 990-L2, 111	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
enses	2 Cash prizes				
Expen	3 Noncash prizes				
Direct Exp	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	mn (d)	▶	
	<ul><li>7 Direct expense summary. Add line</li><li>8 Net gaming income summary. Su</li></ul>	-			
9 a k	8 Net gaming income summary. Su Enter the state(s) in which the organization licensed to cond	btract line 7 from line	1, column (d) ming activities: in each of these state	▶	YesNo
а	<ul> <li>8 Net gaming income summary. Su</li> <li>Enter the state(s) in which the organization licensed to condition of the organization is gaming</li> <li>a Were any of the organization's gaming</li> <li>b If "Yea" amplify:</li> </ul>	btract line 7 from line anization conducts gar duct gaming activities	1, column (d) ming activities: in each of these state	▶	

Schedule G (Form 990 or 990-EZ) 2020

	WABASH COLLEGE	35-0868202
Sched	ule G (Form 990 or 990-EZ) 2020	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti	
_	formed to administer charitable gaming?	
13	Indicate the percentage of gaming activity conducted in:	
a	The organization's facility	13a %
b	An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events bool	
	records:	
	Nama N	
	Name ►	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives	aamina
15 a		
h	revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the
D	amount of gaming revenue retained by the third party $\triangleright$ \$	
	If "Yes," enter name and address of the third party:	
C	n res, enter hame and address of the third party.	
	Name N	
	Name ►	
	Address	
4.0	Coming manager information.	
16	Gaming manager information:	
	Nama N	
	Name	
	Caming manager componention <b>•</b>	
	Gaming manager compensation ► \$	
	Description of services provided	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
1 <i>1</i>	Is the organization required under state law to make charitable distributions from the gaming pro-	oceeds to
a		
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt orga	
b	or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$	anizations
Part		(iii) and (v) and
T al	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio	
	(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	
REO	UEST MEETINGS OR LETTERS, WABASH COLLEGE DOES NOT ANTICIPATE	
X		
GEN	ERATING ANY REVENUE FROM THESE CONSULTING ACTIVITIES.	
C 111.		

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE I Grants and Other Assistance to Organizations,						-	OMB No. 1545-0047			
(Form 990) Governments, and Individuals in the United States							2020			
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treasury		,	ttach to Form 990				Open to Public			
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	n.		Inspection			
Name of the organization	Name of the organization Employer identification number									
WABASH COLLEGE 35-0868202										
Part I General Information on Grants and	d Assistanc	е								
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistand dures for mor	ce? nitoring the use	of grant funds in the	e United States.			X Yes No			
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	rernments. Com	plete if the organiz	ation answered	"Yes" on Form 990,			
Part IV, line 21, for any recipient the	hat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.				
<b>1 (a)</b> 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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) AUSTIN PRESBYTERIAN THEOLOGY							EDUCATIONAL			
100 EAST 27TH STREET AUSTIN, TX 78705-5797	74-1143056	501(C)(3)	85,000.				ASSISTANCE			
(2) KANKAKEE VALLEY SCHOOL CORP							EDUCATIONAL			
PO BOX 278 WHEATFIELD, IN 46392	35-1105539	501(C)(3)	41,189.				ASSISTANCE			
(3) CHICAGO THEOLOGICAL SEMINARY							EDUCATIONAL			
5757 SOUTH UNIVERSITY AVENUE	36-2167014	501(C)(3)	34,400.				ASSISTANCE			
(4) PRINCETON THEOLOGICAL SEMINARY							EDUCATIONAL			
64 MERCER STREET PRINCETON, NJ 08540	21-0635010	501(C)(3)	30,000.				ASSISTANCE			
(5) BAYLOR UNIVERSITY							EDUCATIONAL			
700 S. UNIVERSITY PARKS DR. WACO, TX 76706	74-1159753	501(C)(3)	30,000.				ASSISTANCE			
(6) UNIV OF NORTH CAROLINA-CHARLOTTE							EDUCATIONAL			
9201 UNIVERSITY CITY BLVD.	56-0791228	501(C)(3)	30,000.				ASSISTANCE			
(7) BOSTON UNIVERSITY							EDUCATIONAL			
745 COMMONWEALTH AVE. BOSTON, MA 02215	04-2103547	501(C)(3)	29,976.				ASSISTANCE			
(8) COLLEGE OF ST. BENEDICT & ST JOHN UNIV.							EDUCATIONAL			
2850 ABBEY PLAZA COLLEGEVILLE, MN 56321	45-3656162	501(C)(3)	29,425.				ASSISTANCE			
(9) JOHNS HOPKINS UNIVERSITY							EDUCATIONAL			
3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501(C)(3)	29,398.				ASSISTANCE			
(10) HOLY WOMEN ICONS PROJECT							EDUCATIONAL			
PO BOX 1411 HILO, HI 96721	81-5210629	501(C)(3)	29,200.				ASSISTANCE			
(11) LUTHER COLLEGE							EDUCATIONAL			
700 COLLEGE DRIVE DECORAH, IA 52101	42-0680466	501(C)(3)	28,000.				ASSISTANCE			
(12) GEORGE FOX UNIVERSITY							EDUCATIONAL			
414 N. MERIDIAN NEWBERG, OR 97132	93-0386839	501(C)(3)	27,450.				ASSISTANCE			
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak	ble			►			
3 Enter total number of other organizations listed in the line 1 table										

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States							OMB No. 1545-0047				
. ,		2020									
	mplete if the o	-	wered "Yes" on F		, line 21 or 22.		Open to Public				
Department of the Treasury			ttach to Form 990				Inspection				
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.											
Name of the organization						Employer identifica 35-08682					
WABASH COLLEGE											
		-									
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's proc</li> </ol>	ants or assistance	ce?					X Yes No				
Part II Grants and Other Assistance to		-			•		Yes" on Form 990,				
Part IV, line 21, for any recipient	that received	more than \$5	,000. Part II can I	be duplicated if a	•	needed.					
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) WILLAMETTE UNIVERSITY							EDUCATIONAL				
900 STATE STREET SALEM, OR 97301	93-0386972	501(C)(3)	27,179.				ASSISTANCE				
(2) COLUMBIA THEOLOGICAL SEMINARY							EDUCATIONAL				
701 COLUMBIA DRIVE DECATUR, GA 30031	58-0566165	501(C)(3)	26,388.				ASSISTANCE				
(3) EMORY UNIVERSITY-CANDLER SCHOOL OF THEOLOG	Y						EDUCATIONAL				
1531 DICKEY DRIVE ATLANTA, GA 30322	58-0566256	501(C)(3)	19,000.				ASSISTANCE				
(4) THE SEATTLE SCHOOL OF THEOLOGY AND PSYCH.							EDUCATIONAL				
2501 ELLIOTT AVENUE SEATTLE, WA 98121	91-2037146	501(C)(3)	15,000.				ASSISTANCE				
(5) ILIFF SCHOOL OF THEOLOGY							EDUCATIONAL				
2201 SOUTH UNIVERSITY BLVD.	84-0404244	501(C)(3)	15,000.				ASSISTANCE				
(6) UNIVERSITY OF DENVER							EDUCATIONAL				
2199 S. UNIVERSITY BOULEVARD	84-0404231	501(C)(3)	15,000.				ASSISTANCE				
(7) SEATTLE UNIVERSITY							EDUCATIONAL				
901 12TH AVENUE SEATTLE, WA 98122	91-0565006	501(C)(3)	14,000.				ASSISTANCE				
(8) LOUISVILLE PRESBYTERIAN							EDUCATIONAL				
1044 ALTA VISTA ROAD	61-0444768	501(C)(3)	12,493.				ASSISTANCE				
(9) UNIVERSITY OF GEORGIA RESEARCH FOUNDATION							EDUCATIONAL				
240A RIVERBEND ROAD BOX 5333	58-1353149	501(C)(3)	7,500.				ASSISTANCE				
(10) UNIVERSITY OF DELAWARE							EDUCATIONAL				
220 HULLIHEN HALL NEWARK, DE 19716	51-6000297	501(C)(3)	7,500.				ASSISTANCE				
(11) HOWARD UNIVERSITY							EDUCATIONAL				
1400 SHEPHERD STREET NE	53-0204707	501(C)(3)	7,500.				ASSISTANCE				
(12) COLGATE ROCHESTER CROZER DIV SCHOOL							EDUCATIONAL				
1100 SOUTH GOODMAN STREET	16-0743916	501(C)(3)	7,500.				ASSISTANCE				
2 Enter total number of section 501(c)(3) an	0	0					•				
3 Enter total number of other organizations	3 Enter total number of other organizations listed in the line 1 table										

			Assistance t ndividuals in	-	•	-	OMB No. 1545-0047
		•					2020
Com	plete if the o	-	wered "Yes" on F		, line 21 or 22.		Open to Public
Department of the Treasury			ttach to Form 990				Inspection
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	l.		
Name of the organization						Employer identificat	
WABASH COLLEGE						35-086820	)2
Part I General Information on Grants an							
<ol> <li>Does the organization maintain records to s the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process</li> </ol>	s or assistanc	;e?					X Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	ernments Corr	olete if the organiz	ation answered "	/es" on Form 990
Part IV, line 21, for any recipient the		-					co on on on ooo,
				-	•		
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WASHINGTON UNIVERSITY							EDUCATIONAL
700 ROSEDALE AVE CB 1034	43-0653611	501(C)(3)	7,500.				ASSISTANCE
(2) COLLEGE OF THE HOLY CROSS							EDUCATIONAL
1 COLLEGE STREET WORCESTER, MA 01610	04-2103558	501(C)(3)	7,000.				ASSISTANCE
(3) PHILLIPS THEOLOGICAL SEMINARY							EDUCATIONAL
4242 SOUTH SHERIDAN ROAD TULSA, OK 74145	73-1303821	501(C)(3)	7,000.				ASSISTANCE
(4) BUSHNELL UNIVERSITY							EDUCATIONAL
828 E. 11TH AVENUE EUGENE, OR 97401	93-0433696	501(C)(3)	7,000.				ASSISTANCE
(5) VANDERBILT UNIVERSITY							EDUCATIONAL
411 21ST AVENUE SOUTH #113	62-0476822	501(C)(3)	7,000.				ASSISTANCE
(6) UNIVERSITY OF SAN DIEGO							EDUCATIONAL
5998 ALCALA PK SAN DIEGO, CA 92110	95-2544535	501(C)(3)	7,000.				ASSISTANCE
(7) BAYLOR'S GEORGE W. TRUETT							EDUCATIONAL
ONE BEAR PLACE #97126 WACO, TX 76798	74-1159753	501(C)(3)	7,000.				ASSISTANCE
(8) UNION PRESBYTERIAN SEMINARY							EDUCATIONAL
3401 BROOK ROAD RICHMOND, VA 23227	54-0506428	501(C)(3)	7,000.				ASSISTANCE
(9) YALE DIVINITY SCHOOL							EDUCATIONAL
409 PROSPECT STREET	13-1678636	501(C)(3)	7,000.				ASSISTANCE
(10) NAZARENE THEOLOGICAL SEMINARY							EDUCATIONAL
1700 EAST MEYER BOULEVARD	44-0552055	501(C)(3)	7,000.				ASSISTANCE
(11) MONTCLAIR STATE UNIVERSITY							EDUCATIONAL
1 NORMAL AVENUE MONTCLAIR, NJ 07043	22-6017209	501(C)(3)	6,570.				ASSISTANCE
(12) GREAT LAKES COLLEGES ASSOCIATION, INC.							EDUCATIONAL
535 WEST WILLIAM NO 301 ANN ARBOR, MI 48103	38-1678376	501(C)(3)	166,896.				ASSISTANCE
2 Enter total number of section 501(c)(3) and	government	organizations lis	ted in the line 1 tak	ble			36.
3 Enter total number of other organizations lis	ted in the line	1 table	<u></u>			<u></u>	

# 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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		0.6 505 600			
STUDENT GRANTS AND SCHOLARSHIPS	868.	26,537,629.			
2 STUDENT PRIZES	162.	58,854.			
3 WABASH CENTER/PASTORAL LEADERSHIP PROGRAM	72.	114,190.			
4 STUDENT AWARDS NON FA	193.		55,025.	COST	PLAQUES AND APPAREL
5 DAVIS SCHOLARSHIPS	15.	37,908.			
6 EMPLOYEE SERVICE AWARDS	310.	278,350.			
7 COVID RELIEF	1,243.	720,929.			

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>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FACULTY AND STAFF SUPPORT	19.	1,300.			
2 STUDY ABROAD GRANTS	3.	15,000.			
3					
۸ ۸					
-					
5					
6					
7 Part IV Supplemental Information. Provide information.	the information re	equired in Part I,	line 2, Part III, d	column (b); and any c	ther additional

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.

Schedule I (Form 990) (2020)

SCH	EDULE J	Compen	sation Information	0	MB No. 1	1545-0	047
(Forr	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		എന	20	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	23.	<u>K</u>	ZU	
	nent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest information.		pen to Inspe		
	of the organization			Employer identificatio			
WAB	ASH COLLEG	E		35-0868202	1		
Part	Question	s Regarding Compensation					
						Yes	No
1a			ovided any of the following to or for a pers				
			provide any relevant information regarding	-			
		ss or charter travel or companions	X Housing allowance or residence for Payments for business use of perso				
		emnification and gross-up payments	X Health or social club dues or initiation				
		onary spending account	Personal services (such as maid, ch				
b	or reimburse	ment or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to	1b	х	
2	Did the ora:	anization require substantiation prior	to reimbursing or allowing expenses	incurred by all		21	
2	•		D/Executive Director, regarding the items	•			
		· · · · · · · · · · · · · · · · · · ·			2	Х	
3			on used to establish the compensation of	the			
•	organization's	CEO/Executive Director. Check all the	at apply. Do not check any boxes for metho	ds used by a			
	related organ	ization to establish compensation of th	e CEO/Executive Director, but explain in P	art III.			
	X Comper	sation committee	X Written employment contract				
		dent compensation consultant	X Compensation survey or study				
	Form 99	00 of other organizations	X Approval by the board or compensation	tion committee			
4			Part VII, Section A, line 1a, with respect to	o the filing			
а		or a related organization:	ayment?		4a		х
b			tal nonqualified retirement plan?		4b		X
C			sed compensation arrangement?		4c		X
			rovide the applicable amounts for each it				
	-		rganizations must complete lines 5-9.				
5			on A, line 1a, did the organization pa	y or accrue any			
		n contingent on the revenues of:			_		37
a			• • • • • • • • • • • • • • • • • • • •		5a		X X
b	-	rganization? e 5a or 5b, describe in Part III.		• • • • • • • • • •	5b		
6			on A, line 1a, did the organization pa				
Ū		n contingent on the net earnings of:	ion ra, and the organization pe	, or accrue ally			
а		5			6a		Х
b					6b		X
		e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization prov				
			escribe in Part III		7	X	
8	-	-	paid or accrued pursuant to a contract the	-			
		-	Regulations section 53.4958-4(a)(3)? If				x
9			low the rebuttable presumption proced		8		A
IJ					9		
	. togalations s				3		I

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

 -					
 -					
 	1	1		1	

Schedule J (Form 990) 2020

#### 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

WABASH COLLEGE PROVIDED A RESIDENCE FOR PERSONAL USE, WHICH IS NOT

INCLUDED IN TAXABLE COMPENSATION, TO GREGORY HESS, THE FORMER COLLEGE'S

PRESIDENT THROUGH 6/30/2020. THE RESIDENCE WAS PROVIDED FOR THE

CONVENIENCE OF WABASH COLLEGE. THE FORMER PRESIDENT WAS REQUIRED TO LIVE

IN HIS RESPECTIVE RESIDENCE AS A CONDITION OF HIS EMPLOYMENT.

ADDITIONALLY, THE RESIDENCE IS CONTIGUOUS TO WABASH'S CAMPUS AND IS

REGULARLY USED TO CONDUCT BUSINESS.

DR SCOTT FELLER, PRESIDENT OF WABASH COLLEGE, IS OCCASIONALLY PROVIDED NON-TAXABLE REIMBURSEMENT FOR COMPANION TRAVEL TO FURTHER BUSINESS ACTIVITIES CONDUCTED ON BEHALF OF THE COLLEGE. PERSONAL USE OF AUTOMOBILES AND THE PERSONAL PORTION OF SOCIAL CLUB DUES PROVIDED TO PRESIDENT FELLER ARE INCLUDED IN TAXABLE INCOME.

PERSONAL RESIDENCE WAS PROVIDED TO N. LYNNE WESTFIELD AS TAXABLE INCOME.

SCHEDULE J, PART I, LINE 7

THE PRESIDENT RECEIVED A ONE TIME PAYMENT BASED OFF PRIOR PERFORMANCE

0E1505 1.000

TX6855 D310 5/10/2022 10:06:46 PM

Schedule J (Form 990) 2020

#### 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.

THAT WAS APPROVED BY THE BOARD.

SCHEDULE J, PART II, COLUMN D

NONTAXABLE BENEFITS:

THE AMOUNT OF NONTAXABLE BENEFITS REPORTED FOR KENDRA COOKS AND MICHELLE

L. JANSSEN INCLUDES TUITION ASSISTANCE IN THE AMOUNTS OF \$16,000 AND

\$21,600, RESPECTIVELY. TUITION ASSISTANCE IS AVAILABLE TO ALL EMPLOYEES.

TX6855 D310 5/10/2022 10:06:46 PM

# GROUP 1

# **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.

### Department of the Treasury

Internal Revenue Service

JSA 0E1295 1.000

SCHEDULE K (Form 990)

Name of the organization

WABASH COLLEGE

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose		g) Defeased		On alf of Jer	(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A INDIANA FINANCE AUTHORITY	35-1602316		08/30/2019	41,632,000.	REFINANCE 2001, 2003, & 2013 BONDS		х		Х		х
B INDIANA FINANCE AUTHORITY	35-1602316		11/05/2015	15,000,000.	STUDENT HOUSING		х		Х		х
С											
D											

			Α		В	(	)	D	)
1	Amount of bonds retired	16,6	52,800.	3,7	50,000.				
2	Amount of bonds legally defeased								
3	Total proceeds of issue	41,6	32,000.	15,0	00,000.				
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows.	47,5	47,891.	14,8	82,000.				
7	Issuance costs from proceeds		84,019.	1	18,000.				
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 refunding issue of tax-exempt bonds (or,								
	if issued prior to 2018, a current refunding issue)?	Х			Х				
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
	issued prior to 2018, an advance refunding issue)?		Х		Х				1
16	Has the final allocation of proceeds been made?	Х		Х					
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	Х		Х					

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

Schedule K (Form 990) 2020

PAGE 89



Employer identification number 35-0868202

WABASH COLLEGE

Page **2** 

Schedule K (Form 990) 2020

Part III Private Business Use GRO	DUP 1	•	-	<b>_</b>		<b>~</b>	•	
		A	-	B		C	-	D
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No X	Yes	No X	Yes	No	Yes	No
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		x				
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?		x		x				
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		x		x				
<b>d</b> 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 ▶		%		%		%		9
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		%		%		%		9
6 Total of lines 4 and 5		%		%		%		C
7 Does the bond issue meet the private security or payment test?		Х		Х				
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				
<ul> <li>b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of</li> </ul>		%		%		%		c
c 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?	x		x					
Part IV Arbitrage								
		Α	I	В	(	C	I	D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes	No X	Yes	No X	Yes	No	Yes	No
								<u> </u>
2 If "No" to line 1, did the following apply?	X		X					1
a Rebate not due yet?	Λ	x	Λ	X				
<b>b</b> Exception to rebate?								
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								T
3 Is the bond issue a variable rate issue?		Х		X				

Schedule K (Form 990) 2020

JSA

WABASH COLLEGE

35-0868202

art IV Arbitrage (continued)		A		3	(	•		<u> </u>
How the ergenization or the generated increased into a surflict	Yes	No	Yes	No	Yes	, No	Yes	, N
Has the organization or the governmental issuer entered into a qualified	165	X	165	X	162	NO	162	IN
hedge with respect to the bond issue?         Name of provider				21				
Term of hedge.		X						
Was the hedge superintegrated?	X	21						
Was the hedge terminated?	21	X		X				
Were gross proceeds invested in a guaranteed investment contract (GIC)?		А		Λ				
Name of provider								
Term of GIC								
Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X				
Were any gross proceeds invested beyond an available temporary period?		A		Δ				
Has the organization established written procedures to monitor the	37		37					
requirements of section 148?	X		X					
rt V Procedures To Undertake Corrective Action			1		1		1	
	1	A	E	3	C	;		-
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	N
of federal tax requirements are timely identified and corrected through the	Yes	No	Yes	No	Yes	No	Yes	N
of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under	Yes	No	Yes	No	Yes	Νο	Yes	N
of federal tax requirements are timely identified and corrected through the	x		x			No	Yes	N
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		x			No	Yes	N
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		x			No	Yes	<u>N</u>
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		x			No	Yes	
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		x			No	Yes	<u>N</u>
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		x			No	Yes	
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		x			No	Yes	
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		x			No	Yes	
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		x			No	Yes	
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		x			No	Yes	
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		x			No	Yes	
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		x			No	Yes	
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		x			No	Yes	
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		x			No	Yes	
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		x			No	Yes	
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		x			No	Yes	
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		x			No	Yes	
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		x			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		x			No		

Schedule K (Form 990) 2020

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

-				
~				
	 IE	 	-	

(Form 990 or 990-EZ)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

\$

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Employer identification number 35-0868202

WABASH COLLEGE

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

4	(a) Name of disgualified person	(b) Relationship between disqualified person and	(c) Description of transaction	( <b>d)</b> Cor	rected?
-	(a) Name of disqualitied person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualified	persons during the year		
	under section 4958		▶ \$		

3	Enter the amount of tax	, if any, on line 2, above	, reimbursed by the organization	

Part II

Part III

#### Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	<b>(c)</b> Purpose of Ioan	fron	an to or n the zation?	<b>(e)</b> Original principal amount	(f) Balance due	<b>(g)</b> In c	default?		ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2020

Schedule L (Form 990 or 990-EZ) 2020

Part IV

## Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	ame of interested person (b) Relationship between interested person and the organization		(d) Description of transaction	organi	Sharing of nization's enues?	
				Yes	No	
(1) LORA HESS	SPOUSE OF PRESIDENT	12,422.	COMPENSATED EMPLOYEE		х	
(2)						
(3)						
4)						
(5)						
(6)						
(7)						
(8)						
(9)						
0)						
Part V Supplemental Information					L	

Provide additional information for responses to questions on Schedule L (see instructions).

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

**020** 2 **Open to Public** Inspection

Name of the organization WABASH COLLEGE

Employer identification	number
35-0868202	

Par	t Types of Property				
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
1	Art - Works of art	Х	3.	0.	
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		44.	3,863,450.	MARKET VALUE
10	Securities - Closely held stock		1.	88,766.	REPURCHASE PLAN
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	X	2.	781,015.	APPRAISAL
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X	1.	0.	
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				29 3.
	which the organization completed I	orm 8283,	Part V, Donee Acknowledge	ement	
	During the user did the engenies			uter as a set of the Deut I. Kee	Yes No
30a	During the year, did the organizat				_
	28, that it must hold for at least the	-			-
ь	to be used for exempt purposes for		olaing perioa?		30a X
	If "Yes," describe the arrangement in		ionoo naliay that require	the review of environment	a a patendard
31	Does the organization have a				
220	contributions? Does the organization hire or use	a third north	on or rolated argonization	e to colicit process of a	
s∠a	-	-	-	-	
h	contributions? If "Yes," describe in Part II.				
ы 33	If the organization didn't report an	amount in a	olumn (c) for a type of prov	perty for which column (a)	is checked
55	describe in Part II.			perty for writer column (a)	
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (Form 990) 2020

Schedule M (Form 990) (2020)

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

SCHEDULE M, PART I, LINE 33

ART THAT IS 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 8

SECURITIES - PUBLICLY TRADED:

NONCASH CONTRIBUTIONS ON SCHEDULE M ARE REPORTED IN THE YEAR RECEIVED. PUBLICLY TRADED SECURITIES IN THE AMOUNT OF \$1,429,669 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.

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



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

Employer identification number 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 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 REVIEWED IN JULY 2021.

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

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 WABASH'S WEBSITE.

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

\$ 508,346 AMORTIZATION OF NET LOSS - NET PERIODIC PENSION COSTS 616,569 DEFINED-BENEFIT POSTRETIREMENT HEALTH PLAN (1,144,590) PRIOR SERVICE CREDIT RECOGNIZED IN CURRENT YEAR

\$ (19,675) TOTAL CHANGE IN NET ASSETS

JSA 0E1228 1.000

33946

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
WABASH COLLEGE	35-0868202
	ATTACHMENT 1

## 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SODEXO AND AFFILIATES 4880 PAYSPHERE CIRCLE CHICAGO, IL 60674	CAMPUS SERVICES	3,210,826.
COMPASS GROUP USA, INC. 301 W WABASH AVE CRAWFORDSVILLE, IN 47933	FOOD SERVICE	2,016,720.
STRATEGIC INVESTMENT GROUP, LLC 1001 NINETEENTH STREET N 16TH FL ARLINGTON, VA 22209	INVESTMENT SERVICES	985,778.
F. A. WILHELM CONSTRUCTIONS CO., INC. 3914 PROSPECT STREET INDIANAPOLIS, IN 46206	CONSTRUCTION	8,877,088.
CAMPUS COOKS LLC 1400 S WOLF RD WHEELING, IL 60090	FOOD SERVICE	915,214.

33946

#### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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



35-0868202

Name of the organization WABASH COLLEGE

Part I

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

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II

JSA

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e)(f)Public charity status (if section 501(c)(3))Direct controlling entity		Section 5 contr	(g) 512(b)(13) htrolled htity?	
						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)								
	]						1	
(7)								

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

Schedule R (Form 990) 2020

0E1307 1.000 TX6855 D310 5/10/2022 10:06:46 PM Schedule R (Form 990) 2020

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	<b>(g)</b> Share of end-of- year assets	Disprop alloca	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ner?	<b>(k)</b> Percentage ownership
				,			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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(i) Section 512(b)(13 controlle entity? Yes No
(1) CHARITABLE REMAINDER TRUSTS (28)	TRUST		N/A	TRUST			
(2)	-		· ·				
(3)	-						
(4)	-						
(5)	-						
(6)	-						
(7)	_						

Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	IV, line 34, 35b, or 36.							
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations list	ed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a		X			
b	Gift, grant, or capital contribution to related organization(s)			• • • • • F	1b	X				
С	Gift, grant, or capital contribution from related organization(s)				1c	X	X			
	Loans or loan guarantees to or for related organization(s)			• • • • • <b> </b>	1d		X			
е	Loans or loan guarantees by related organization(s)			•••••	1e		<u></u>			
f	Dividends from related organization(s)				1f		Х			
a	Sale of assets to related organization(s)				1g		Х			
	Purchase of assets from related organization(s)				1h		Х			
i	Exchange of assets with related organization(s).				1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)			<sub>1</sub>	1k		X			
I	Performance of services or membership or fundraising solicitations for related organization(s)				1I 1m		X			
	m Performance of services or membership or fundraising solicitations by related organization(s).									
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n 1o		X X			
0	Sharing of paid employees with related organization(s)		•••••	•••••	10					
p	Reimbursement paid to related organization(s) for expenses.				1p		Х			
	Reimbursement paid by related organization(s) for expenses				1q		Х			
ч					-					
r	Other transfer of cash or property to related organization(s)				1r	Х				
S	Other transfer of cash or property from related organization(s).				1s	Х				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	red relationships and transa	action thres	holds	S.				
	(a) Name of related organization	(b) Transaction	<b>(c)</b> Amount involved	Method o	(d) f dete	rminir	na			
		type (a-s)		amour			.9			
(1)										
(1)										
(2)										
(3)										
(4)										
(5)										
<u> (</u> )										
(6)										
JSA			Sch	nedule R (F	orm	990)	2020			

Schedule R (Form 990) 2020

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	sec 501( organiz	ations?	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	Disprop alloc	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	aging ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
(1)													
(2)													
(3)													
(4)	_												
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2020

Page 5

 Part VII
 Supplemental Information

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

Form	990-T	Ex	empt Organization Business Income Tax Return (and proxy tax under section 6033(e))	ł	OMB No.	1545-0	047
		For caler	dar year 2020 or other tax year beginning $07/01$ , 2020, and ending $06/30$ , 20 $2$	2 1	20	20	j
•	tment of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.				tion for
Interna	al Revenue Service	► Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Publ 501(c)(3) Org		
A _				•	Employer identification number		
<b>D F u</b>		Print	WABASH COLLEGE		exemption n	mbor	
	empt under section 501(C)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.EC/O KENDRA A. COOKS P. O. BOX 352		structions)	linnei	
Λ		Туре	City or town, state or province, country, and ZIP or foreign postal code				
	408(e) 220(e) 408A 530(a)		CRAWFORDSVILLE, IN 47933		Check box if		
	529(a) 529A	C Book	value of all assets at end of year	an amended return.			
GC	heck organization t		X     501(c) corporation     501(c) trust     401(a) trust     Other trust	Δ	pplicable rei	nsura	nce entity
	heck if filing only to	71 - 7	Claim credit from Form 8941 Claim a refund shown on Form 24			Insura	loc ontry
			tion filing a consolidated return with a 501(c)(2) titleholding corporation				
			Schedules A (Form 990-T)				
			orporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?			Yes	X No
			dentifying number of the parent corporation		•••	L	
			ENDRA A. COOKS Telephone number ► 765-	361-	-6212		
		E	.O. BOX 352				
		C	RAWFORDSVILLE IN 47933				
Par	t I Total Unre	lated B	usiness Taxable Income				
1	Total of unrelat	ed busir	ess taxable income computed from all unrelated trades or businesses (see				
	instructions)			1			
2							
3	Add lines 1 and 2			3			
4	Charitable contrib	outions (s	ee instructions for limitation rules)	4			
5	Total unrelated b	usiness t	axable income before net operating losses. Subtract line 4 from line 3	5			0.
6	Deduction for net	operatin	g loss. See instructions	6			
7			ess taxable income before specific deduction and section 199A deduction.				
8			Ily \$1,000, but see instructions for exceptions)				
9			ction. See instructions				
10			s 8 and 9	10			
11		ess taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,				0
Der	enter zero			11			0.
1			corporations. Multiply Part I, line 11 by 21% (0.21)	1			
2	Part I, line 11 from		rates.       See instructions for tax computation. Income tax on the amount on         Tax rate schedule or       Schedule D (Form 1041)				
2				2			
3 4			tructions	3			
4 5			usts only)	4			
6			ty income. See instructions	6			
7			6 to line 1 or 2, whichever applies	7			
-			otice, see instructions.		Form	990-	<b>T</b> (2020)

Tax and Payments         1 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)       1 a         b Other credits (see instructions)       1 b         c General business credit. Attach Form 3800 (see instructions)       1 c         d Credit for prior year minimum tax (attach Form 8801 or 8827)       1 d					
b Other credits (see instructions)       1b         c General business credit. Attach Form 3800 (see instructions)       1c					
c General business credit. Attach Form 3800 (see instructions)					
d Credit for prior year minimum tax (attach Form 8801 or 8827)					
e Total credits. Add lines 1a through 1d					
2 Subtract line 1e from Part II, line 7					
3 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866					
Other (attach statement)					
4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under					
section 1294. Enter tax amount here	0.				
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4					
6 a Payments: A 2019 overpayment credited to 2020					
b 2020 estimated tax payments. Check if section 643(g) election applies ▶ 6b					
c Tax deposited with Form 8868					
d Foreign organizations: Tax paid or withheld at source (see instructions) 6d					
e Backup withholding (see instructions)					
f Credit for small employer health insurance premiums (attach Form 8941) 6f					
g Other credits, adjustments, and payments: Form 2439					
Form 4136         Other         Total ►         6g					
7 Total payments. Add lines 6a through 6g					
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached					
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed					
0 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10					
1       Enter the amount of line 10 you want: Credited to 2021 estimated tax       ▶       Refunded       ▶       11					
Part IV Statements Regarding Certain Activities and Other Information (see instructions)	N				
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority Yes	No				
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file					
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	х				
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	x				
foreign trust?					
If "Yes," see instructions for other forms the organization may have to file.					
3 Enter the amount of tax-exempt interest received or accrued during the tax year					
<b>4 a</b> Did the organization change its method of accounting? (see instructions)					
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"					
explain in Part V					

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

#### SUPPLEMENTAL INFORMATION ATTACHED

0.		inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is ue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.							
Sign Here		KENDRA COOKS	05/16/2022 CFO,	TREASURER		discuss this return eparer shown below			
	Ē	Signature of officer	Date Title		(see instructions)? X Yes N				
		Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN			
Paid	NICOLE B FISHBACK	Y wale B Fishback	05/16/2022		P01279475				
Preparer Use Only		Firm's name  BKD, LLP	Firm's EIN ► 44-0160260						
		Firm's address ▶ 201 N. ILLINOIS S'	IN 46204	Phone no. 317-383-4000					
JSA 0X2741 1	.000					Form 990-T (2020)			

0X2741 1.000

#### SUPPLEMENTAL INFORMATION DETAIL

PART	NUMBER:	PART	I
LINE	NUMBER:	LINE	б

#### EXPLANATION:

FORM 990-T PRE-2018 NOL CARRYFORWARD 06/30/2021

YEAR END	GENERATED	AVAILABLE	UTILIZED	CARRYOVER
6/30/2014	(157,845)	(16,865)	-	(16,865)
6/30/2015	-	-	-	-
6/30/2016	(820,726)	(820,726)	-	(820,726)
6/30/2017	(853,118)	(853,118)	-	(853,118)
6/30/2018	(484,385)	(484,385)	-	(484,385)
6/30/2019	-	-	-	-
6/30/2020	-	-	(274,556)	274,556
6/30/2021	-	-	-	-

FOOTNOTE: ADJUSTED AMOUNT OF 05/31/2018 NOL TO REFLECT THE REPEALING OF TAXABLE QUALIFIED TRANSPORTATION FRINGE BENEFITS UNDER §512(A)(7).

### SUPPLEMENTAL INFORMATION DETAIL

PART NUMBER:	SCHEDULE A, PART II
LINE NUMBER:	LINE 17

EXPLANATION:

FORM 990-T, SCHEDULE A INCOME FROM K-1 INVESTMENTS NOL CARRYFORWARD 06/30/2021

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)

PART NUMBER:	SCHEDULE A, PART II
LINE NUMBER:	LINE 17

EXPLANATION:

FORM 990-T, SCHEDULE A BOOKSTORE NOL CARRYFORWARD 06/30/2021

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)

## SCHEDULE A (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

20

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).
 Open to Public Inspection for 501(c)(3).

20

A Name of the organization	B Employer identification number
WABASH COLLEGE	35-0868202
C Unrelated business activity code (see instructions) ► 451211	D Sequence: 1 of 2

E Describe the unrelated trade or business ► WEEKEND AND INTERNET BOOKSTORE SALES

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales 140, 522.					
b	Less returns and allowances c Balance ►	1c	140,522.			
2	Cost of goods sold (Part III, line 8).	2	42,106.			
3	Gross profit. Subtract line 2 from line 1c	3	98,416.			98,416.
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.	4c				
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).	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12		98,416.			98,416.
Pai	t II Deductions Not Taken Elsewhere (See instructions	for l	imitations on dedu	ctions) Dedu	ctions r	nust be directly
	connected with the unrelated business income					
1	Compensation of officers, directors, and trustees (Part X)				1	93,074.
2	Salaries and wages				2	93,074.
3	Repairs and maintenance				3	
4	Bad debts.				4	
5	Interest (attach statement) (see instructions)				5	
6	Taxes and licenses.				6	
7	Depreciation (attach Form 4562) (see instructions)					
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	30,673.
11	Employee benefit programs				11	50,075.
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	7,515.
14 45	Other deductions (attach statement)				14	131,262.
15 16	Total deductions. Add lines 1 through 14				15	
16	Unrelated business income before net operating loss deduction.				16	-32,846.
17	column (C)				16	52,010.
17	Unrelated business taxable income. Subtract line 17 from line 1				17 18	-32,846.
-	aperwork Reduction Act Notice, see instructions.	10. 1				(Form 990-T) 2020

Schedu	ule A (Form 990-T) 2020 WABASH C	OLLEGE		35-0868202	Page <b>2</b>
Par	Cost of Goods Sold	Enter method of inventory valuation	•		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement	ıt)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6	. Enter here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to p	property produced or acquired for resale) apply	y to the organization?	Yes	No
Par	IV. Rent Income (From Real Proper	ty and Personal Property Leased w	ith Real Property)		
1	Description of property (property street address	s, city, state, ZIP code). Check if a dual-use (se	e instructions)		
	A				
	B				
	C				
	D				
-		A B	С	D	
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
h	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 o				
	income) Total rents received or accrued by property				
С	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c co		line 6. column (A)		
5	Total Tents Tecelved of accided. Add line 20 oc	auning A through D. Enter here and off farth, i			
4	Deductions directly connected with the income				
-	in lines 2(a) and 2(b) (attach statement)				
5	<b>Total deductions.</b> Add line 4 columns A throug		B)	•	
			,	• •	
Par	t V Unrelated Debt-Financed Incom	e (see instructions)			
1	Description of debt-financed property (street ad	dress, city, state, ZIP code). Check if a dual-us	se (see instructions)		
	A				
	в				
	c				
	D				
		A B	С	D	
2	Gross income from or allocable to debt-financeo				
	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 the formation of the for	ough D). Enter here and on Part I, line 7, colun	nn (A)	· •	
_	A11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
9	Allocable deductions. Multiply line 3c by line 6		Z column (D)		
10 11	Total allocable deductions. Add line 9, column Total dividends-received deductions included	•		-	
JSA	Total universities received deductions included				00 T) 0000
0X2751	2 000			Schedule A (Form 9	

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)         1. Name of controlled Organizations       Exempt Controlled Organizations         1. Name of controlled Organizations       5. Part of colume 4, bit induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 10, part of colume 4, bit is induced in the come in eduration 10, bit is induced in the come in eduration 10, bit is induced in the colume 6, bit is induced in the colume 10, bit is induced in the colume	Schedule A (Form 990-T) 2020					Page 3		
1. Name of controlled organization       2. Employer is included income (see) issee instructions)       4. Trail of specified payments made income (see) issee instructions)       6. Deductions directly income (see) issee instructions)         (1)	Part VI Interest, Ann	uities, Royalt	ies, and Rents					
organization         identification number         income (bass) (see instructions)         payments made         the controlling organizations gross income         connected with income in column 5           (1)         -				Exempt Co	ntrolled Organizations			
(2)		identification	income (loss)	payments made	that is included in the controlling organization's	connected with		
(2)	(1)							
(3)       Image: Controlled Organizations         7. Taxable income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 that is included in the organizations gross income       11. Deductions directly connected with income in column 10         (1)       (2)       (3)       (4)       (4)       (4)       (5)         (2)       (3)       (4)       (5)       (7)       (7)       (7)         (3)       (4)       (4)       (5)       (5)       (5)       (7)         (4)       Add columns 5 and 10. Enter here and on Part I, line 8, column (A)       (6)       (7) <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
(4)       Nonexempt Controlled Organizations         7. Taxable income       8. Net unclead income (loss) (see 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)								
Nonexempt Controlled Organizations         7. Taxable income       8. Net unrelated income (icss) (see 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 income in column 10         (1)       9       0								
income (loss) (see instructions)       payments made       that is included in the controlling organization's gross income       connected with income in column 10         (1)			Nonexe	empt Controlled Organizatio	ons			
(2)	7. Taxable income	ine	come (loss)		that is included in the controlling organization's	connected with		
(3)       Add columns 5 and 10.         (4)       Add columns 5 and 10.         Enter here and on Part I, line 8, column (A)       Add columns 6 and 11.         Totals       State here and on Part I, line 8, column (A)       Add columns 6 and 11.         Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       5. Total deductions and set-asides (attach statement)         1. Description of income       2. Amount of income       3. Deductions directly connected (attach statement)       5. Total deductions (attach statement)         (1)       Add amounts in column 2.       Enter here and on Part I, line 9, column (A)       5. Total deductions (add columns 3 and 4)         (1)       Add amounts in column 2.       Enter here and on Part I, line 9, column (A)       Enter here and on Part I, line 9, column (B)         (3)       Add amounts in column 2.       Enter here and on Part I, line 9, column (A)       Enter here and on Part I, line 9, column (B)         1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       2         1 Description of exploited activity:       2         2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (B)       2         3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 5, column (B)       3         4 Net income (loss) from	(1)							
(4)       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 (A)         Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       5. Total deductions and set-asides (attach statement)         1. Description of income       2. Amount of income       3. Deductions directly connected (attach statement)       5. Total deductions and set-asides (attach statement)         (1)	(2)							
Totals       Add columns 6 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 (A)         Part VIII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       5. Total deductions and set-asides (attach statement)         1. Description of income       2. Amount of income       3. Deductions directly connected (attach statement)       5. Total deductions and set-asides (add columns 3 and 4)         (1)	(3)							
Totals       Enter here and on Part I, line 8, column (A)       Enter here and on Part I, line 8, column (B)         Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       5. Total deductions and set-asides (attach statement)       5. Total deductions and set-asides (add columns 3 and 4)         (1)	(4)							
Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)         1. Description of income       2. Amount 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)	Totolo				Enter here and on Part I,	Enter here and on Part I,		
1. Description of income       2. Amount of income       3. Deductions directly connected (attach statement)       4. Set-asides (attach statement)       5. Total deductions and set-asides (atd columns 3 and 4)         (1)       (1)       (2)       (3)       (3)       (3)       (4) </td <td></td> <td></td> <td>ection 501(c)</td> <td>(7) (9) or (17) Organiza</td> <td>tion (see instructions)</td> <td></td>			ection 501(c)	(7) (9) or (17) Organiza	tion (see instructions)			
(2)       (3)       (4)         (4)       Add amounts in column 2. Enter here and on Part I, line 9, column (A)       Add amounts in column 5. Enter here and on Part I, line 9, column (B)         Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       Add amounts in column 6.         1       Description of exploited activity:			· · · ·	3. Deductions directly connected	4. Set-asides	and set-asides		
(3)	(1)							
(4)       Add amounts in column 2. Enter here and on Part I, line 9, column (A)       Add amounts in column 5. Enter here and on Part I, line 9, column (B) <b>Part VIII Exploited Exempt Activity Income, Other Than Advertising Income</b> (see instructions)       Add amounts in column 5. Enter here and on Part I, line 9, column (B)         1 Description of exploited activity:	(2)							
Add amounts in column 2. Enter here and on Part I, line 9, column (A)       Add amounts in column 5. Enter here and on Part I, line 9, column (B)         Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       Add amounts in column 5. Enter here and on Part I, line 9, column (B)         1 Description of exploited activity:	(3)							
Enter here and on Part I, line 9, column (A)       Enter here and on Part I, line 9, column (B)         Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)         1 Description of exploited activity:         2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)         3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)         4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7         5 Gross income from activity that is not unrelated business income	(4)							
Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)         1       Description of exploited activity:         2       Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)         3       Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7         5       Gross income from activity that is not unrelated business income	Totals	Enter he	ere and on Part I,			Enter here and on Part I,		
1 Description of exploited activity:		empt Activity	/ Income. Othe	er Than Advertising Inco	me (see instructions)			
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)       2         3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)       3         4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       4         5 Gross income from activity that is not unrelated business income       5			,					
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)       3         4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       4         5 Gross income from activity that is not unrelated business income       5	• •		trade or busin	ess. Enter here and on Pa	art I. line 10. column (A)	2		
line 10, column (B)       3         4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       4         5 Gross income from activity that is not unrelated business income       5								
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7								
lines 5 through 7    4      5 Gross income from activity that is not unrelated business income    5								
5 Gross income from activity that is not unrelated business income		lines 5 through 7						
	5		lated business inco	ome				
6 Expenses attributable to income entered on line 5		,						
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line	•			6, but do not enter more	than the amount on line			
4. Enter here and on Part II, line 12	4. Enter here and on Part I	I, line 12		<u></u>	<u></u>	7		

Sched	ule A (Form 990-T) 2020				Page 4
Pai	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if report	ing two or more periodicals o	n a consolidated bas	sis.	
	Α				
	в				
	c 🗌				
	D				
Enter	amounts for each periodical listed above in the	e corresponding column.			
	· · · · · · · · · · · · · · · · · · ·	A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and or				<u> </u>
а	Add columns A through D. Enter here and or	r Part I, line TT, column (A)			▶
•					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)			▶
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a ga	in,			
	complete lines 5 through 8. For any column	in			
	line 4 showing a loss or zero, do not comple	ete			
	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 the	an			
	line 5, subtract line 6 from line 5. If line 5				
	less than line 6, enter zero				
8	Excess readership costs allowed as	а			
	deduction. For each column showing a gain	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Ente		8a. columns tota	al or zero here and o	n
	Part II, line 13	-			
Par	t X Compensation of Officers, Dire	ectors, and Trustees (s	see instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(4)					
(1)				%	
(2)				%	
(3)				%	
(4)				%	
				<b>_</b>	
	I. Enter here and on Part II, line 1			<u></u> ▶	
Pai	t XI Supplemental Information (see	e instructions)			
	SUPPLEMENTAL INFORMATION	I ATTACHED			

## SCHEDULE A (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

20

2

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).
 Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for

A Name of the organization	B Employer identification number
WABASH COLLEGE	35-0868202
C Unrelated business activity code (see instructions) ► 901101	D Sequence: <sup>2</sup> of <sup>2</sup>

C Unrelated business activity code (see instructions) ► 901101

E Describe the unrelated trade or business ► INCOME FROM K-1 INVESTMENTS

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
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				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b	-51,169.			-51,169.
с	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) ATCH 2	5	-469,059.			-469,059.
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)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12		-520,228.			-520,228.
Pai		for l	imitations on dedu	ctions) Deduc	ctions	must be directly
	connected with the unrelated business income					
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	8,984.
7	Depreciation (attach Form 4562) (see instructions)					
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	39,347.
15	Total deductions. Add lines 1 through 14				15	48,331.
16	Unrelated business income before net operating loss deduction					
	column (C)				16	-568,559.
17	Deduction for net operating loss (see instructions)				17	
18	Unrelated business taxable income. Subtract line 17 from line 1	16	<u></u>		18	-568,559.
For Pa	aperwork Reduction Act Notice, see instructions.			Sch	edule	A (Form 990-T) 2020

Schedu	ule A (Form 990-T) 2020 WABASH C	OLLEGE		35-0868202	Page <b>2</b>
Par	Cost of Goods Sold	Enter method of inventory valuation	•		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement	ıt)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6	. Enter here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to p	property produced or acquired for resale) apply	y to the organization?	Yes	No
Par	IV. Rent Income (From Real Proper	ty and Personal Property Leased w	ith Real Property)		
1	Description of property (property street address	s, city, state, ZIP code). Check if a dual-use (se	e instructions)		
	A				
	B				
	C				
	D				
-		A B	С	D	
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
h	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 o				
	income) Total rents received or accrued by property				
С	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c co		line 6. column (A)		
5	Total Tents Tecelved of accided. Add line 20 oc	auning A through D. Enter here and off farth, i			
4	Deductions directly connected with the income				
-	in lines 2(a) and 2(b) (attach statement)				
5	<b>Total deductions.</b> Add line 4 columns A throug		B)	•	
			,	• •	
Par	t V Unrelated Debt-Financed Incom	e (see instructions)			
1	Description of debt-financed property (street ad	dress, city, state, ZIP code). Check if a dual-us	se (see instructions)		
	A				
	в				
	c				
	D				
		A B	С	D	
2	Gross income from or allocable to debt-financeo				
	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 the formation of the for	ough D). Enter here and on Part I, line 7, colur	nn (A)	· •	
_	A11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
9	Allocable deductions. Multiply line 3c by line 6		Z column (D)		
10 11	Total allocable deductions. Add line 9, column Total dividends-received deductions included	•		-	
JSA	Total universities received deductions included				00 T) 0000
0X2751	2 000			Schedule A (Form 9	

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)         1. Name of controlled Organizations       Exempt Controlled Organizations         1. Name of controlled Organizations       5. Part of colume 4, bit induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 5, part of colume 4, bit is induced in the come in eduration 10, part of colume 4, bit is induced in the come in eduration 10, bit is induced in the come in eduration 10, bit is induced in the colume 6, bit is induced in the colume 10, bit is induced in the colume	Schedule A (Form 990-T) 2020					Page 3		
1. Name of controlled organization       2. Employer is included income (see) issee instructions)       4. Trail of specified payments made income (see) issee instructions)       6. Deductions directly income (see) issee instructions)         (1)	Part VI Interest, Ann	uities, Royalt	ies, and Rents					
organization         identification number         income (bass) (see instructions)         payments made         the controlling organizations gross income         connected with income in column 5           (1)         -				Exempt Co	ntrolled Organizations			
(2)		identification	income (loss)	payments made	that is included in the controlling organization's	connected with		
(2)	(1)							
(3)       Image: Controlled Organizations         7. Taxable income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 that is included in the organizations gross income       11. Deductions directly connected with income in column 10         (1)       (2)       (3)       (4)       (4)       (4)       (5)         (2)       (3)       (4)       (5)       (7)       (7)       (7)         (3)       (4)       (4)       (5)       (5)       (5)       (7)         (4)       Add columns 5 and 10. Enter here and on Part I, line 8, column (A)       (6)       (7) <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
(4)       Nonexempt Controlled Organizations         7. Taxable income       8. Net unclead income (loss) (see 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)								
Nonexempt Controlled Organizations         7. Taxable income       8. Net unrelated income (icss) (see 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 income in column 10         (1)       9       0								
income (loss) (see instructions)       payments made       that is included in the controlling organization's gross income       connected with income in column 10         (1)			Nonexe	empt Controlled Organizatio	ons			
(2)	7. Taxable income	ine	come (loss)		that is included in the controlling organization's	connected with		
(3)       Add columns 5 and 10.         (4)       Add columns 5 and 10.         Enter here and on Part I, line 8, column (A)       Add columns 6 and 11.         Totals       State here and on Part I, line 8, column (A)       Add columns 6 and 11.         Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       5. Total deductions and set-asides (attach statement)         1. Description of income       2. Amount of income       3. Deductions directly connected (attach statement)       5. Total deductions (attach statement)         (1)       Add amounts in column 2.       Enter here and on Part I, line 9, column (A)       5. Total deductions (add columns 3 and 4)         (1)       Add amounts in column 2.       Enter here and on Part I, line 9, column (A)       Enter here and on Part I, line 9, column (B)         (3)       Add amounts in column 2.       Enter here and on Part I, line 9, column (A)       Enter here and on Part I, line 9, column (B)         1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       2         1 Description of exploited activity:       2         2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (B)       2         3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 5, column (B)       3         4 Net income (loss) from	(1)							
(4)       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 (A)         Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       5. Total deductions and set-asides (attach statement)         1. Description of income       2. Amount of income       3. Deductions directly connected (attach statement)       5. Total deductions and set-asides (attach statement)         (1)	(2)							
Totals       Add columns 6 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 (A)         Part VIII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       5. Total deductions and set-asides (attach statement)         1. Description of income       2. Amount of income       3. Deductions directly connected (attach statement)       5. Total deductions and set-asides (add columns 3 and 4)         (1)	(3)							
Totals       Enter here and on Part I, line 8, column (A)       Enter here and on Part I, line 8, column (B)         Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)       5. Total deductions and set-asides (attach statement)       5. Total deductions and set-asides (add columns 3 and 4)         (1)	(4)							
Part VII       Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)         1. Description of income       2. Amount 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)	Totolo				Enter here and on Part I,	Enter here and on Part I,		
1. Description of income       2. Amount of income       3. Deductions directly connected (attach statement)       4. Set-asides (attach statement)       5. Total deductions and set-asides (atd columns 3 and 4)         (1)       (1)       (2)       (3)       (3)       (2)       (3)       (4) </td <td></td> <td></td> <td>ection 501(c)</td> <td>(7) (9) or (17) Organiza</td> <td>tion (see instructions)</td> <td></td>			ection 501(c)	(7) (9) or (17) Organiza	tion (see instructions)			
(2)       (3)       (4)         (4)       Add amounts in column 2. Enter here and on Part I, line 9, column (A)       Add amounts in column 5. Enter here and on Part I, line 9, column (B)         Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       Add amounts in column 6.         1       Description of exploited activity:			· · · ·	3. Deductions directly connected	4. Set-asides	and set-asides		
(3)	(1)							
(4)       Add amounts in column 2. Enter here and on Part I, line 9, column (A)       Add amounts in column 5. Enter here and on Part I, line 9, column (B) <b>Part VIII Exploited Exempt Activity Income, Other Than Advertising Income</b> (see instructions)       Add amounts in column 5. Enter here and on Part I, line 9, column (B)         1 Description of exploited activity:	(2)							
Add amounts in column 2. Enter here and on Part I, line 9, column (A)       Add amounts in column 5. Enter here and on Part I, line 9, column (B)         Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)       Add amounts in column 5. Enter here and on Part I, line 9, column (B)         1 Description of exploited activity:	(3)							
Enter here and on Part I, line 9, column (A)       Enter here and on Part I, line 9, column (B)         Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)         1 Description of exploited activity:         2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)         3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)         4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7         5 Gross income from activity that is not unrelated business income	(4)							
Part VIII       Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)         1       Description of exploited activity:         2       Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)         3       Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7         5       Gross income from activity that is not unrelated business income	Totals	Enter he	ere and on Part I,			Enter here and on Part I,		
1 Description of exploited activity:		empt Activity	/ Income. Othe	er Than Advertising Inco	me (see instructions)			
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)       2         3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)       3         4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       4         5 Gross income from activity that is not unrelated business income       5			,					
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)       3         4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       4         5 Gross income from activity that is not unrelated business income       5	• •		trade or busin	ess. Enter here and on Pa	art I. line 10. column (A)	2		
line 10, column (B)       3         4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7       4         5 Gross income from activity that is not unrelated business income       5								
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7								
lines 5 through 7    4      5 Gross income from activity that is not unrelated business income    5								
5 Gross income from activity that is not unrelated business income		lines 5 through 7						
	5		lated business inco	ome				
6 Expenses attributable to income entered on line 5		,						
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line	•			6, but do not enter more	than the amount on line			
4. Enter here and on Part II, line 12	4. Enter here and on Part I	I, line 12		<u></u>	<u></u>	7		

Sched	ule A (Form 990-T) 2020				Page 4
Pai	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if repo	orting two or more periodicals o	n a consolidated basis		
	Α				
	в				
	c				
	D				
Enter	amounts for each periodical listed above in	the corresponding column.			
	· · · · · · · · · · · · · · · · · · ·	A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and				<u> </u>
а	Add columns A through D. Enter here and	on Part I, line TT, column (A).			▶
•					
3	Direct advertising costs by periodical				<u> </u>
а	Add columns A through D. Enter here and	on Part I, line 11, column (B)			▶
4	Advertising gain (loss). Subtract line 3 from	line			
	2. For any column in line 4 showing a g	gain,			
	complete lines 5 through 8. For any colum	nn in			
	line 4 showing a loss or zero, do not comp	plete			
	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	than			
	line 5, subtract line 6 from line 5. If line	5 is			
	less than line 6, enter zero				
8	Excess readership costs allowed as	s a			
	deduction. For each column showing a gai	n on			
	line 4, enter the lesser of line 4 or line 7.				
а	Add line 8, columns A through D. En	ter the greater of the line	8a, columns total	or zero here and o	n
	Part II, line 13				▶
Par	t X Compensation of Officers, D	irectors, and Trustees (s	see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
	I. Name	2. 1100		to business	unrelated business
				to business	
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	I. Enter here and on Part II, line 1			<u></u>	
Pai	t XI Supplemental Information (s	ee instructions)			
	SUPPLEMENTAL INFORMATIC	ON ATTACHED			

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ATTACHMENT 1

SCHEDULE A: WEEKEND AND INTERNET BOOKSTORE SALES

PART II LINE 14 - OTHER DEDUCTIONS DETAIL

SUPPLIES		1,675.
PURCHASED SERVICES		69.
ACCOUNTING FEES		1,305.
MISCELLANEOUS EXPENSE		4,466.
	TOTAL OTHER DEDUCTIONS	7,515.

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#### SCHEDULE A: INCOME FROM K-1 INVESTMENTS

PART I LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	SHARE OF	SHARE OF	GAIN OR
	GROSS INCOME	DEDUCTIONS	(LOSS)
AG SUPER FUND - FINAL 2020	345.		345.
AG SF (L) LP	-109.		-109.
KAYNE ANDERSON ENERGY FUND IV	-82.	274.	-356.
KAYNE ANDERSON ENERGY FUND V	83,774.	147,354.	-63,580.
NORTHGATE IV, LP	832.		832.
NORTHGATE VENTURE PARTNERS II	-500.		-500.
RESOURCE LAND FUND V	4,194.		4,194.
RESOURCE LAND FUND IV	-96,033.		-96,033.
ROCKLAND POWER PARTNERS	-228,041.		-228,041.
THE RESOLUTE FUND II	468.		468.
RESOLUTE FUND II MARITIME	б.		б.
ROCKLAND POWER PARTNERS II	-84,767.		-84,767.
TRG FORESTRY FUND 8-B	-1,518.		-1,518.
INCOME (LOSS) FROM PARTNERSHI	PS AND/OR S CORPORATIO	DNS	-469,059.

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ATTACHMENT 3 SCHEDULE A: INCOME FROM K-1 INVESTMENTS PART II LINE 14 - OTHER DEDUCTIONS DETAIL ACCOUNTING INVESTMENT MANAGEMENT 31,952.

TOTAL OTHER	DEDUCTIONS	 39,347.

SCHEE	DULE D
(Form	1120)

Department of the Treasury

Internal Revenue Service

# **Capital Gains and Losses**

OMB No. 1545-0123

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.

Name Employer identification number WABASH COLLEGE 35-0868202 XNO Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes 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 Part I (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 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 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 5 Unused capital loss carryover (attach computation) 6 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . 7 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II (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 II. line 2. This form may be easier to complete if you round off cents to 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 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 217. 278 -61. Enter gain from Form 4797, line 7 or 9 11 11 . . . . . . . . . . . . . 12 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 13 Capital gain distributions (see instructions) 14 14 -61 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 15 Summary of Parts I and II Part III Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 16 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 17 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns 18 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) 2020 .ISA

Form 8949 (2020)	Attachment Sequence No. 12A	Page <b>2</b>
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	

WABASH COLLEGE

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)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B Х

1 (a) Description of property	(b) Date acquired	<b>(c)</b> Date sold or disposed of	(d) Proceeds	Cost or other basis. See the <b>Note</b> below	Adjustment, if If you enter an 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)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	combine the result with column (g)	
AG SF (L) LP	VARIOUS	VARIOUS		278.			-278.	
RESOURCE LAND FUND IV	VARIOUS	VARIOUS	217.				217.	
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked) or line 10 (if Box	here and incluis checked), line	ude on your 9 (if <b>Box E</b>	217.	278.			-61.	

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.

Form 8949 (2020)

Form	4	7	9	7

### Sales of Business Property (Also Involuntary Conversions and Recapture Amounts

OMB No. 1545-0184

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Under Sections 179 and 280F(b)(2))

Attach to your tax return

Departi	nent or	uie	rreasu
Internal	Reven	ue S	ervice

P Attach to your tax return.						
Go to www.irs.gov/Form/707 for instructions and the latest information	n					

	artment of the Treasury nal Revenue Service	► Go to www.irs.go		o your tax return		rmation		Attachment Sequence No. 27
	ne(s) shown on return	00 10 mmm.0.go					Identify	/ing number
	BASH COLLEGE						-	0868202
1	Enter the gross proceeds from	m sales or exchanges	s reported to vo	ou for 2020 on Fo	orm(s) 1099-B or	1099-S (or		
	substitute statement) that you a	0			( )	· · ·	1	
Pa	rt I Sales or Exchange						ns Fro	om Other
	Than Casualty or T	heft - Most Prop	erty Held Mo	ore Than 1 Year	(see instruction	s)		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost o basis, p improveme expense o	olus ents and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
A	TTACHMENT 1							-51,169.
3	Gain, if any, from Form 4684, li	ine 39					3	
4	Section 1231 gain from install	ment sales from Form	n 6252, line 26 or	37			4	
5	Section 1231 gain or (loss) fro	m like-kind exchanges	from Form 8824				5	
6	Gain, if any, from line 32, from	other than casualty or	theft				6	
7	Combine lines 2 through 6. En	ter the gain or (loss)	here and on the a	appropriate line as fo	llows		7	-51,169.
	Partnerships and S corporation line 10, or Form 1120-S, Sched				for Form 1065, S	chedule K,		
	Individuals, partners, S corpo line 7 on line 11 below and sl losses, or they were recapture Schedule D filed with your retur	kip lines 8 and 9. If li ed in an earlier year,	ine 7 is a gain a enter the gain	and you didn't have from line 7 as a l	e any prior year se	ction 1231		
8	Nonrecaptured net section 123	31 losses from prior ye	ars. See instructi	ons			8	
9	Subtract line 8 from line 7. If ze	ero or less, enter -0 If	f line 9 is zero, e	nter the gain from I	ine 7 on line 12 be	low. If line		
	9 is more than zero, enter the			•		0		
	capital gain on the Schedule D						9	
Pa	rt II Ordinary Gains and		/					
10	Ordinary gains and losses not	included on lines 11 t	through 16 (inclu	ide property held 1 y	ear or less):	1		
							_	
11	Loss, if any, from line 7						11	( 51,169,
12		<i>i</i> 11					12	
13							13	
14	Net gain or (loss) from Form 4						14	
15			-				15	
16	Ordinary gain or (loss) from like	e-kind exchanges from	Form 8824				16	

-51,169. 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a 18 and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4..... 18b

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2020)

al	Gain From Disposition of Property (see instructions)	Un	der Sections 124	5, 1250, 1252, 12:	54, and 1255	
) (	a) Description of section 1245, 1250, 1252, 1254, o	or 12	55 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
Α					(110., ddy, yl.)	(110., ddy, yn)
В						
c						
D						
<u> </u>						
1	nese columns relate to the properties on lines 19A through 19E	). <b>Þ</b>	Property A	Property B	Property C	Property D
	ross sales price ( <b>Note:</b> See line 1 before completing.)					
	ost or other basis plus expense of sale	21				
	epreciation (or depletion) allowed or allowable	22				
	djusted basis. Subtract line 22 from line 21	23				
		23				
٦	otal gain. Subtract line 23 from line 20	24				
	section 1245 property:	27				
	epreciation allowed or allowable from line 22	252				
	nter the <b>smaller</b> of line 24 or 25a.					
ľ	section 1250 property: If straight line depreciation was	200				
ι	sed, enter -0- on line 26g, except for a corporation subject section 291.					
	dditional depreciation after 1975. See instructions	262				
	pplicable percentage multiplied by the smaller of	200				
	ne 24 or line 26a. See instructions	26h				
	ubtract line 26a from line 24. If residential rental property	200				
	r line 24 isn't more than line 26a, skip lines 26d and 26e	260				
	dditional depreciation after 1969 and before 1976.					
	nter the smaller of line 26c or 26d					
	ection 291 amount (corporations only)	26f 26g				
	dd lines 26b, 26e, and 26f	20y				
	spose of farmland or if this form is being completed for					
	partnership.	~=				
	oil, water, and land clearing expenses					
	ne 27a multiplied by applicable percentage. See instructions					
	nter the smaller of line 24 or 27b	27c				
	section 1254 property: tangible drilling and development costs, expenditures					
f	r development of mines and other natural deposits,					
	ining exploration costs, and depletion. See instructions					
	nter the smaller of line 24 or 28a	28b				
	section 1255 property:					
	pplicable percentage of payments excluded from					
	come under section 126. See instructions					
	nter the smaller of line 24 or 29a. See instructions .					
Im	mary of Part III Gains. Complete propert	усс	olumns A through	D through line 29b	before going to lin	ie 30.
	otal gains for all properties. Add property columns A		-			
	dd property columns A through D, lines 25b, 26g, 2					
	ubtract line 31 from line 30. Enter the portion from				· · ·	
	ther than casualty or theft on Form 4797, line 6					
irt	Recapture Amounts Under Section (see instructions)	is 11	79 and 280F(b)(2)	When Business (	Jse Drops to 50%	or Less
					(a) Section 179	(b) Section 280F(b)(2)

35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	
34	Recomputed depreciation. See instructions	34	
		••	

Form 4797 (2020)

### WABASH COLLEGE Supplement to Form 4797 Part I Detail

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	43,745. 1,740.			43,745 1,740 -96,654
RESOURCE LAND FND IV	VARIOUS	VARIOUS	1,740.			1,740
ROCKLAND PWR PTRS II	VARIOUS	VARIOUS			96,654.	-96,654
					· · · ·	
Totals						-51,169

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PAGE 125