

Public Disclosure Copy

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

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

Where Must Information Be Provided?

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

How Quickly Must Organizations Reply?

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

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

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

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

F

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

▶ Do not enter social security numbers on this form as it may be made public. /-. 1-4

OMB No. 1545-0047 6 12 **Open to Public**

Inspection

		nue Serv					011199010	or instruction	s and t	ne latest in	ormat	ion.		Inspection
A F	or the	e 2021	calendar	year, or tax ye	ear beginning		(07/01/202	1 and	ending	_			/30/2022
B o	heck if ap	nlicable	C Name of	organization							D	Employer ide	ntific	ation number
Б С			WABAS	SH COLLEG	E									
	Addres change		•	siness as								35-0868	320	2
	Name	change	Number	and street (or P	.O. box if mail is	not delivered t	o street ac	ldress)	Room	n/suite	E	Telephone nu	mber	
	Initial	return		. BOX 352								(765)3	61-	6011
	Final r termin		City or to	own, state or pro	ovince, country,	and ZIP or fore	ign postal	code						
	Ameno return			FORDSVILL		933						Gross receipt		370,807,686.
	Applic pendir		F Name ar	nd address of pr	incipal officer:	SCOTI	r feli	ER			H(a	 a) Is this a gro subordinates 		urn for Yes X No
			ΡΟ ΒΟΣ	<u>4 352, CR</u>	AWFORDSV	ILLE, IN	J 4793	3			H(I	b) Are all subord	linates i	included? Yes No
		empt sta			501(c) () ┥ (in:	sert no.)	4947(a)(1	l) or	527		lf "No," a	ttach a	a list. See instructions
J	Websit	te: 🕨	WWW.WZ	ABASH.EDU	·						H(d	c) Group exem	ption r	number 🕨
К	Form o	of organ	ization: X	Corporation	Trust	Association	Othe	er 🕨	I	Year of forr	mation:	1832 M	State	e of legal domicile: IN
Pa	art I	Su	mmary											
	1	Briefly	/ describe t	the organizati	on's mission c	or most signif	icant acti	vities: WABA	ASH C	OLLEGE	IS Z	A LIBER	AL	ARTS COLLEGE
e		FOR	MEN TH	IAT EDUCA	TES THEM	TO THIN	IK CRI	TICALLY,	ACT	RESPONS	SIBL	Y, LEAD		
nar		EFFF	ECTIVEL	Y, AND L	IVE HUMAI	NELY.								
Governance			this box		0		•	ations or dispo						1
ğ				g members of									3	39
8 S				endent voting									4	38
Activities &				individuals en									5	983
ctiv	6	Total r	number of	volunteers (es	timate if neces	sary)							6	38
A				ousiness reven									7a	1,807,482.
	b	Net ur	nrelated bu	isiness taxable	e income from	Form 990-T,	Part I, lir	ne 11					7b	NONE
												rior Year		Current Year
a				d grants (Part								7,388,64		37,535,100.
Revenue				revenue (Part								3,465,30		47,544,191.
Rev				me (Part VIII,							19	9,326,62		8,719,831.
				Part VIII, colur								213,73		75,580.
				add lines 8 thr								5,394,35		93,874,702.
				ar amounts pa							28	8,682,80		28,416,664.
				or for member									ONE	
ses				ompensation,							27	7,418,71		27,263,963.
Expenses				draising fees (199,5	50.	250,409.
Exp				g expenses (Pa										21.050.642
				(Part IX, colun						••••		5,436,83		31,259,643.
			•	Add lines 13-	· ·	,	()/	, 		· · · ·		2,737,90		87,190,679.
s	19	Reven	iue iess ex	penses. Subtr	act line 18 from	m line 12 .						2,656,44 g of Current `		6,684,023. End of Year
Net Assets or Fund Balances	20	Tatal	aaata (Dar							De		-		
Asse Bali				t X, line 16)						••••		2,033,62		586,840,055. 50,642,782.
let / und				Part X, line 26) nd balances. S						••••		1,202,05 7,831,51		· · · · · · · · · · · · · · · · · · ·
	rt II		anature B		Subtract line 2				<u></u>		557	,031,3	/0.	536,197,273.
					ave examined th	nis return inclu	uding acc	ompanying sche	dules ar	nd statement	s and t	to the hest o	fmv	knowledge and belief, it is
true	, corre	ct, and	complete. D	eclaration of pre	parer (other tha	n officer) is ba	sed on all	information of w	hich pre	parer has an	y knowl	ledge.		
												05/	15/	2023
Sig	n	s	Signature of	officer								Date	1.57	2025
Her	e		KENDRA	COOKS				CI	то, т	REASURE	סי			
		-		name and title				C1	.0, 1	KEADOKI	217			
			Type prepar			Preparer's si	ignature	0	D	ate		Check	if	PTIN
Paid				ISHBACK			le US	J. Andrewski)5/15/2	023	self-employ	, "	P01279475
•	barer			FORVIS,	T.T.P					/J/ LJ/ Z		m's EIN 🕨		4-0160260
Use	Only			201 N. 1		. ጥ፯፯ସጥ2	יעבטאב		IN 4	6204		one no.		17-383-4000
May	the l			s return with					_			one no.		X Yes No
					ee the separa								• •	Form 990 (2021)

For Paperwork Reduction Act Notice, see the separate instructions.

	WA	BASH COLLEGE	35	-0868202
For	m 990 (2021)			Page 2
Pa	art III Statement of Program Se			
		ains a response or note to any line in this Pa	rt III	<u> </u>
1	Briefly describe the organization's n	nission:		
	WABASH COLLEGE IS A LIB	ERAL ARTS COLLEGE FOR MEN THA	T EDUCATES THEM	
	TO THINK CRITICALLY, AC	T RESPONSIBLY, LEAD EFFECTIVE	LY, AND LIVE	
	HUMANELY.			
2	prior Form 990 or 990-EZ?	v significant program services during the y		he Yes X No
•	If "Yes," describe these new service		how it conducto only progra	~
ა	-	ucting, or make significant changes in		
	If "Yes," describe these changes on			
4		am service accomplishments for each of	its three largest program ser	vices, as measured by
	expenses. Section 501(c)(3) and the total expenses, and revenue, if a	501(c)(4) organizations are required to re any, for each program service reported.	port the amount of grants and	d allocations to others,
4a		76,726,245. including grants of \$		47,579,952.)
	INSTRUCTION - THE ACADE	MIC INSTRUCTION PROGRAM. STUD	ENT SERVICES	
	AND ATHLETICS - ACTIVIT	IES WHOSE PRIMARY GOAL IS TO	CONTRIBUTE TO	
		AND PHYSICAL WELL-BEING AS W		
		AND SOCIAL DEVELOPMENT OUTSI		
		PORT AND LIBRARY - SUPPORT SE		
		AND PUBLIC SERVICE. INCLUDES	LIBRARY AND	
	COMPUTER SERVICES. 840	STUDENTS SERVED.		
				,
4b	(Code:) (Expenses \$)	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe of		· · •	
_	(Expenses \$ includ	ing grants of \$) (Revenu	ie \$)	
4e	Total program service expenses ►	76,726,245.		
1E1	020 1.000			Form 990 (2021)
	TX6855 D310 05/10/202	3 10:57:36 33946		6

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			I
2	complete Schedule A	1 2	X X	
2		2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			- 21
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			I
	"Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			I
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			I
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			I
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		v
Ь	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		Х
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	21	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	х	I
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			I
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			I
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			I
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
20 -	If "Yes," complete Schedule G, Part III	19 20a		X X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
£ 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part IV Checklist of Required Schedules (continued)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	37	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the		X	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	X	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		X
U	to defease any tax-exempt bonds?	24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
26	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
33	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
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,			
	or IV, and Part V, line 1.	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
20	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Part		50	Λ	L
	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 on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		
JSA	reportable gaming (gambling) winnings to prize winners?	form	990	(2021)
1E1030	1.000)

Form 990 (2021)

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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 2a 983			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
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		<u> </u>
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		├───
10	Section 501(c)(7) organizations. Enter:			
	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			
	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.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year.	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		<u> </u>
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
JSA			000	(2024)

Form 9	90 (2021) WABASH COLLEGE	35-0868	202	F	Page 6
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through	jh 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on				tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			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 If there are material differences in voting rights among members of the governing body, or	a 39			
	if the governing body delegated broad authority to an executive committee or similar				
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1k) 38			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	nship with			
-	any other officer, director, trustee, or key employee?.	· ·	2		Х
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, trustees, or key employees to a management company or other pers		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asse		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint			
	one or more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by)	members,			
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions underta	ken during			
	the year by the following:		•		
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O.</i>		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internation		-)	
0000			2000	Yes	No
102	Did the organization have local chapters, branches, or affiliates?	[10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such				
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purpo	-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that	could give			
	rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy	/? If "Yes,"			
	describe on Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and a				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and		45-	37	
a	The organization's CEO, Executive Director, or top management official		15a 15b	X X	
b	Other officers or key employees of the organization		150	Λ	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	rongomont			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar an with a taxable entity during the year?	-	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to e				
	participation in joint venture arrangements under applicable federal tax law, and take steps to saf	eguard the	4.04		
Secti	organization's exempt status with respect to such arrangements?		16b		
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright <u>CA, IN</u> ,				
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 99		(000	tion 5	01(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Sched		(380	1011 0	51(6)
19	Describe on Schedule O whether (and if so, how) the organization made its governing document		inter	est n	olicv
-	and financial statements available to the public during the tax year.	,		· · · P	,,
20	State the name, address, and telephone number of the person who possesses the organization's book KENDRA A. COOKS P.O. BOX 352 CRAWFORDSVILLE, IN 47933	s and records	6 >		
JSA	765-361-6212		Form	990	(2021)
1E1042	1.000 TX6855 D310 05/10/2023 10:57:36 33946			10	

1.00

NONE

1.00

NONE

1.00 NONE

1.00

NONE

1.00

NONE

Х

Х

Х

Х

Х

33946

(10) BOWEN, STEPHEN S.

(11) BRADY, WILLIAM P.

AMAN D.

(13) BRAUN, CHRISTOPHER J.

(14) CAMPBELL, STEVEN L.

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

(12) BRAR,

1a Complete this table for all persons required organization's tax year.	to be list	ed. F	Repo	ort	com	npens	atio	n for the calenda	ar year ending w	ith or within the
• List all of the organization's current office compensation. Enter -0- in columns (D), (E), and (F							r in	dividuals or orgar	nizations), regardle	ess of amount of
 List all of the organization's current key empl 	oyees, if ar	ny. Se	e th	ne ir	nstru	uctior	ns fo	or definition of "key	employee."	
• List the organization's five current highes who received reportable compensation (box 5 \$100,000 from the organization and any related or	of Form	W-2,								
• List all of the organization's former offic \$100,000 of reportable compensation from the org									ployees who rec	eived more than
• List all of the organization's former direct organization, more than \$10,000 of reportable com See the instructions for the order in which to list the	npensation	from	the							or trustee of the
Check this box if neither the organization nor	any related	orga	niza	tion	cor	npen	sate	d any current offic	er, director, or trus	stee.
(A) Name and title	(B) Average hours per week	box,	unles	ss pe	ition more rson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) FELLER, SCOTT E.	50.00	37		37				404 000	NONE	42, 226
PRESIDENT	1.00	Х		Х				494,820.	NONE	43,226.
(2) JONES, STEVEN L.	50.00					37			NONT	
DEAN FOR PROF. DEVELOPMENT	NONE					X		228,335.	NONE	32,168.
(3) COOKS, KENDRA A. CHIEF FINANCIAL OFF/TREASURER	50.00 NONE			Х				198,232.	NONE	45,241.
(4) JANSSEN, MICHELLE L.	50.00			Λ				190,232.	NONE	43,241.
DEAN FOR ADVANCEMENT	NONE					x		199,016.	NONE	36,742.
(5) MCDORMAN, TODD F.	50.00							199,010.		
ACTING DEAN OF THE COLLEGE	NONE					x		158,405.	NONE	30,760.
(6) AMIDON JR, JAMES L.	50.00							100,100.		
SECRETARY/CHIEF OF STAFF	NONE			Х				154,806.	NONE	30,353.
(7) TIMMONS, CHARLES F.	50.00									
DEAN OF ENROLLMENT MANAGEMENT	NONE					x		144,165.	NONE	30,322.
(8) BLAICH, CHARLES M.	50.00									<u> </u>
DIRECTOR OF INQUIRIES-CILA	NONE					х		148,143.	NONE	26,296.
(9) ALLEN, JAY R.	1.00									
CHAIR OF THE BOARD OF TRUSTEES	NONE	Х		Х				NONE	NONE	NONE

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

NONE

WABASH COLLEGE Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

Form 990 (2021)

Independent Contractors

Part VII

35-0868202

Page 7

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	ition more erson	e than c is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(15) CASTANIAS, GREGORY A.	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(16) CROUSORE, ANDREW P.	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(17) DAVLIN V, JAMES A.	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(18) ESTELL, R. GREGORY	1.00									
TRUSTEE	NONE	x						NONE	NONE	NONE
(19) EVANS, JENNIFER	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(20) EVERSOLE, M. ERIC	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(21) FOX JR, JOHN N.	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(22) GRAND, ROBERT T.	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(23) JOVANOVICH, RAY W.	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(24) KENNEDY III, PETER M.	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(25) KENNEY, PHILLIP G.	1.00									

<u>23) K</u> TRUSTEE NONE NONE NONE X 1b Sub-total 1,725,922. NONE 275,108. ► . . NONE NONE c Total from continuation sheets to Part VII, Section A ► 1,725,922. NONE ► 275,108.

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 **>** 24

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 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
-	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization ►	e listed above) who received	

NONE

NONE

Yes No

3

4

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	more rson	e than c is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
26) KILBANE, JAMES J.	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
27) KOLISEK, FRANK R.	1.00_									
TRUSTEE	NONE	Х						NONE	NONE	NON
28) LADRIERE II, RAYMOND E.	1.00_									
TRUSTEE	NONE	Х						NONE	NONE	NON
29) LEWIS, DAVID P.	1.00_									
TRUSTEE	NONE	Х						NONE	NONE	NON
30) MCNAUGHT JR, HARRY F.	1.00_									
TRUSTEE	NONE	Х						NONE	NONE	NON
31) OLSON, CORY M.	1.00_									
TRUSTEE	NONE	Х						NONE	NONE	NON
32) PERKINS, JEFFREY M.	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
33) PFLEDDERER, KELLY D.	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
34) REAMEY, GARY D.	1.00									
TRUSTEE	NONE	x						NONE	NONE	NON
35) SCHROEDER, JOHN C.	1.00									
TRUSTEE	NONE	x						NONE	NONE	NON
36) SHELBOURNE, K. DONALD	1.00									
TRUSTEE	NONE	x						NONE	NONE	NON
 1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c) 2 Total number of individuals (including but no 	Section A		•••	•••	•••		► ► ►	ceived more than	\$100,000 of	

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
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

Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

3

4

(A)	(B)			(0	2)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	ition more rson	e than c is both or/trust	an	Reportable compensation from the	Reportable compensation from related organizations	an	stimated nount of other pensation	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-MISC)	fr org an	rom the anizatio d related anization	on d
37) SHERWIN, ROBERT A.	1.00											
TRUSTEE	NONE	Х						NONE	NONE			NOI
38) SNODELL III, WALTER S.	1.00											
TRUSTEE	NONE	Х						NONE	NONE			NO
39) TURK, JOSEPH E.	1.00											
TRUSTEE	NONE	Х						NONE	NONE			NO
40) WALSH, THOMAS M.	1.00											
TRUSTEE	NONE	Х						NONE	NONE			NO
41) WHEELER, WILLIAM J.	1.00											
CHAIR OF THE EXEC COMMITTEE	NONE	Х		Х				NONE	NONE			NO
42) WILLIAMS, JAMES P.	1.00											
TRUSTEE	NONE	Х						NONE	NONE			NOI
43) WILSON, PETER C.	1.00											
TRUSTEE	NONE	Х						NONE	NONE			NO
44) WOOLS, PAUL	1.00_											
TRUSTEE	NONE	Х						NONE	NONE			NO
45) WUNDERLICH, KATHLEEN	1.00_											
TRUSTEE	NONE	Х						NONE	NONE			NO
46) YARED, RANA	1.00_											
TRUSTEE	NONE	X						NONE	NONE			NO
	-+	-										
 1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c) 2 Total number of individuals (including but no reportable compensation from the organizati 	Section A t limited to t	•••	•••	•••	•••	 	o re	eceived more than	\$100,000 of			
	- · ·										Yes	N
3 Did the organization list any former off	icer directo	or or	tru	ister	e I	Kev e	emr	lovee or highest	compensated		103	
employee on line 1a? If "Yes," complete Sche										3		
										_		
4 For any individual listed on line 1a, is the organization and related organizations of												
								complete Schedu		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* 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) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received 25	

5

Х

		Check if Schedule O contains a respo		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-51
ts 5	1a	Federated campaigns 1a					
and Other Similar Amounts	b	Membership dues					
Ĕ	с	Fundraising events 1c					
	d	Related organizations	8,233.				
) jij	е	Government grants (contributions) 1e	2,498,521.				
ŝ	f	All other contributions, gifts, grants,					
ē		and similar amounts not included above . 1f	35,028,346.				
3 5 5	g	Noncash contributions included in					
		lines 1a-1f 1g	\$ 905,511.				
ซี	h	Total. Add lines 1a-1f		37,535,100.			
			Business Code				
3	2a	TUITION & FEES	611600	36,874,745.	36,874,745.		
e	 b	FRATERNITY ROOM AND BOARD	611710	5,337,054.	5,337,054.		
	c	STUDENT ROOM & BOARD	611710	3,689,705.	3,689,705.		
ě	с Н	ATHLETIC REVENUE	713940	1,576,490.	1,576,490.		
Revenue	e	OTHER INCOME	611710	66,197.	66,197.		
:	f	All other program service revenue					
	g	Total. Add lines 2a-2f		47,544,191.			
	3	Investment income (including dividends,					
		other similar amounts)		15,177,429.		1,767,663.	13,409,76
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c NON	IE NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 270,036,290					
e	b	Less: cost or other basis					
evenue		and sales expenses 7b 276,493,888					
Š	с	Gain or (loss) 7c -6,457,598					
۲ ۳	d	Net gain or (loss)		-6,457,598.			-6,457,59
Other	8a	Gross income from fundraising					
δ∣	ou	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	NONE				
	b	Less: direct expenses 8b	NONE				
	c	Net income or (loss) from fundraising events	· · · · · · •	NONE			
	9a	Gross income from gaming					
	54	activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	ы С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
	iva	returns and allowances 10a	514,675.				
	b	Less: cost of goods sold					
	а С	Net income or (loss) from sales of inventory		75,580.	35,761.	39,819.	
	-	(,	Business Code				
	11-						
Revenue	11a						
	b		+				
Revenue	c d	All other revenue					
	d	All other revenue		NONE			
		Total. Add lines 11a-11d				1 005 105	C 050 15
	12	Total revenue. See instructions	🏲 📋	93,874,702.	47,579,952.	1,807,482.	6,952,16

WABASH COLLEGE

Part VIII Statement of Revenue

Form 990 (2021)

Part IX Statement of Functional Expenses

WABASH COLLEGE

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 (B) Program service (D) Fundraising (A) Total expenses 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 701,724 701,724 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 27,684,940. 27,684,940. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and 30,000 30,000. foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 966,678. 799,428. 152,553. 14,697. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 21,533,641. 3,066,595. 629,8<u>25</u>. 17,837,221. 112,913. 86,289. 26,624. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,295,757. 2,738,519 480,138 77,100. 1,354,974. 1,207,406. 111,962. 35,606. Payroll taxes 10 11 Fees for services (nonemployees): 38,476. 63,856. 102,332. a Management 167,626 2,555. 161,125. 3,946. **b** Legal 190,<u>571</u> 190,571. c Accounting NONE d Lobbying 250,409 250,409. e Professional fundraising services. See Part IV, line 17. 1,286,250. 1,286,250. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 3,136,932. 2,127,710. 937,400. 71,822. (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 676,948 350,408 314. 326,226. 814,456. 752,001. 34,274. 28,181. 13 Office expenses 14 Information technology 759,087. 680,794. 10,036. 68,257. NONE 15 Royalties 134,114. Occupancy 8,497,023. 7,860,456. 502,453 16 1,608,105. 1,443,764. 58,700. 105,641. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials 7,530 795 8,325 Conferences, conventions, and meetings 19 1,058,374. 1,019,541. 38,833. 20 NONE 21 Payments to affiliates Depreciation, depletion, and amortization 5,285,719. 5,157,420. 126,792. 1,507. 22 813,296. 263,204. 550,092. 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.) a STUDENT ROOM & BOARD 3,628,326. 3,628,326. 1,341,661 892,972 179,319 269,370. **b** MEALS 190. c BOOKS, PERIODICALS, AND MEDI 491,066 490,417. 459 d OFF CAMPUS EXPENSES 87,827. 190,518. 4,456. 282,801 1,110,745 923,606 168,797. 18,342. e All other expenses Total functional expenses. Add lines 1 through 24e 87,190,679. 76,726,245. 8,334,265. 2,130,169. 25 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

1E1052 1.000

.ISA

following SOP 98-2 (ASC 958-720)

Form 990 (2021)

1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Accounts receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity of family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(f)(3)(b), . 6 7 Notes and loans receivable, net 7 8 9 9 9 Prepaid expenses and deferred charges 9 10a 0 0 11 10a 0 12 Investments - program-related. See Part IV, line 11. 12 13 Investments - program-related. See Part IV, line 11. 13 14 Intargible assets . 14 15 Other assets. See Part IV, line 11 13 14 Intargible assets . 14 15 Other assets. See Part IV, line 11 13 16 Total assets. Add lines 1 through 15 (mustrendefibriud/par		(A) ning of year	(B) End of year
3 Pledges and grants receivable, net	• Continue and terms are not contained to the state	1	
4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B), . 6 7 Notes and loans receivable, net 7 8 . 9 9 Prepaid expenses and deferred charges 9 10a Lad, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10a 10b 10c 11 Investments - publicly traded secrities. 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - publicly traded securities. 14 16 Total assets. Add lines 1 through 15 (mustmendel@mus		2	
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		3	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		4	
controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net	• • • • • • • • • • • • • • • • • • •		
6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net			
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net. 7 8 Inventories for sale or use. 8 9 Prepaid expenses and deferred charges 9 10a 10 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . 10a 11 Investments - publicly traded securities. 10b 12 Investments - other securities. See Part IV, line 11. 12 13 Investments - program-related. See Part IV, line 11. 13 14 Intangible assets. See Part IV, line 11. 15 15 Other assets. See Part IV, line 11. 15 16 Accounts payable and accrued expenses controlly or 121 80000000000000000000000000000000000		5	
7 Notes and loans receivable, net			
8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a 10a 9 b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - program-related. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intagible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (musthequilational bight) frame on the asset			
9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b t 10b 10c t 10b 10c t 10b 10c t 11 12 11 12 12 12 13 14 13 Investments - other securities. See Part IV, line 11 13 14 Intangible assets. 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (mustherpublicitum Part (attraction part (attractraction part (attraction part (attraction p		-	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		-	
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b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities. 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (mustherquelquelquelquelquelquelquelquelquelquel			
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15 Other assets. See Part IV, line 11			
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17 Accounts payable and accrued expenses control ty or 121 dB(d0(56t)(m)(d(0)(7))) \$C(001)(d)(0)(10)(10)(10)(10)(10)(10)(10)(10)(10)	15 Other assets. See Part IV, line 11		
20 20 21 21 22 23 24 25	10 I o tai assets. Add lines 1 through 15 (must explosing under up or optically or 121 fl		
20 20 21 21 22 23 24 25	17 Accounts payable and accrued expenses		a colonia (a fanta a f A colonia fanta fanta fanta a fa
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	WABASH COLLEGE 35-0	8682	02			
Form 99	0 (2021)				Pa	ge 12
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	9	3,8	74,	<u>702</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	8			<u>679</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>023</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				<u>570</u> .
5	Net unrealized gains (losses) on investments	5	-2	<u>9,7</u>	28,	<u>052</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		1,4	09,	<u>732</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	53	6,1	97,	<u>273</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O.	explain	on			
				2-		77
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 or reviewed on a separate basis, consolidated basis, or both:	omplied	or			
				2b	X	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were a			20		
	separate basis, consolidated basis, or both:	unieu u	li a			
	X Separate basis Consolidated basis Both consolidated and separate basis					
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	ovorciah	t of			
U U	the audit, review, or compilation of its financial statements and selection of an independent accou	-		2c	x	
	If the organization changed either its oversight process or selection process during the tax year					
	Schedule O.	елріан	011			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	the			
54	Single Audit Act and OMB Circular A-133?	iorur m	110	3a	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not u	Inderao	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	•		3b	X	
		-			000	

Page **2**

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					1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup	•	•				
14	Public support percentage for 2021 (li		•				%
15	Public support percentage from 2020						%
16a	331/3% support test - 2021. If the or	-					
_	box and stop here. The organization q						
b	331/3% support test - 2020. If the org						
	this box and stop here. The organizati	-		-			
17a	10%-facts-and-circumstances test - 2	-	-				
	10% or more, and if the organization					-	-
	Part VI how the organization meets				-		
h	organization						
a	10%-facts-and-circumstances test - 2	•	0				-
	15 is 10% or more, and if the organi					-	
	in Part VI how the organization meet organization						►
18	Private foundation. If the organization instructions						

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 $\hfill a$						
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						
h	received from disqualified persons Amounts included on lines 2 and 3						
D.	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 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
Ŭ	line 6.)						
Sec	tion B. Total Support		1				
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) 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						
4.0	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)	r the organizati	on's first secon	d third fourth	or fifth tox vo		E01(a)(2)
14	organization, check this box and stop here	0	,		,		
Sec	tion C. Computation of Public Sup					<u></u>	
15	Public support percentage for 2021 (line 8		•	ımn (f))		15	%
16	Public support percentage from 2020 Sche			.,,		16	%
	tion D. Computation of Investmen						/0
17	Investment income percentage for 2021 (li			13. column (f))		17	%
18	Investment income percentage from 2020					18	%
	331/3% support tests - 2021. If the o						
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2020. If the org						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	• •			
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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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990) 2021

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1

2

Part	IV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			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>	
---	---	--

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).					
а	The organization satisfied the Activities Test. Complete line 2 below.					
b	b The organization is the parent of each of its supported organizations. Complete line 3 below.					
С	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se					
2	Activities Test. Answer lines 2a and 2b below.		Yes	No		
2	Activities Test. Answer lines za and zo below.					
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify					

-	
	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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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.*

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2a

2b

3a

3b

. 101 1011		

Schedule A (Form 990) 2021			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga 1 Check here if the organization satisfied the Integral Part Test as a qualifyir			in in Port VA 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):			
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		

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

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Schedule A (Form 990) 2021

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
	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	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

(a)	
No.	

3	N/A	\$ 42,500.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	<u>N/A</u>	\$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
5_	<u>N/A</u>	\$28,000.	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
6	<u>N/A</u>	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
JSA			Schedule B (Form 990) (2021
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)21) Name of organization

WABASH COLLEGE

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

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

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

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Type of contribution

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Total contributions

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Total contributions

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48,500.

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Schedule	В	(Form	990)	(202

N/A

N/A

Part I

(a)

No.

(a)

No.

(a) No.

2

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7 N/A \$		WABASH COLLEGE		35-0868202
No. Name, address, and ZIP + 4 Total contributions Type of contributions 7 N/A	Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is ne	eeded.
Image: second				(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contributions 8 M/A \$	7	<u>N/A</u>	\$25,000.	Payroll Noncash (Complete Part II for
Image: second				(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contributions 9 N/A \$	8	<u>N/A</u>	\$21,650.	Payroll Noncash (Complete Part II for
(a) (b) (c) (c) (c) 10 N/A (c) (c) (c) (c) 10 N/A (c) (c) (c) (c) (c) 10 N/A (c) (c) (c) (c) (c) (c) 10 N/A (c) (c) </td <td></td> <td></td> <td></td> <td>(d) Type of contribution</td>				(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contribution 10 N/A \$_9,900. Person Rayroll Payroll (a) (b) (c) (c) (d) No. Name, address, and ZIP + 4 Total contributions Person X (a) (b) (c) (d) 11 N/A \$_12,000. Person X (a) (b) (c) Complete Part II for noncash contributions. (a) N/A \$_12,000. Person X (a) (b) (c) (c) (a) Name, address, and ZIP + 4 Total contributions (a) Name, address, and ZIP + 4 Total contributions (a) Name, address, and ZIP + 4 Total contributions 12 N/A \$_10,000. Person X 12 N/A \$_10,000. Person X	9_	<u>N/A</u>	\$10,000.	Payroll Noncash (Complete Part II for
a b S 9,900. Payroli Noncash (Complete Part II for noncash contributions.) (a) Name, address, and ZIP + 4 Total contributions Type of contribution 11 N/A S 12,000. Person X (a) N/A S 12,000. Complete Part II for noncash contributions (a) N/A S 12,000. Person X (a) (b) (c) Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contributions.) 12 N/A S 10,000. Person X 12 N/A S 10,000. Person X				(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contributions 11 N/A \$ 12,000. Person Rayroll Noncash Payroll Noncash (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Person X 12 N/A Image: state sta	10	<u>N/A</u>	\$9,900.	Payroll Noncash (Complete Part II for
Image: second			(c) Total contributions	(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contribution 12 N/A Person X		N/A	\$12,000.	Payroll Noncash (Complete Part II for
\$ 10,000. Payroll Noncash (Complete Part II for		(b) Name, address, and ZIP + 4		(d) Type of contribution
		<u>N/A</u>	\$10,000.	Payroll Noncash

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21)

Page **2** Employer identification number

Schedule	B (Form	990) (2021)
Name of	organiz	ation

Schedule B	(Form	990) (2021)	
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Name of organization

Employer identification number 35-0868202

Part I	, ,	pies of Part I if additional space is not	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$100,000.	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
14	N/A	\$12,000.	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
	<u>N/A</u>	\$75,000.	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
_16	<u>N/A</u>	\$1,041,669.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	<u>N/A</u>	\$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
18	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule	В	(Form	990)	(2021)	
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Name of organization

Employer identification number 35-0868202

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>19</u> <u>N/A</u>	<u> </u>	\$504,834.	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
20 <u>N/A</u>	<u> </u>	\$25,000.	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>21</u> <u>N/A</u>	<u></u>	\$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
22 <u>N/A</u>	<u></u>	\$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
23 <u>N/A</u>	<u></u>	\$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
24 <u>N/A</u>	<u>.</u>	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)
Name of organization

Page 2 Employer identification number 35-0868202

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<u>N/A</u>	\$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
26	<u>N/A</u>	\$7,317.	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>	\$12,000.	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
28	<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
29	<u>N/A</u>	\$8,000.	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	\$221,573.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
JSA			Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)
Name of organization

Page 2 Employer identification number 35-0868202

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate copies of I	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	\$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	\$12,000.	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
33	<u>N/A</u>	\$100,000.	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
34	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
	<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
36	<u>N/A</u>	\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Name of organization

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		
37	<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		
38	<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		
	<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		
40	<u>N/A</u>	\$20,000.	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		
41	<u>N/A</u>	\$14,000.	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		
42	<u>N/A</u>	\$611,234.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
JSA			Schedule B (Form 990) (2021		

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Schedule	В (Form	990)	(2021)

Name of organization

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Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<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
44	<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
45	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
46	<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
47	<u>N/A</u>	\$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
48	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)	
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Name of organization

Page 2 Employer identification number 35-0868202

Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<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
50	N/A	\$40,725	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	<u>N/A</u>	\$6,400	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	<u>N/A</u>	\$491,350	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	N/A	\$	Person 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	<u>N/A</u>	_ \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
JSA			Schedule B (Form 990) (2021)

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Name of organization

art I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	N/A	\$20,500.	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
56	N/A	\$8,233.	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
57	N/A	\$55,000.	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
58	N/A	\$275,000.	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
59	<u>N/A</u>	\$17,500.	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
60	<u>N/A</u>	\$8,747,615.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)
Name of organization

Part I	Contributors (see instructions). Use duplicate cop	bies of Part I if additional space is no	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
61	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	
62	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	
63	<u>N/A</u>	\$12,000.	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	
64	<u>N/A</u>	\$2,040,000.	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	
65	<u>N/A</u>	\$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	
66	<u>N/A</u>	\$30,128.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)	
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Name of organization

Employer identification number 35-0868202

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
67	<u>N/A</u>	\$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
68	<u>N/A</u>	\$23,000.	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
69	<u>N/A</u>	\$ 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
70	N/A	\$25,000.	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>	\$ 15,000.	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	<u>N/A</u>	\$ 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

COLLEGE
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Page 2

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
73	N/A	\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
74	<u>N/A</u>	\$19,000.	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
75	<u>N/A</u>	\$9,496.	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
76	<u>N/A</u>	\$50,000.	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
77	<u>N/A</u>	\$50,000.	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
78	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
79	<u>N/A</u>	\$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
80	<u>N/A</u>	\$87,500.	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
81	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
82	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
83	<u>N/A</u>	\$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
84	<u>N/A</u>	\$15,000.	Person X Payroll Noncash (Complete Part II for

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88	N/A	

Part I

(a)

No.

85

(a)

No.

86

N/A

N/A

		\$5,000.	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	<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
88	<u>N/A</u>	\$5,161.	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
89	N/A	\$110,000.	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>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
A	1	I	Schedule B (Form 990) (202
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Schedule B (Form 990) (2021) Name of organization Employer identification number WABASH COLLEGE 35-0868202

(c)

Total contributions

(c)

Total contributions

5,000.

\$

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

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(d)

Type of contribution

(d)

Type of contribution

Х

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Person Payroll

Х

Name of organization		
	WABASH	COLLEGE

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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	
91	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	
92	<u>N/A</u>	\$5,129.	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	
93	<u>N/A</u>	\$10,390.	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	
94	<u>N/A</u>	\$ 40,575.	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	
95	<u>N/A</u>	\$11,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
96	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

NO.	

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Name of organization	Employer identification number
WABASH COLLEGE	35-0868202
Part Contributors (see instructions). Use duplicate copies of Part I if additional space is	needed.

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	
97	<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	
98	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	
99	<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	
100	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	
101	<u>N/A</u>	\$20,000.	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	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	N/A	\$12,176.	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
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	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
106	<u>N/A</u>	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107	<u>N/A</u>	\$27,869.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_108	<u>N/A</u>	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_109	<u>N/A</u>	\$100,000.	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	\$15,352.	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
_111	N/A	\$100,000.	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	N/A	\$ 32,500.	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
_113	<u>N/A</u>	\$2,114.	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>	\$7,938.	Person X Payroll X Noncash X (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 n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_115	<u>N/A</u>	\$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
_116	N/A	\$ 20,845.	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
_117	<u>N/A</u>	\$31,550.	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
_118	N/A	\$6,614.	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
	<u>N/A</u>	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120	N/A	\$ 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_121	<u>N/A</u>	\$20,000.	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
122	<u>N/A</u>	\$3,067,500.	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
123	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
_124	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
125	<u>N/A</u>	\$50,132.	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
126	N/A	\$27,254.	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 n	eeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu		
127	N/A	\$17,000.	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	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	
129	<u>N/A</u>	\$57,732.	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	
130	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	
131	N/A	\$6,336.	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	
132	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	<u>N/A</u>	\$ 20,000.	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	<u>N/A</u>	\$ 20,000.	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
135	<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
136	<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
137	<u>N/A</u>	\$8,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138	<u>N/A</u>	\$260,000.	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 n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	<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
_140	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
_141	<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
_142	<u>N/A</u>	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_143	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
_144	<u>N/A</u>	\$6,000.	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 no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_145	<u>N/A</u>	\$10,537.	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
146	<u>N/A</u>	\$87,500.	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
_147	<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
148	<u>N/A</u>	\$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
149	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
150	<u>N/A</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate cop	-	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	N/A	\$7,500.	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
152	N/A	\$225,000.	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
153	<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
154	<u>N/A</u>	\$14,000.	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
155	<u>N/A</u>	\$12,500.	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
156	<u>N/A</u>	\$11,004.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	<u>N/A</u>	\$100,000.	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
158	<u>N/A</u>	\$15,000.	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
159	<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
160	<u>N/A</u>	\$100,000.	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
_161	<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
162	<u>N/A</u>	\$12,250.	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 n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	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
164	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
165	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
166	<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
<u>167</u>	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
168	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_169	<u>N/A</u>	\$1,591.	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
170	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
_171	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
172	<u>N/A</u>	\$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
173	N/A	\$8,500.	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
_174	<u>N/A</u>	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	<u>N/A</u>	\$100,000.	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
176	<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
177	<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
178	<u>N/A</u>	\$26,280.	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
179	<u>N/A</u>	\$81,066.	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
180	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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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			
_181	<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			
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	<u>N/A</u>	\$15,000.	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			
_184	<u>N/A</u>	\$52,000.	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			
185	N/A	\$150,674.	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			
_186	<u>N/A</u>	\$5,000.	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 n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_187	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
188	N/A	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_189	<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
190	<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
_191	<u>N/A</u>	\$22,042.	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
192	<u>N/A</u>	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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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		
193	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		
194	N/A	\$11,500.	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		
195	<u>N/A</u>	\$7,188.	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		
196	<u>N/A</u>	\$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		
197	<u>N/A</u>	\$8,800.	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		
198	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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Schedule	В	(Form	990)	(2021)
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Name of organization

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			
_199	<u>N/A</u>	\$5,100,000.	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			
200	<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			
_201	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			
202	<u>N/A</u>	\$82,000.	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			
203	N/A	\$15,000.	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			
_204	<u>N/A</u>	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule	В	(Form	990)	(2021)
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Name of organization

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		
205	<u>N/A</u>	\$20,000.	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		
206	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		
207	<u>N/A</u>	\$83,686.	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		
208	<u>N/A</u>	\$15,551.	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		
209	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		
210	<u>N/A</u>	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule	В	(Form	990)	(2021)	
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Name of organization

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		
	<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		
212	N/A	\$12,500.	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		
_213	<u>N/A</u>	\$40,000.	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		
_214	<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		
215	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		
216	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

Page 2 Employer identification number 35-0868202

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
217	N/A	\$60,000.	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		
218	<u>N/A</u>	\$17,500.	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		
219	<u>N/A</u>	\$15,000.	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		
220	<u>N/A</u>	\$289,000.	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		
221	<u>N/A</u>	\$2,015,000.	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		
222	<u>N/A</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2021)

JSA

Schedule	В	(Form	990)	(2021)	
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Name of organization

Page 2 Employer identification number 35-0868202

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
223	<u>N/A</u>	\$30,000.	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
224	<u>N/A</u>	\$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
225	<u>N/A</u>	\$7,500.	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
226	<u>N/A</u>	\$100,000.	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
227	<u>N/A</u>	\$120,000.	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
228	<u>N/A</u>	\$10,225.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule	В	(Form	990)	(2021)
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Name of organization

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		
229	N/A	\$11,314.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
230	<u>N/A</u>	\$17,784.	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>	\$16,000.	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		
232	<u>N/A</u>	\$15,000.	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		
233	<u>N/A</u>	\$5,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_234	<u>N/A</u>	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

JSA

	WABASH COLLEGE	35-0868202			
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is	s needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
19	PUBLICLY TRADED SECURITIES				
		\$504,834	06/14/2022		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
75	PUBLICLY TRADED SECURITIES				
		\$9,496	06/08/2022		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
88	PUBLICLY TRADED SECURITIES				
		\$5,161			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)			
92	PUBLICLY TRADED SECURITIES				
		\$5,129	. 12/06/2021		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
93	PUBLICLY TRADED SECURITIES				
		\$10,390			
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
94	PUBLICLY TRADED SECURITIES				
		\$40,575			

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Employer identification number

Schedule B	(Form	990)	(2021
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Name of organization

	rganization WABASH COLLEGE	35-0868202		
Part II	Noncash Property (see instructions). Use duplicate copies			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
103	PUBLICLY TRADED SECURITIES			
		\$12,176	12/02/2021	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
110	PUBLICLY TRADED SECURITIES			
		\$15,352.	05/06/2022	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
114	PUBLICLY TRADED SECURITIES			
		\$7,938	04/01/2022	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
116	PUBLICLY TRADED SECURITIES			
		\$20,845	12/17/2021	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
118	PUBLICLY TRADED SECURITIES			
		\$6,614	12/09/2021	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
125	PUBLICLY TRADED SECURITIES			
		\$50,132	10/15/2021	
125	PUBLICLY TRADED SECURITIES	\$50,132	10/15/	

Schedule B (Form 990) (2021)

Page 3
Employer identification number

Schedule B (Form 990) (2021
Name of organization

	WABASH COLLEGE	35-	-0868202
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
131	PUBLICLY TRADED SECURITIES		
		\$6,336	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
145	PUBLICLY TRADED SECURITIES		
		\$10,537	01/13/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
151	PUBLICLY TRADED SECURITIES		
		\$7,500	05/19/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
156	PUBLICLY TRADED SECURITIES		
		\$11,004	03/11/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
169	PUBLICLY TRADED SECURITIES		
		\$1,591	02/09/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
185	PUBLICLY TRADED SECURITIES		
		\$150,674	06/16/2022

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Schedule B (Form 990) (2021) Name of organization

Employer identification number

Page 3

	WABASH COLLEGE	35-	0868202	
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is nee	eded.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)		
191	PUBLICLY TRADED SECURITIES			
		\$22,042.	01/24/2022	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
195	PUBLICLY TRADED SECURITIES			
		\$7,188	11/19/2021	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	·			
		\$		
		Ť		

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Name of organization Page 3

Employer identification number

	(Form 990) (2021)			Page 4			
Name of or	rganization			Employer identification number			
	WABASH COLLEGE			35-0868202			
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any ions completing Par e year. (Enter this in	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,			
(a) No. from	(b) Purpose of gift	-		(d) Description of how gift is held			
Part I	(b) Fulpose of gift	(c) Use of gift		(u) Description of now girt is neid			
	Transferee's name, address,	(e) Transf and ZIP + 4	-	ship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
				•			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relations	ship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relations	ship of transferor to transferee			
				Schedule B (Form 990) (2021)			
JSA							

SCHE	DULE	D
(Form	990)	

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

2 **Open to Public** Inspection

OMB No. 1545-0047

	nal Revenue Service	Go to www.irs.gov/	<i>Form990</i> for instructions and the latest inform		Inspection
Name	e of the organization			Employer identificat	ion number
WAE	BASH COLLEGE			35-08682	02
Pa			sed Funds or Other Similar Funds or	Accounts.	
	Complete	e 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 e	nd of year			
2		of contributions to (during year)			
3	Aggregate value c	of grants from (during year)			
4	Aggregate value a	at end of year			
5	Did the organizat	ion inform all donors and donor	advisors in writing that the assets held	in donor advised	
	funds are the orga	anization's property, subject to the	organization's exclusive legal control?		Yes No
6	Did the organizati	ion inform all grantees, donors, a	nd donor advisors in writing that grant fu	unds can be used	
	only for charitable	e purposes and not for the benef	fit of the donor or donor advisor, or for a	any other purpose	
_	conferring imperm	nissible private benefit?			Yes No
Pa		tion Easements.			
			"Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of con	servation easements held by the	organization (check all that apply).		
		n of land for public use (for example		of a historically imp	
		of natural habitat	Preservation	of a certified histor	ic structure
		n of open space			
2	•	.	eld a qualified conservation contribution in		
		last day of the tax year.			End of the Tax Year
а				2a	
b	-	-	· · · · · · · · · · · · · · · · · · ·	2b	
c			historic structure included in (a)	20	
d) acquired after 7/25/06, and not on a		
•				2d	des de la desta de la
3		rvation easements modified, trai	nsferred, released, extinguished, or term	inated by the orga	inization during the
	tax year ►		nuction accompant is leasted N		
4 5			rvation easement is located	tion handling of	
5			parding the periodic monitoring, inspect sements it holds?	-	
6			ecting, handling of violations, and enforcing		Yes No
6		nours devoted to monitoring, insp	ecting, handling of violations, and enforcing	conservation easem	ents during the year
7	Amount of expense	as incurred in monitoring inspect	ting, handling of violations, and enforcing c	onsorvation assom	onte during the year
'	►\$	ses incurred in monitoring, inspect	ing, nanuling of violations, and enforcing of	onservation easening	ents during the year
8		vation easement reported on line 2	2(d) above satisfy the requirements of secti	ion 170(h)(4)(B)(i)	
Ū					Yes No
9			conservation easements in its revenue and		
•		•	of the footnote to the organization's financ	•	
		counting for conservation easeme	-		
Pa	rt III Organiza	tions Maintaining Collections	of Art, Historical Treasures, or Othe	r Similar Assets.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 8.		
1a	If the organization	n elected, as permitted under FA	SB ASC 958, not to report in its revenu	e statement and b	alance sheet works
	of art, historical f	treasures, or other similar asset	ts held for public exhibition, education, to its financial statements that describes the tage of the statement is that the series the statement is the series of the serie	or research in fui	therance of public
b	•		ASB ASC 958, to report in its revenue s		nce sheet works of
b			d for public exhibition, education, or res		
	provide the follow	ing amounts relating to these iter	ns:		
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		▶\$.	
	(ii) Assets include	ed in Form 990, Part X		▶\$.	
2	If the organizatio	n received or held works of a	rt, historical treasures, or other similar	assets for financia	I gain, provide the
			ASB ASC 958 relating to these items:		
а					
			<u> </u>		
⊢ or l	Paperwork Reduction	n Act Notice, see the Instructions for	r Form 990.	Sche	dule D (Form 990) 2021

JSA

_	tule D (Form 990) 2021 WAB.	ASH COLLEGE	Art Historical Tre		r Other Simil		868202	
3	Using the organization's acquisitio	-						,
	collection items (check all that appl				U	Ū		
а	x Public exhibition		d 🛛 🗴 Loan	or exchange	e program			
b	x Scholarly research		e Other					
С	X Preservation for future gener							
4	Provide a description of the organ	nization's collections	and explain how	they furthe	r the organiza	tion's exemp	t purpose	e in Part
_	XIII.							
5	During the year, did the organizatio					_		
De	assets to be sold to raise funds rath		ained as part of the	organizatio	n's collection?		Yes	X No
Pa	rt IV Escrow and Custodial A Complete if the organiza		s" on Form 990	Part IV line	9 or reporte	ad an amour	nt on For	m
	990, Part X, line 21.		5 011 0111 550, 1	art iv, inte				
1a	Is the organization an agent, trust	tee custodian or o	ther intermediary for	or contribut	tions or other	assets not		
iu	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in					•••••		
		·	0			Amount		
с	Beginning balance			1c				
d	Additions during the year							
е	Distributions during the year			1e				
f	Ending balance							
	Did the organization include an am						Yes	No No
	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the explanatior	n has been p	provided on Par	t XIII		
Pa	rt V Endowment Funds. Complete if the organiza	tion answered "Ve	on Form 990 1	Part IV/ line	10			
		(a) Current year	(b) Prior year	(c) Two yea		ree years back	(e) Four y	ears back
4.	Designing of wear holenes	409,721,338.	327,543,389.	335,639,		1,122,051.		48,928.
1a ⊾	Beginning of year balance	5,190,657.	4,769,753.	8,249,		8,788,144.		18,112.
b c	Contributions	-,				-,,		
C	and losses	-19,065,560.	96,621,526.	2,343,	994.	5,740,391.	26,7	71,741.
d	Grants or scholarships	4,287,976.	4,183,395.	3,993,		4,258,561.		00,054.
	Other expenditures for facilities							
•	and programs	13,692,403.	13,802,744.	13,752,	548. 1	4,664,834.	15,2	81,747.
f	Administrative expenses	1,324,726.	1,227,191.	944,	026.	1,087,471.	1,1	34,929.
g	End of year balance	376,541,330.	409,721,338.	327,543,	389. 33	5,639,720.	341,1	22,051.
2	Provide the estimated percentage			, column (a)) held as:			
а	Board designated or quasi-endowm		_%					
b	Permanent endowment 53.1							
С	Term endowment ► 0.2000							
•	The percentages on lines 2a, 2b, a	•				I familia		
3a	Are there endowment funds not in t	the possession of the	ne organization that	are neid ar	ia administered	a for the	V	es No
	organization by: (i) Unrelated organizations						3a(i)	x
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate						3b	
4	Describe in Part XIII the intended u	0						
Pa	rt VI Land, Buildings, and Equ	lipment.				000 D		4.0
	Complete if the organiza							
		(a) Cost or (inves		or other basis other)	(c) Accumulate depreciation	,u (0	I) Book valu	6
1a	Land		13,1	12,679.			13,112	8,679.
b	Buildings		189,6	596,398.	79,829,35	50. 1	LO9,867	,048.
С	Leasehold improvements							
d	Equipment			39,006.	22,133,13	39.		6,867.
e	Other			.06,973.				5,973.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part X, colum	n (B), line 1	UC.)	. 🕨 🔤	126,792	,567.

Schedule D (Form 990) 2021

Part VII

Investments - Other Securities.

Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11b. See Form 990,	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) ALTERNATIVE INVESTMENTS	313,286,904.	FMV	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	313,286,904.		
Part VIII Investments - Program Related. Complete if the organization answered), Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11d. See Form 990,	Part X, line 15.
(a) De	escription		(b) Book value
(1)CSV LIFE INSURANCE			2,619,495.
(2)INTEREST IN PERPETUAL TRUSTS			8,613,166.
(3)REC-CHARITABLE REMAINDER TRUST			26,165,017.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		37,397,678.
Part X Other Liabilities.			· · · ·
Complete if the organization answered line 25.	d "Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
1. (a) Descri	ption of liability		(b) Book value
(1) Federal income taxes			
(2)POST-RETIREMENT BENEFIT OBLIG.			5,392,058.
(3)ANNUITIES AND TRUSTS PAYABLE			4,755,528.
(4)CAPITAL LEASE			427,356.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.))		10,574,942.

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

Schedu	le D (Form 990) 2021 WABASH COLLEGE	35-	-0868202 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	36,922,929.
		-	50,522,525.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments $2a \mid -29,728,052$.		
a		-	
b		-	
С	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-29,288,956.
3	Subtract line 2e from line 1	3	66,211,885.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,286,250.		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	27,662,817.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	93,874,702.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	irn.	· · · ·
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	59,966,958.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	· · · · · · · · · · · · · · · · · · ·
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	· · · · · · · · · · · · · · · · · · ·
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a	1	· · · · · · · · · · · · · · · · · · ·
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	1	· · · · · · · · · · · · · · · · · · ·
1 2 b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	1	· · · · · · · · · · · · · · · · · · ·
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	59,966,958.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 2e	59,966,958. 439,096.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	1	59,966,958.
1 2 b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	59,966,958. 439,096.
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a1,286,250.	1 2e	59,966,958. 439,096.
1 2 6 6 3 4 8 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther losses.Other losses.Other (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)	1 2e 3	59,966,958. 439,096. 59,527,862.
1 2 6 6 3 4 8 2 4 5 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bAdd lines 4a and 4b	1 2e 3	59,966,958. 439,096. 59,527,862. 27,662,817.
1 2 b c d e 3 4 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther losses.Other losses.Other (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)	1 2e 3	59,966,958. 439,096. 59,527,862.

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 SUPPLEMENTAL PAGE

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

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

SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS:

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

SCHEDULE D, PARTS X, LINE 2

ASC 740 DISCLOSURE:

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

SCHEDULE D, PARTS XI, LINE 2D

OTHER RECONCILING ITEMS:

\$439,096 COST OF GOODS SOLD

SCHEDULE D, PART XI, LINE 4B

OTHER RECONCILING ITEMS:

\$26,376,567 GRANTS AND SCHOLARSHIPS

SCHEDULE D, PART XII, LINE 2D

OTHER RECONCILING ITEMS:

\$439,096 COST OF GOODS SOLD

SCHEDULE D, PART XII, LINE 4B

OTHER RECONCILING ITEMS:

\$26,376,567 GRANTS AND SCHOLARSHIPS

 	 	 	+
		_	-
		_	-
		_	
			+

Page 2

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

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 ITS NONDISCRIMINATION POLICY ON ITS HOMEPAGE. SEE

WWW.WABASH.EDU

SCHEDULE E, PART I, LINE 6A

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

SCHEDULE F (Form 990)		Statement of Activities Outside the United St	ates 🖡	OMB No. 1545-0047
		► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1 ► Attach to Form 990.	2021	
	nent of the Treasury Revenue Service	► Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.		Open to Public Inspection
Name o	f the organization		Employer ide	ntification number
WABA	SH COLLEGE		35-086	58202
Part		formation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizati	on answered "Yes" on
C	-	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	NONE	NONE	INVESTMENTS		5,428,146.
(2) NORTH AMERICA	NONE	NONE	INVESTMENTS		11,912,825.
(3) EUROPE	NONE	NONE	INVESTMENTS		586,903.
(4) NORTH AMERICA	NONE	NONE	GRANTMAKING		30,000.
_(5)					
_(6)					
_(7)					
_ (8)					
_ (9)					
<u>(10)</u>					
<u>(11)</u>					
<u>(12)</u>					
<u>(13)</u>					
<u>(</u> 14)					
<u>(</u> 15)					
<u>(</u> 16)					
<u>(</u> 17)					
 3a Subtotal b Total from continuation sheets to Part I 	NONE	NONE			17,957,874.
c Totals (add lines 3a and 3b)	NONE	NONE			17,957,874.

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Schedule F (Form 990) 2021

(a) Name of

organization

Part II

1

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

(13)

(14)

(15)

(16)

WABASI	H COLLEGE	

(b) IRS code section and EIN (if applicable)

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(d) Purpose of grant

EDUCATIONAL

(c) Region

NORTH AMERICA

35-0868202 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

(f) Manner of

cash disbursement

CHECK

(g) Amount of

noncash

assistance

(h) Description

of noncash

assistance

(e) Amount of cash grant

30,000.

(i) Method of

valuation (book, FMV, appraisal, other)

35-0868202

Page 3

Schedule F (Form 990) 2021 WABASH	COLLEGE			35-0868	202		Page
Part III Grants and Other Assistance Part III can be duplicated if ad			States. Complete	e if the organiza	ation answered "Y	es" on Form 990), Part IV, line 16
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

Foreign Forms

Part IV

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

Schedule F (Form 990) 2021

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

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

GRANTS ARE MADE TO ACCREDITED SCHOOLS AND SEMINARIES. BOTH FINANCIAL

AND NARRATIVE REPORTS OF GRANT ACTIVITIES ARE REQUIRED.

SCHEDULE G (Form 990) Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. OMB No. 1545- 2021								
Department of the Treasury Internal Revenue Service		-	to Form 990) or Form 99	0-EZ.		Open to Public Inspection	
Name of the organization						Employer identificati	·	
WABASH COLLEGE						35-08682	02	
	g Activities. Comp EZ filers are not re	•			Yes" on Form 99	0, Part IV, line 1	17.	
1 Indicate whether	the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.		
a X Mail solicita	icitations e X Solicitation of non-government grants							
b X Internet and	Internet and email solicitations f X Solicitation of government grants							
c X Phone solic		g	X Spe	cial fundra	ising events			
d X In-person so								
2a Did the organiza	tion have a written o es listed in Form 990						X Yes No	
	10 highest paid indi							
	least \$5,000 by the		(runaraioo					
			_					
(i) Name and add or entity (fu		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
SEE SUPPLEMENT	INFORMATION		Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total	which the organiza					250,409	250,409.	
registration or lic	ensing.			d to solicit	contributions or	has been notified	I it is exempt from	
AK, AR, CT, DC, MD,	MA,MI,MS,MO,NV	, NH, ND, VA, WA,	,					

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Pa	rt l	Fundraising Events. Complete than \$15,000 of fundraising every gross receipts greater than \$5,000	ent contributions and g			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
е			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
R	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Expe	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
Ра	11	Direct expense summary. Add line Net income summary. Subtract line Gaming. Complete if the orga \$15,000 on Form 990-EZ, line	ne 10 from line 3, colu anization answered "	ımn (d)	<u></u>	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
R	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	Yes%	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)	►	
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)	>	
9 a b	l	Enter the state(s) in which the organization licensed to con- Is the organization licensed to con- If "No," explain:		in each of these state	es?	Yes No
10a k		Were any of the organization's gaming If "Yes," explain:	j licenses revoked, sus		• • • •	Yes No

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records: Name ►	Sched	ule G (Form 990 or 990-EZ) 2021 WABASH COLLEGE 35-0868202	Page 3
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charable gaming?	11	Does the organization conduct gaming activities with nonmembers?	No
13 Indicate the percentage of gaming activity conducted in: 13 9% An outside facility 13b % An outside facility 13b % 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶	12		
13 Indicate the percentage of gaming activity conducted in: 13 9% An outside facility 13b % An outside facility 13b % 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶		formed to administer charitable gaming?	No
b An outside facility	13		
b An outside facility	а	The organization's facility 13a	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶	b		%
Name ▶	14		
Address ▶		records:	
Address ▶			
Address ▶		Name	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Address	
revenue? Yes No b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c c If "Yes," enter name and address of the third party. \$ Name ▶			
 b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party. Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	15 a		_
amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶		revenue?	No
 c If "Yes," enter name and address of the third party: Name ▶	b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the	
Name ▶		amount of gaming revenue retained by the third party \blacktriangleright	
Address ▶	С	If "Yes," enter name and address of the third party:	
Address ▶			
Address ▶		Name ►	
16 Gaming manager information: Name ►			
16 Gaming manager information: Name ►		Address	
Name ▶			
Gaming manager compensation ▶\$ Description of services provided ▶ □ Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). SCHEDULE G, PART 1, LINE 2B PROFESSIONAL FUNDRAISING SERVICES: SINCE WABASH COLLEGE'S FUNDRAISING CONSULTANTS DO NOT PARTICIPATE IN GIFT REQUEST MEETINGS OR LETTERS, WABASH COLLEGE DOES NOT ANTICIPATE	16	Gaming manager information:	
Gaming manager compensation ▶\$ Description of services provided ▶ □ Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). SCHEDULE G, PART 1, LINE 2B PROFESSIONAL FUNDRAISING SERVICES: SINCE WABASH COLLEGE'S FUNDRAISING CONSULTANTS DO NOT PARTICIPATE IN GIFT REQUEST MEETINGS OR LETTERS, WABASH COLLEGE DOES NOT ANTICIPATE			
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Description of services provided ► Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). SCHEDULE G, PART 1, LINE 2B PROFESSIONAL FUNDRAISING SERVICES: SINCE WABASH COLLEGE'S FUNDRAISING CONSULTANTS DO NOT PARTICIPATE IN GIFT REQUEST MEETINGS OR LETTERS, WABASH COLLEGE DOES NOT ANTICIPATE			
□ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Gaming manager compensation > 5	
□ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Description of services provided	
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			
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retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). SCHEDULE G, PART 1, LINE 2B PROFESSIONAL FUNDRAISING SERVICES: SINCE WABASH COLLEGE'S FUNDRAISING CONSULTANTS DO NOT PARTICIPATE IN GIFT REQUEST MEETINGS OR LETTERS, WABASH COLLEGE DOES NOT ANTICIPATE		•	
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or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). SCHEDULE G, PART 1, LINE 2B PROFESSIONAL FUNDRAISING SERVICES: SINCE WABASH COLLEGE'S FUNDRAISING CONSULTANTS DO NOT PARTICIPATE IN GIFT REQUEST MEETINGS OR LETTERS, WABASH COLLEGE DOES NOT ANTICIPATE	b		
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(see instructions). SCHEDULE G, PART 1, LINE 2B PROFESSIONAL FUNDRAISING SERVICES: SINCE WABASH COLLEGE'S FUNDRAISING CONSULTANTS DO NOT PARTICIPATE IN GIFT REQUEST MEETINGS OR LETTERS, WABASH COLLEGE DOES NOT ANTICIPATE			
PROFESSIONAL FUNDRAISING SERVICES: SINCE WABASH COLLEGE'S FUNDRAISING CONSULTANTS DO NOT PARTICIPATE IN GIFT REQUEST MEETINGS OR LETTERS, WABASH COLLEGE DOES NOT ANTICIPATE		(see instructions).	
SINCE WABASH COLLEGE'S FUNDRAISING CONSULTANTS DO NOT PARTICIPATE IN GIFT REQUEST MEETINGS OR LETTERS, WABASH COLLEGE DOES NOT ANTICIPATE	SCH	EDULE G, PART 1, LINE 2B	
SINCE WABASH COLLEGE'S FUNDRAISING CONSULTANTS DO NOT PARTICIPATE IN GIFT REQUEST MEETINGS OR LETTERS, WABASH COLLEGE DOES NOT ANTICIPATE			
REQUEST MEETINGS OR LETTERS, WABASH COLLEGE DOES NOT ANTICIPATE	PRO	FESSIONAL FUNDRAISING SERVICES:	
	SIN	CE WABASH COLLEGE'S FUNDRAISING CONSULTANTS DO NOT PARTICIPATE IN GIFT	
	REQ	UEST MEETINGS OR LETTERS, WABASH COLLEGE DOES NOT ANTICIPATE	

WABASH COLLEGE

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

NAME :

MCALLISTER AND QUINN, LLC

ACTIVITY : CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION? NO

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

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

NAME:

JOHNSON, GROSSNICKLE

ACTIVITY : CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION? NO

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

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

NAME: MINDPOWER INCORPORATED

ACTIVITY : CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION? NO

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

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

STATEMENT 1

WABASH COLLEGE

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

NAME:

CRESCENDO INTERACTIVE, INC.

ACTIVITY : CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION? NO

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

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

STATEMENT 2

	n 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Service Go to www.irs.gov/Form990 for the latest information.									
Name of the organization						Employer identificat	ion number			
WABASH COLLEGE 35-0868202										
Part I General Information on Grants	and Assistanc	e				·				
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 										
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) AUSTIN PRESBYTERIAN THEOLOGY							EDUCATIONAL			
100 EAST 27TH STREET AUSTIN, TX 78705-5797	74-1143056	501(C)(3)	38,412.				ASSISTANCE			
(2) KANKAKEE VALLEY SCHOOL CORP							EDUCATIONAL			
PO BOX 278 WHEATFIELD, IN 46392	35-1105539	501(C)(3)	82,384.				ASSISTANCE			
(3) CHICAGO THEOLOGICAL SEMINARY							EDUCATIONAL			
5757 SOUTH UNIVERSITY AVENUE	36-2167014	501(C)(3)	29,865.				ASSISTANCE			
(4) BOSTON UNIVERSITY							EDUCATIONAL			
745 COMMONWEALTH AVE. BOSTON, MA 02215	04-2103547	501(C)(3)	14,900.				ASSISTANCE			
(5) GEORGE FOX UNIVERSITY							EDUCATIONAL			
414 N. MERIDIAN NEWBERG, OR 97132	93-0386839	501(C)(3)	10,000.				ASSISTANCE			
(6) COLUMBIA THEOLOGICAL SEMINARY							EDUCATIONAL			
701 COLUMBIA DRIVE DECATUR, GA 30031	58-0566165	501(C)(3)	10,000.				ASSISTANCE			
(7) COLGATE ROCHESTER CROZER DIV SCHOOL							EDUCATIONAL			
1100 SOUTH GOODMAN STREET	16-0743916	501(C)(3)	10,000.				ASSISTANCE			
(8) VANDERBILT UNIVERSITY							EDUCATIONAL			
411 21ST AVENUE SOUTH #113	62-0476822	501(C)(3)	9,750.				ASSISTANCE			
(9) GREAT LAKES COLLEGES ASSOCIATION, INC.							EDUCATIONAL			
535 WEST WILLIAM NO 301 ANN ARBOR, MI 48103	38-1678376	501(C)(3)	277,729.				ASSISTANCE			
(10) CENTRE COLLEGE							EDUCATIONAL			
600 WEST WALNUT STREET DANVILLE , KY 40422	61-0444671	501(C)(3)	30,000.				ASSISTANCE			
(11) COLORADO STATE UNIVERSITY							EDUCATIONAL			
2002 CAMPUS DELIVERY	84-6000545	501(C)(3)	21,060.				ASSISTANCE			
(12) DENISON UNIVERSITY							EDUCATIONAL			
100 WEST COLLEGE STREET GRANVILLE, OH 43023		501(C)(3)	10,000.				ASSISTANCE			
2 Enter total number of section 501(c)(3) ar	nd aovernment o	organizations lis	sted in the line 1 tak	ble			20			

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

Schedule I (Form 990) 2021

SCHEDULE I	(Grants ar	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
(Form 990)	Go	vernmei	nts, and li	ndividuals in swered "Yes" on F	n the United	d States		2021
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			Inspection
Name of the organization							Employer identificat	ion number
WABASH COLLEGE							35-0868202	
Part I General I	Information on Grants and	d Assistanc	e					
1 Does the organi	ization maintain records to su	ubstantiate th	e amount of th	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection crit	teria used to award the grant	s or assistand	e?					Yes No
	t IV the organization's proced							
Part II Grants a	nd Other Assistance to D	omestic Or	nanizations a	nd Domestic Gov	vernments Com	nlete if the organiz	ation answered "Y	es" on Form 990
	ne 21, for any recipient th							
						•		
	nd address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GARRETT EVANGELIC	CAL							EDUCATIONAL
2121 SHERIDAN ROAD EV	ANSTON, IL 60201	36-2167085	501(C)(3)	10,000.				ASSISTANCE
(2) GEORGIA STATE UNI	VERSITY RESEARCH FOUNDATIO							EDUCATIONAL
58 EDGEWOOD AVE NE, 3	RD FLR	58-1845423	501(C)(3)	10,000.				ASSISTANCE
(3) GUSTAVUS ADOLPHUS	COLLEGE							EDUCATIONAL
800 WEST COLLEGE AVEN	IUE	41-0695524	501(C)(3)	23,443.				ASSISTANCE
(4) MCCORMICK THEOLOG	JICAL SEMINARY							EDUCATIONAL
5460 SOUTH UNIVERSITY	AVENUE	36-2167802	501(C)(3)	10,000.				ASSISTANCE
(5) MEADVILLE LOMBARD	THEOLOGICAL SCHOO							EDUCATIONAL
180 N WABASH AVENUE,	STE 700	36-6078270	501(C)(3)	10,000.				ASSISTANCE
(6) METHODIST THEOLOG	GICAL SCHOOL IN OHIO							EDUCATIONAL
3081 COLUMBUS PIKE DE	LAWARE, OH 43015-0931	31-4421101	501(C)(3)	12,500.				ASSISTANCE
(7) SOCIETY OF BIBLIC	CAL LITERATURE							EDUCATIONAL
825 HOUSTON MILL ROAD), STE 350	23-6390716	501(C)(3)	74,681.				ASSISTANCE
(8) WESLEY THEOLOGICA	AL SEMINARY							EDUCATIONAL
4500 MASSACHUSETTS AV	YENUE NW	53-0245887	501(C)(3)	7,000.				ASSISTANCE
(9)		_						
(10)		_						
(11)		_						
(12)		-						
2 Entor total numb	per of section 501(c)(3) and		 praphizations !!	l			L	
		•	•					
	per of other organizations list						••••••	

WABASH COLLEGE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STUDENT GRANTS AND SCHOLARSHIPS	840	26,376,567.			
2 STUDENT PRIZES	153	66,098.			
CODENT FRIDES	199	00,090.			
3 WABASH CENTER/PASTORAL LEADERSHIP PROGRAM	10	22,635.			
4 STUDENT AWARDS NON FA	144		55,506.	COST	PLAQUES AND APPAREL
5 DAVIS SCHOLARSHIPS	7	40,230.			
6 EMPLOYEE SERVICE AWARDS	44	20,000.			
7 COVID RELIEF	615	1,066,716.			

Page **2**

35-0868202

Page 2

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

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
17	4,188.			
8	33,000.			
	17	recipients cash grant 17 4,188.	recipients cash grant non-cash assistance 17 4,188.	recipients cash grant non-cash assistance FMV, appraisal, other) 17 4,188.

SCHEDULE I, PART I, LINE 2

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

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

NARRATIVE REPORTS OF GRANT ACTIVITIES ARE REQUIRED.

WABASH COLLEGE HAS WRITTEN QUALIFICATION CRITERIA FOR STUDENT FINANCIAL

AID AND FOLLOWS A WRITTEN APPROVAL POLICY.

SCH	EDULE J	Compen	sation Information	0	MB No. '	1545-0	047
(Forn	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		എത	91	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	3	\mathbb{Z}	<u> </u>	
	nent of the Treasury	· · · · ▶	Attach to Form 990.	C	pen to		
	Revenue Service of the organization	Go to www.irs.gov/Forms	990 for instructions and the latest information.	Employer identification	Insp		n
						ſ	
Part	ASH COLLEG	E Regarding Compensation		35-086820	2		
Fait	Question					Yes	No
1a	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on Form			
			provide any relevant information regarding				
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	X Travel for	or companions	Payments for business use of persor				
		emnification and gross-up payments	X Health or social club dues or initiatio	n fees			
		onary spending account	Personal services (such as maid, cha	auffeur, chef)			
b	If any of the	boxes on line 1a are checked, did th	ne organization follow a written policy re	garding payment			
	explain	anient of provision of all of the ex	penses described above? If "No," com	piete Part III to	1b	х	
2	Did the orga	anization require substantiation prior	to reimbursing or allowing expenses	incurred by all			
	-		D/Executive Director, regarding the items				
	1a?				2	Х	
3	Indicate which	n, if any, of the following the organization	on used to establish the compensation of t	he			
			at apply. Do not check any boxes for metho				
	related organ	ization to establish compensation of th	e CEO/Executive Director, but explain in Pa	art III.			
	· · ·	nsation 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 compensa	tion committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	the filing			
а	Receive a sev	verance payment or change-of-control page	ayment?		4a		X
b	-		tal nonqualified retirement plan?		4b		X
С	-		sed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each ite	em in Part III.			
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	rganizations must complete lines 5-9.				
5	For persons	listed on Form 990, Part VII, Secti	on A, line 1a, did the organization pa	y or accrue any			
	compensatior	n contingent on the revenues of:					
а	The organizat	ion?			5a		X
b	-	-			5b		X
		e 5a or 5b, describe in Part III.					
6	-	listed on Form 990, Part VII, Secti contingent on the net earnings of:	on A, line 1a, did the organization par	y or accrue any			
а					6a		x
					6b		x
	-	e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization provi	de any nonfixed			
			escribe in Part III		7	X	
8			paid or accrued pursuant to a contract tha				
		•	Regulations section 53.4958-4(a)(3)? If				
					8		X
9			low the rebuttable presumption proced		_		
F F					9		
For Pa	aperwork Reduc	ction Act Notice, see the Instructions for Fo	orm 990.	Sched	ule J (Fo	orm 990	U) 2021

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

Schedule J	(Form 990) 2021	WABASH COLLEGE	35-0868202	Page 2
Part II	Officers, Directors, Trustees, Key	Employees, and Highest Cor	npensated Employees. Use duplicate copies if additional space is needed.	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 ar	nd/or 1099-MISC and/or 1	099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
AMIDON JR, JAMES L.	(i)	154,806.	NONE	NONE	16,447.	13,906.	185,159.		
1 SECRETARY/CHIEF OF STAFF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE		
COOKS, KENDRA A.	(i)	198,232.	NONE	NONE	20,023.	25,218.	243,473.		
2 CHIEF FINANCIAL OFF/TREASURER	(ii)	NONE	NONE	NONE	NONE	NONE			
	(i)	425,420.	47,500.	21,900.			538, -2T	<u>£ 22 16 TN#0(8221,</u> 1	960 OIC
3	(ii)	NONE	NONE	NONE			NONE		
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2021

Page 3

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

DR SCOTT FELLER, PRESIDENT OF WABASH COLLEGE IS OCCASIONALLY PROVIDED

NON-TAXABLE REIMBURSEMENT FOR SPOUSAL TRAVEL TO FURTHER BUSINESS

ACTIVITIES CONDUCTED ON BEHALF OF THE COLLEGE. THE VALUE OF PERSONAL USE

OF COLLEGE-PROVIDED AUTOMOBILES AND SOCIAL CLUB DUES PROVIDED TO

PRESIDENT FELLER WERE RECORDED AND REPORTED AS TAXABLE INCOME ON HIS

ANNUAL WAGE AND TAX STATEMENT, IRS FORM W-2.

SCHEDULE J, PART I, LINE 7

THE PRESIDENT IS ELIGIBLE FOR A PERFORMANCE BONUS ANNUALLY BASED ON A PERCENTAGE OF HIS SALARY, AS OUTLINED IN HIS EMPLOYMENT CONTRACT. IT IS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES.

Schedule J	(Form 990)	2021
Ochicadic 0	(1 01111 330)	2021

Part III Supplemental Information

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

SCHEDULE J, PART II, COLUMN D

NONTAXABLE BENEFITS:

THE AMOUNT OF NONTAXABLE BENEFITS REPORTED FOR KENDRA COOKS INCLUDES

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

AVAILABLE TO ALL EMPLOYEES.

SCHEDU	LE K
(Form 99	90)

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

OMB No. 1545-0047

Open to Public

Inspection

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35-0868202

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) De	feased	d (h) On behalf of issuer		(i) Poole financin	
						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		06/17/2022	15,500,000.	STUDENT HOUSING		x		х		х
С											
D											

Part	Proceeds								
		A	\		В	(2	C)
1	Amount of bonds retired	18,7	34,400.						
2	Amount of bonds legally defeased								
3	Total proceeds of issue	41,6	32,000.	15,5	500,000.				
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	47,5	47,891.						
7	Issuance costs from proceeds		84,019.						
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			X				
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		X				
16	Has the final allocation of proceeds been made?	Х			X				
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) 2021

Schedule K (Form 990) 2021

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

Schedule K (Form 990) 2021

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Schodulo K (Form 000) 2021

Part IV Arbitrage (continued) GRG	OUP 1							
		Α		В		С		D
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		Х				
b Name of provider								
c Term of hedge				_				
d Was the hedge superintegrated?		Х		Х				
e Was the hedge terminated?	Х			Х				
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
b Name of provider								
c Term of GIC				_				
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х				
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х		Х					
Part V Procedures To Undertake Corrective Action								
		Α		B		c	I	D
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х		X					

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SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amount
Ar	t - Works of art				
Ar	t - Historical treasures				
Art	t - Fractional interests				
	ooks and publications				
	othing and household				
go	ods				
Ca	ars and other vehicles				
	oats and planes				
	ellectual property				
Se	curities - Publicly traded				
	curities - Closely held stock				
	curities - Partnership, LLC,				
	trust interests				
	curities - Miscellaneous				
	alified conservation				
	ntribution - Historic				
str	uctures				
	alified conservation				
со	ntribution - Other				
Re	eal estate - Residential				
	eal estate - Commercial				
Re	eal estate - Other				
Сс	ollectibles				
	od inventory				
	ugs and medical supplies				
	xidermy				
His	storical artifacts				
	cientific specimens				
	cheological artifacts				
	her \blacktriangleright ()				
Ot	her ►()				
Ot	her ▶()				
	her ▶()				
	imber of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for	
	nich the organization completed F		•		29
		J J_JUJ.			
	lich the organization completed i	-orm 8283.	Part V. Donee Acknowledd	ement	29

WABASH COLLEGE

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 AND COLLECTIBLES THAT ARE ADDED TO WABASH COLLEGE'S COLLECTION ARE

NOT REPORTED AS INCOME.

SCHEDULE M, PART I, COLUMN (B)

NUMBER OF CONTRIBUTORS:

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

SCHEDULE M, PART I, LINE 9

SECURITIES - PUBLICLY TRADED:

NONCASH CONTRIBUTIONS ON SCHEDULE M ARE REPORTED IN THE YEAR RECEIVED. PUBLICLY TRADED SECURITIES IN THE AMOUNT OF \$1,338,412 RECEIVED WERE PLEDGE PAYMENTS THAT WERE RECORDED AS REVENUE ON PART VIII OF THE FORM 990 IN A PREVIOUS YEAR.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

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

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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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

WABASH COLLEGE

Employer identification number 35-0868202

CONSIDERS DATA FROM OTHER SCHOOLS, NATIONAL SURVEYS AND TRENDS, AND PERFORMANCE AGAINST GOALS AS PART OF THE REVIEW PROCESS. THE PRESIDENT REVIEWS AND DETERMINES THE COMPENSATION OF THE DEANS AND THE OTHER MEMBERS OF THE PRESIDENT'S STAFF ON AN ANNUAL BASIS, WITH THE ADVICE AND CONSENT OF THE COMPENSATION COMMITTEE. ALL COMPENSATION DECISIONS ARE NOTED IN THE COLLEGE'S BOOKS AND RECORDS. OFFICER COMPENSATION WAS LAST REVIEWED IN JULY 2022.

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 THE WABASH COLLEGE WEBSITE.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

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

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

Schedule O (Form 990 or 990-EZ) 2021		Page 2
Name of the organization	Employer ide	entification number
WABASH COLLEGE	35-086	58202
FORM 990, PART VII-COMPENSATION OF THE 5 HIGHE		
IAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATIO
SODEXO AND AFFILIATES		
4880 PAYSPHERE CIRCLE		
CHICAGO, IL 60674	CAMPUS SERVICES	3,580,452
COMPASS GROUP USA, INC.		
301 W WABASH AVE		
CRAWFORDSVILLE, IN 47933	FOOD SERVICE	2,557,204
STRATEGIC INVESTMENT GROUP, LLC		
1001 NINETEENTH STREET N 16TH FL		
ARLINGTON, VA 22209	INVESTMENT SERVICES	1,143,945.
CAMPUS COOKS LLC		
1400 S WOLF RD		
WHEELING, IL 60090	FOOD SERVICE	782,126
SHEPLEY BULFINCH RICHARDSON & ABBOTT, IN		
2 SEAPORT LANE		
BOSTON, MA 02210	ARCHITECTURE	729,575

Schedule O (Form 990 or 990-EZ) 2021

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

WABASH COLLEGE

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

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

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

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

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

Open to Public

Inspection

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Employer identification number

35-0868202

JSA

because it had one or	r more related org	anizations	reated as a	partner	ship 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	ind e	(e) Predominant come (related, unrelated, xcluded from tax under ions 512 - 514	(f) Share of tot income	(g) al Share of end-o year assets	Of- Dispro	(h) oportionate cations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	(j) eral or aging tner?	(k) Percentag ownershi	
						, 		Yes	No		Yes	No		
(1)	-													
(2)	_													
(3)	_													
(4)	_													
(5)	_													
(6)	_													
(7)	_													
Part IV Identification of Rela line 34, because it ha	ated Organization ad one or more re	s Taxable a lated orgar	is a Corpora	tion or	Trust. Cora corporati	mplete if the o on or trust duri	rganization ans ng the tax year.	wered	"Yes	on Form 990), Pa	rt IV,		
(a Name, address, and Ell	a)		(b) Primary)	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share	(f) e of tota come	al (g) end-of-year a		(h) Percent owners	tage Sect	o)(13) rolled
													Yes	No
(1) CHARITABLE REMAINDER TRUSTS (28	8)		TRUST			N/A	TRUST							
(2)														

(3)

(4)

(5)

(6)

(7)

35-0868202

Page **2**

WABASH COLLEGE

Schedule R (Form 990) 2021

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,

Part	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.							
Not	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Yes	s No					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	-	X					
	Gift, grant, or capital contribution to related organization(s)	-						
	Gift, grant, or capital contribution from related organization(s)	-						
	Loans or loan guarantees to or for related organization(s)	-	X					
е	Loans or loan guarantees by related organization(s)	_	X					
_			77					
f	Dividends from related organization(s)	-	X X					
g	Sale of assets to related organization(s)		X					
n			X					
1		-	X					
J	Lease of facilities, equipment, or other assets to related organization(s).							
k	Lease of facilities, equipment, or other assets from related organization(s) 1k		x					
I I	Performance of services or membership or fundraising solicitations for related organization(s)	-	X					
m	m Performance of services or membership or fundraising solicitations by related organization(s)							
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
	Sharing of paid employees with related organization(s)		X X					
р	Reimbursement paid to related organization(s) for expenses		X					
-	Reimbursement paid by related organization(s) for expenses		X					
r	Other transfer of cash or property to related organization(s)	_	_					
	Other transfer of cash or property from related organization(s).							
_2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshol	ds.						
	(a)(b)(c)(d)Name of related organizationTransactionAmount involvedMethod of de	termir	ina					
	type (a-s) amount in	volved	U					
(1)								
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(6)			2026					
JSA	Schedule R (Forn	1 990) 2021					
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WABASH COLLEGE

Schedule R (Form 990) 2021

35-0868202

Page 3

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.

(state or foreign income (related, section total income end-of country) unrelated, excluded 501(c)(3) asse		(g) Share of end-of-year assets	Disprop	ations? Code V - UBI amount in box 20 of Schedule K-1		(j) General or managing partner?		(k) Percentage ownership				
		sections 512 - 514)	Yes	No			Yes	No	(Yes	No	
												1
												+
	Primary activity	(state or foreign	(state or foreign income (related, country) unrelated, excluded from tax under	(state or foreign income (related, see country) unrelated, excluded 501 from tax under organia	(state or foreign income (related, section country) unrelated, excluded 501(c)(3)	(state or foreign country) unrelated, excluded form tax under organizations?	(state or foreign income (related, section total income end-or-year country) unrelated, excluded for(c)(3) assets assets	(state or foreign income (related, section total income end-of-year alloc country) unrelated, excluded 501(c)(3) assets alloc	(state or foreign income (related, section total income end-of-year allocations? country) unrelated, excluded 501(c)(3) assets allocations?	(state or foreign income (related, section total income end-or-year allocations? amount in box 20 country) unrelated, excluded 501(c)(3) assets of Schedule K-1 (Form 1065)	(state or foreign income (related, section total income end-of-year allocations? amount in box 20 man (country) unrelated, excluded 501(c)(3) assets of Schedule K-1 par (Form 1065)	(state or foreign income (related, section total income end-of-year allocations? amount in box 20 managing country) unrelated, excluded for (301 c)(3) assets of Schedule K-1 partner? (Form 1065)

Schedule R (Form 990) 2021

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

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

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

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

Type or	Name of exempt organization or other filer, see instructions. Taxpayer identificat					tion number (TIN)				
print										
	WABASH COLLEGE	35-086820	2							
File by the due date for	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.							
filing your	PO BOX 352									
return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.							
instructions.										
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for e	ach return)	• •		01			
Application Return Application							Return			
Is For		Code	Is For				Code			
Form 990 o	Form 990-EZ	01	Form 1041-A				08			
Form 4720	(individual)	03	Form 4720 (other than in	dividual)			09			
Form 990-PI		04	Form 5227	,			10			
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11			
	(trust other than above)	06	Form 8870				12			
Form 990-T	(corporation)	07								
 If the orga If this is for the whole 	e No. ► <u>765 361-6212</u> anization does not have an office or place of or a Group Return, enter the organization's fo e group, check this box ►	business ir ur digit Gro f it is for pa	up Exemption Number (GE Irt of the group, check this	N) box▶		If and a	this is attach			
	est an automatic 6-month extension of time u	-		_, to file the exemp	t org	janiza	ation return			
for the	organization named above. The extension is	for the org	anization's return for:							
2 If the ta	calendar year 20 or tax year beginning 07 / ax year entered in line 1 is for less than 12 m hange in accounting period	onths, cheo	k reason: 🔄 Initial retu	n 🦳 Final retur	-	22				
	application is for Forms 990-PF, 990-T,	4720, or	6069, enter the tentati	ve tax, less any						
	undable credits. See instructions.				3a	\$	NONE			
	application is for Forms 990-PF, 990-T,		· · · · · · · · · · · · · · · · · · ·	able credits and						
	ted tax payments made. Include any prior yea				3b	\$	NONE			
	e due. Subtract line 3b from line 3a. In	•		n, if required, by						
	FTPS (Electronic Federal Tax Payment Syster	-			3c		NONE			
Caution: If yo instructions.	u are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868, see	Form 8453-TE and Fo	orm 8	3879-T	E for payment			

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

Form 8868 (Rev. 1-2022)

Department of the Tunaxy include Review Server include S	Form	990-T	E>	cempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	n	OMB No. 1545-0047
Department of the Treastry ► On or enter SSN numbers on this form set may be made public if your organization is SOT(c). Department means the set may be made public if your organization is SOT(c). Department means the set may be made public if your organization is SOT(c). Department means the set may be made public if your organization is SOT(c). Department means the set may be made public if your organization is SOT(c). Department means the set may be made public if your organization is SOT(c). Department means the set may be made public if your organization is SOT(c). Department means the set main the set manual set may be made public if your organization is SOT(c). Department means the set main the s			For cale		o 22	2021
Image: control with the set of the	Depar	tment of the Treasury				
address changed Bit address changed 35-0868202 B Exempt under section Yene Number, street, and room or subte no. If a P.O. box, see instructions. E Group exemption number (the instructions). X Sot(C, Y) Yene Print Number, street, and room or subte no. If a P.O. box, see instructions. E Group exemption number (the instructions). Yene 20(e) 20(e) City or town, state or proving, country, and 2P or forsign postal code F Check hort an amended return. 528(6) 223(A C B cock arganization type X Sot(c) corporation Sot(c) (1) unst 401(a) trust Other trust I Check if a Sot(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation > 2 J Enter the number of attached Schedules A (Form 980-T). > 2 2 > 2 K During the tax year, was the corporation a subbidiary in an affiliated group or a parent-subsidiary controlled group? > > > 2 L The books are in care of ▶ KENDRA A. COCKS Telephone number ▶ 765-361-6212 P.O. BOX 352 CRAWFORDSVILLE, IN 47933 Partit Total of unrelated Business taxable income computed from all unrelated trades or businesses (see instructions), 1,719,274. 4	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 Public Inspection for 501(c)(3) Organizations Only
B Exempt under section Pirtuit X5>085202 B Exempt under section Pirtuit Number, strets, and room or suite no. If a P.O. box, see instructions. E. Grup exemption number (see instructions). F Check againstant type Check againstant type Pirtuit Check againstant type F Check againstant type Check againstant type X 550102 (Sint Check hor if instructions) F Check againstant type Check againstant type X 550102 (Sint Check hor if instructions) F Check againstant type X 550102 (Sint Check hor if instructions) C Check digatization type X 550102 (Sint Gin Gin Check hor if instructions) X 550102 (Sint Check hor if instructions) F Check transmitter Enter the number of attached Schedules A (Form 990-T) X 550102 (Sint Gin	A			Name of organization (Check box if name changed and see instructions.)	D Emplo	over identification number
X So1(C X 3 Constructions (constructions) X So1(C) Constructions So1(C) (constructions) X Constructions X So1(C) (constructions) X X Constructions X So1(C) (constructions) X X X During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X X X X Decode are in care of K KENDRA A. COOKS Telephone number V 765-361-6212 Y X No Y		address changed.				
X 501(C X 3 in the state of province, country, and ZIP of foreign postal code Check to XI 408A 530(a) 528(b) 528(c) Check to XI in a mended return. 528(a) 528(c) Cook value of all assets at end return form 8941 Claim a retund shown on Form 2439 Check dranziation type X S01(c) (rust 401(a) trust Other trust Check dranziation type X S01(c) (rust 401(a) trust Other trust Check dranziation type X S01(c) (rust 401(a) trust Other trust Check if liling only to > X S01(c) (rust 401(a) trust 0 ther trust Check if a 501(c) (X) organization filing a consolidated return with a 501(c)(2) titleholding corporation > 2 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? > > If "Yes," enter the name and identifying number of the parent corporation > 2 It not all unrelated Business Taxable Income Total or unrelated Business Taxable Income 1 1,719,274. Reserved . . 1,719,274. 2 2 1,719,274. </td <td>BExe</td> <td>empt under section</td> <td></td> <td></td> <td></td> <td></td>	BExe	empt under section				
408.a 530(a) CRAMFORDSVILLE, IN 47933 F Check tox if 5284(a) 5284(c) C Book value of all assets at end of year,	X	501(C)(3)	-		(·····,
■ dots						0
G Check organization type X \$501(c) corporation \$501(c) (trust 401(a) trust Other trust H Check if filling only to Claim credit from Form 8841 Claim a refund shown on Form 2439 I Check if a 501(c)(3) organization filling a consolidated return with a 501(c)(2) titleholding corporation > > J Enter the number of attached Schedules A (Form 990-T). > 2 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? > > I' Yes, "enter the name and identifying number of the parent corporation > > 2 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? > Yes X No If Yes, "enter the name and identifying number of the parent corporation > > 2 CRAWFORDSVILLE, IN 47933 Total of unrelated Business taxable income computed from all unrelated trades or businesses (see instructions), 1 1,719,274. 2 2 3 1,719,274. 4 1,719,274. 4 6 1,719,274. 6 1,719,274. 6 1,719,274. 6 1,719,274. 6 1,719,274. 6 1,719,274. 6						
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 9 Trusts. Section 199A deduction. See instructions. 9 10 Total deductions. Add lines 8 and 9. 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. 11 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 11 NONE Part II Tax Computation 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 NONE 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: 1 Tax rate schedule or 2 Schedule D (Form 1041) 2 3 Proxy tax. See instructions 4 4 5 Alternative minimum tax (trusts only). 6 Tax on noncompliant facility income. See instructions 7 NONE 		Subtract line 6 fro	m line 5		. 7	
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4 4 5 Alternative minimum tax (trusts only) 5 6 7 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7	~	,	-			
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6 Tax on noncompliant facility income. See instructions 6 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7 NONE					_	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies						
For Paperwork Reduction Act Notice, see instructions.						NONE
	-				• 1	

Form 9	990-T (2	021)	35-	<u>-086</u>	58202	Page 2
Part	t III	Tax and Payments				
1 a	Foreigr	tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a				
b	Other of	redits (see instructions)				
С	Genera	I business credit. Attach Form 3800 (see instructions)				
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)				
е	Total c	redits. Add lines 1a through 1d	1e			
2	Subtra	xt line 1e from Part II, line 7	2			NONE
3	Other a	nounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866				
		Other (attach statement)	3	<u> </u>		
		x. Add lines 2 and 3 (see instructions).				
		1294. Enter tax amount here	4	<u> </u>		NONE
		t net 965 tax liability paid from Form 965-A, Part II, column (k)	5			
6 a	Payme	nts: A 2020 overpayment credited to 2021	4			
		stimated tax payments. Check if section 643(g) election applies 6 6 6	_			
		bosited with Form 8868	-			
	•	organizations: Tax paid or withheld at source (see instructions) 6d	-			
		withholding (see instructions)	_			
		or small employer health insurance premiums (attach Form 8941) 6f	-			
g		redits, adjustments, and payments: Form 2439				
_		orm 4136 Other Total ▶ 6g				
	-	ayments. Add lines 6a through 6g	7	+		
		ted tax penalty (see instructions). Check if Form 2220 is attached	8	+		
		e. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		+		NONE
	-	yment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.	10	+		
		e amount of line 10 you want: Credited to 2022 estimated tax Refunded				
Part		Statements Regarding Certain Activities and Other Information (see instruction			hority Ye	es No
		time during the 2021 calendar year, did the organization have an interest in or a signature of				3 110
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m				
	here	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	TOTEL	gii cu	untry	X
		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	a fo	reign '	trust?	X
	•	" see instructions for other forms the organization may have to file.	, a io	Tergit		
		he amount of tax-exempt interest received or accrued during the tax year				
		vailable pre-2018 NOL carryovers here \blacktriangleright \$ 1,900,538. Do not include any post-2017 NOL carryo	ver		_	
		on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deducti		oporto	an b	
	Part I, I		UII IE	sponed		
5		017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers	. Do	n't re	educe	
		bunts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.				
		Business Activity Code Available post-2017 N	VOL ca	arryove	r	
		451211 \$ 210,670.				
		901101 \$ 649,163.				
		\$				
		\$				
6a	Did the	organization change its method of accounting? (see instructions)	• • •	• • •		X
b	lf 6a	is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form	1128	3? If	"No,"	
	explain	in Part V	<u>•••</u>	•••	• • •	
Part		Supplemental Information				
Provid	the e	planation required by Part IV, line 6b. Also, provide any other additional information. See instructions.				
		SUPPLEMENTAL INFORMATION ATTACHED				
			:			
<u>o</u> :	b	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and elief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled		e best	ot my know	viedge and
Sign					discuss thi	
Here					arer showr	
			e instru		X Yes	No
Paid		Nicole B. Eishback		J IT		
Drop		NICOLE B. FISNDACK	employ	ed	P012794	±/5

Use	Only
JSA 1X2741	1.000

Preparer

Firm's name

Firm's EIN ► 44-0160260

Phone no. 317-383-4000

Firm's address ► 201 N. ILLINOIS STREET, INDIANAPOLIS,

▶ FORVIS, LLP

IN 46204

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

EXPLANATION:

FORM 990-T, SCHEDULE A INCOME FROM K-1 INVESTMENTS NOL CARRYFORWARD 06/30/2022

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

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

EXPLANATION:

FORM 990-T, SCHEDULE A BOOKSTORE NOL CARRYFORWARD 06/30/2022

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

FORM 990T, PART I, LINE 6 DETAIL

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

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

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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).

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A Name of the organization	B Employer identific	ation numb	er
WABASH COLLEGE	35-0868202		
C Unrelated business activity code (see instructions) \blacktriangleright 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 271, 155.					
b	Less returns and allowances c Balance ►	1c	271,155.			
2	Cost of goods sold (Part III, line 8).	2	231,336.			
3	Gross profit. Subtract line 2 from line 1c	3	39,819.			39,819.
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
С	Capital loss deduction for trusts	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	20.010			
13	Total. Combine lines 3 through 12 13 39,819. Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions					<u>39,819.</u>
Pal	directly connected with the unrelated business incom		nitations on deduct	ions. Deducti	ons n	nust de
4					4	
1	Compensation of officers, directors, and trustees (Part X) Salaries and wages				1 2	108,706.
2 3	Repairs and maintenance				2	457.
3 4	Bad debts				3 4	407.
4 5	Interest (attach statement). See instructions				4 5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions				0	
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	35,472.
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	15,853.
15	Total deductions. Add lines 1 through 14				15	160,488.
16	Unrelated business income before net operating loss deduction					,
-	column (C)				16	-120,669.
17	Deduction for net operating loss. See instructions				17	
18	Unrelated business taxable income. Subtract line 17 from line				18	-120,669.
	aperwork Reduction Act Notice, see instructions.					A (Form 990-T) 2021

Schedule A (Form 990-T) 2021 Page 2 Part III Cost of Goods Sold Enter method of inventory valuation Inventory at beginning of year 1 1 2 Purchases 2 3 Cost of labor 3 4 Additional section 263A costs (attach statement) 4 5 2.31336 5 231 336 Total. Add lines 1 through 5 6 6 Inventory at end of year 7 7 231 336 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 8 Yes No 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Rent Income (From Real Property and Personal Property Leased with Real Property) Part IV Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. 1 Α в С D Α в С D Rent received or accrued 2 a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 3 Deductions directly connected with the income 4 in lines 2(a) and 2(b) (attach statement) . . . Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 5 ► Part V Unrelated Debt-Financed Income (see instructions) 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. А в С D Α в С D 2 Gross income from or allocable to debt financed property 3 Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement). b Other deductions (attach statement) С Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable 4 to debt - financed property (attach statement) 5 Average adjusted basis of or allocable to debtfinanced property (attach statement) % 6 Divide line 4 by line 5 % % % 7 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 8 9 Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 10 ► 11 ► Schedule A (Form 990-T) 2021 JSA 1X2751 1.000

Sched	ule A (Form 990-T) 2021								Page 3
Par	rt VI Interest, Anr	nuities, R	Royalti	es, and Rents	s fro	om Controlled Organi	izations (see instructions)		
	Exempt Controlled Organizations								
	1. Name of controlled organization	2. Emp identific numb	cation	 Net unrelate income (loss) (see instruction) 		 Total of specified payments made 	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with ncome in column 5
(1)									
(2)									
(3)									
(4)									
				Nonexe	empt	Controlled Organization	ns		
	7. Taxable income		inco	et unrelated ome (loss) instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)									
(2)									
(3)									
(4)									
							Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Ent	d columns 6 and 11. er here and on Part I, line 8, column (B)
	s t VII Investment I			action 501(a)		(9), or (17) Organiza	tion (and instructions)		
Fai	1. Description of income			unt of income	(<i>1</i>),	3. Deductions	4. Set-asides	5	. Total deductions
						directly connected (attach statement)	(attach statement)	(ad	and set-asides dd columns 3 and 4)
(1)									
(2) (2)								-	
(3)									
(4)			Enter her	unts in column 2. re and on Part I, , column (A)				Ent	amounts in column 5. er here and on Part I, line 9, column (B)
-	S			luce and Other		kan Advartising Inco			
				income, Othe	ern	han Advertising Inco	me (see instructions)		
1	Description of exploit			m trada ar busi	inooo	Entor here and an Da	ort L line 10 column (A)		
2 3	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) Expenses directly connected with production of unrelated business income. Enter here and on Part I,							2	
3	line 10, column (B)		•		neial		iter nere and on Fall I,		
4						ubtract line 3 from line	e 2. If a gain, complete	3	
-	lines 5 through 7							4	
5	Gross income from a							4	
6	Expenses attributable							6	
7	•						than the amount on line	0	
•								7	
				<u></u>					

Schedule A (Form 990-T) 2021

Sched	ule A (Form 990-T) 2021				Page 4
Pai	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if r	eporting two or more periodicals o	n a consolidated basis	i.	
	Α				
	в				
	c				
	D amounts for each periodical listed above	in the corresponding column			
Enter	amounts for each periodical listed above	· •		-	
		A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here a	nd on Part I, line 11, column (A).			. ▶
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here an	nd on Part I, line 11, column (B)			. ►
4	Advertising gain (loss). Subtract line 3 fr	om line			
	2. For any column in line 4 showing	a gain,			
	complete lines 5 through 8. For any col	-			
	line 4 showing a loss or zero, do not co				
	lines 5 through 7, and enter zero on line				
5	Readership costs				
	•				
6	Circulation income				
7	Excess readership costs. If line 6 is les				
	line 5, subtract line 6 from line 5. If line 5				
	than line 6, enter zero				
8	Excess readership costs allowed				
	deduction. For each column showing a g	-			
	line 4, enter the lesser of line 4 or line 7.				
а	Add line 8, columns A through D.	Enter the greater of the line	e 8a, columns tota	I or zero here and	on
	Part II, line 13				▶
Par	t X Compensation of Officers,	Directors and Trustees (see instructions)		
I GI					
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
(1)				/0	
Tota	I. Enter here and on Part II, line 1			►	
	t XI Supplemental Information				
Га	Supplemental mormation	(see instructions)			

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

STATEMENT 1

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

COST OF GOODS SOLD	231,336.
TOTAL OTHER COSTS	 231,336.

STATEMENT 2

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

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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).

21

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

E 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	150,307			150,307.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) SEE. STATEMENT. 1	5	1,617,356	•		1,617,356.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)					
11	Advertising income (Part IX)					
12	Other income (see instructions; attach statement)		1,767,663			
13	Total. Combine lines 3 through 12			1,767,663.		
Pa	t II Deductions Not Taken Elsewhere See instructions f directly connected with the unrelated business incom		nitations on deduc	tions. Deduct	ions r	nust de
4	Compensation of officers, directors, and trustees (Part X)				1	
1 2	Salaries and wages				2	
2	Repairs and maintenance				3	
3 4	Bad debts				4	
4 5	Interest (attach statement). See instructions				-4 -5	
6	Taxes and licenses				6	17,661.
7	Depreciation (attach Form 4562). See instructions		1 1			<u> </u>
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	30,728.
15	Total deductions. Add lines 1 through 14				15	48,389.
16	Unrelated business income before net operating loss deduction					
	column (C)				16	1,719,274.
17	Deduction for net operating loss. See instructions				17	
18	Unrelated business taxable income. Subtract line 17 from line 7	16	<u></u>		18	1,719,274.
For Pa	aperwork Reduction Act Notice, see instructions.			Sch	nedule	A (Form 990-T) 2021

Sched	ule A (Form 990-T) 2021					Page 2		
Par	t III Cost of Goods Sold	Enter method of invento	ory valuation 🕨					
1	Inventory at beginning of year			1				
2	Purchases 2							
3	Cost of labor3							
4	Additional section 263A costs (attach statemen							
5	Other costs (attach statement)							
6	Total. Add lines 1 through 5							
7	Inventory at end of year							
8	Cost of goods sold. Subtract line 7 from line 6.							
9	Do the rules of section 263A (with respect to p				Yes	No		
Par	IV Rent Income (From Real Proper					_		
1	Description of property (property street address A B C	/						
	D		_	-				
		Α	В	C	D			
2	Rent received or accrued							
а	From personal property (if the percentage of rent for personal property is more than 10%							
b	but not more than 50%) From real and personal property (if the							
IJ	percentage of rent for personal property							
	exceeds 50% or if the rent is based on profit or income)							
C	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D							
3	Total rents received or accrued. Add line 2c co		re and on Part I, line 6, co	olumn (A)				
4	Deductions directly connected with the income							
	in lines 2(a) and 2(b) (attach statement)							
5	Total deductions. Add line 4 columns A through	n D. Enter here and on Part I	line 6, column (B)	· · · · · · · · • • _				
Par								
1	Description of debt-financed property (street ac	dress, city, state, ZIP code).	Check if a dual-use. See i	nstructions.				
	A							
	B							
	c							
	D	1						
		A	В	C	D			
2	Gross income from or allocable to debt -							
	financed property							
3	Deductions directly connected with or allocable							
	to debt-financed property							
а	Straight line depreciation (attach statement).							
b	Other deductions (attach statement)							
C	Total deductions (add lines 3a and 3b, columns A through D)							
4	Amount of average acquisition debt on or allocable to debt - financed property (attach statement)							
5	Average adjusted basis of or allocable to debt-							
	financed property (attach statement)							
6	Divide line 4 by line 5		%	%		%		
7	Gross income reportable. Multiply line 2 by line 6							
8	Total gross income (add line 7, columns A thro	ough D). Enter here and on P	art I, line 7, column (A)	····· ►_				
9	Allocable deductions. Multiply line 3c by line 6							
10	Total allocable deductions. Add line 9, column		d on Part I, line 7. columr	n (B)				
11	Total dividends-received deductions included i	•						
					ule A (Form 99	0.T) 2024		
JSA 1X2751	1,000			Scheu	and 17 (1 O 111 39)	-1/2021		

Sched	ule A (Form 990-T) 2021								Page 3
Par	rt VI Interest, Anr	nuities, R	Royalti	es, and Rents	s fro	om Controlled Organi	izations (see instructions)		
						Exempt Cor	ntrolled Organizations		
	1. Name of controlled organization	2. Emp identific numb	cation	 Net unrelate income (loss) (see instruction) 		 Total of specified payments made 	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with ncome in column 5
(1)									
(2)									
(3)									
(4)									
				Nonexe	empt	Controlled Organization	ns		
	7. Taxable income		inco	et unrelated ome (loss) instructions)		9. Total of specified payments made	that is included in the		Deductions directly connected with come in column 10
(1)									
(2)									
(3)									
(4)									
							Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Ent	d columns 6 and 11. er here and on Part I, line 8, column (B)
	s t VII Investment I			action 501(a)		(9), or (17) Organiza	tion (and instructions)		
Fai	1. Description of income			unt of income	(<i>1</i>),	3. Deductions	4. Set-asides	5	. Total deductions
						directly connected (attach statement)	(attach statement)	(ad	and set-asides dd columns 3 and 4)
(1)									
(2) (2)									
(3)									
(4)			Enter her	unts in column 2. re and on Part I, , column (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
-	S			luce and Other		kan Advartising Inco			
				income, Othe	ern	han Advertising Inco	me (see instructions)		
1									
2 3							nter here and on Part I,	2	
3	line 10, column (B)		•		neial		iter nere and on Fall I,		
4						ubtract line 3 from line	e 2. If a gain, complete	3	
-	lines 5 through 7							4	
5	Gross income from a							4	
6	Expenses attributable							6	
7	•						than the amount on line	0	
•								7	
				<u></u>					

Schedule A (Form 990-T) 2021

Sched	ule A (Form 990-T) 2021				Page 4
Pai	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if re	porting two or more periodicals or	n a consolidated basis.		
	Α				
	B				
	C				
Enter	amounts for each periodical listed above i	· · · · · · · · · · · · · · · · · · ·			
		A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here an	d on Part I, line 11, column (A).			▶
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here an				
		· · · · · · · · · · · · · · · · · · ·			
4	Advertising gain (loss). Subtract line 3 fro	m line			
-	2. For any column in line 4 showing a				
		-			
	complete lines 5 through 8. For any colu				
	line 4 showing a loss or zero, do not con				
	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	s 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 a			
	deduction. For each column showing a g				
	line 4, enter the lesser of line 4 or line 7.				
2	Add line 8, columns A through D.		8a columns total (r zero here and	
a		-			SIT .
	Part II, line 13				►
Par	t X Compensation of Officers,	Directors, and Trustees (s	see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		f time devoted	attributable to
	1. Nume	2. 1110		to business	unrelated business
					unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Tota	I. Enter here and on Part II, line 1			▶	
	t XI Supplemental Information				
I al					
_					

35-0868202

SCHEDULE A: INCOME FROM K-1 INVESTMENTS

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

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

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

1,617,356.

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

ACCOUNTING INVESTMENT MANAGEMENT	7,554. 23,174.
TOTAL OTHER DEDUCTIONS	 30,728.

STATEMENT 2

SCHED	DULE D
(Form	1120)

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.

Department of the Treasury 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Internal Revenue Service Go to www.irs.gov/Form1120 for instructions and the latest information.							2021	
Name							er identificat	
	WABASH COLLEC						5-08682	
"Ye	s," attach Form 8	pose of any investment(s) in a 949 and see its instructions for a Capital Gains and Losses	additional requirer	nents for reporting			Yes	_X No
ar		to figure the amounts to enter on	- Assels neid Ol	le real of Less	(g) Adjustments	s to gain	(h) Gain or	(loss)
	the lines below.	to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	or loss from For 8949, Part I, lin column (g)	rm(s)	Subtract co column (d)	and combine vith column (g)
1a	Totals for all short-terr 1099-B for which bas which you have no ad if you choose to repor	n transactions reported on Form is was reported to the IRS and for justments (see instructions). However, t all these transactions on Form 8949, d go to line 1b						
1 k		ons reported on Form(s) 8949						
2		ons reported on Form(s) 8949						
3		ons reported on Form(s) 8949	194.					194.
4	Short-term capital	gain from installment sales from Fo	orm 6252, line 26 or 37	7		. 4		
5	Short-term capital	gain or (loss) from like-kind exchang	ges from Form 8824			. 5		
6	Unused capital loss	s carryover (attach computation)				. 6	(
		ital gain or (loss). Combine lines 1a Capital Gains and Losses				. 7		194.
ar	U	w to figure the amounts to enter on			(g) Adjustments	s to gain	(h) Gain or	(loss)
	the lines below.	er to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	or loss from Foi 8949, Part II, lin column (g)	rm(s)	Subtract co column (d)	and combine with column (g)
8a	Totals for all long-term 1099-B for which bas which you have no ad if you choose to repor	transactions reported on Form is was reported to the IRS and for justments (see instructions). However, t all these transactions on Form 8949, d go to line 8b						
8k		ons reported on Form(s) 8949						
9		ons reported on Form(s) 8949						
0		ons reported on Form(s) 8949	21,817.	1,723				20,094.
1	Enter gain from Fo	rm 4797, line 7 or 9				. 11		130,019.
2	Long-term capital g	gain from installment sales from Fc	orm 6252, line 26 or 37	,		12		
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824						. 13		
14 Capital gain distributions (see instructions)						. 14		
5 ar		tal gain or (loss). Combine lines 8a of Parts I and II	through 14 in column	h		. 15		150,113.
6	Enter excess of ne	t short-term capital gain (line 7) ov	er net long-term capita	l loss (line 15)		16		194.
7	Net capital gain. Er	nter excess of net long-term capita	ıl gain (line 15) over ne	et short-term capital lc	oss (line 7)	17		150,113.
						-		
8		7. Enter here and on Form 1120, peed gains, see <i>Capital Losses</i> in the	-	applicable line on othe	er returns	18		150,307.

orm	8	9	4	9	

Department of the Treasury

Internal Revenue Service

F

Sales and Other Dispositions of Capital Assets

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

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

Name(s) shown on return	Social security number or taxpayer identification number
WABASH COLLEGE	35-0868202

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

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

x (C) Short-term transactions not reported to you on Form 1099-B

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

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

OMB No. 1545-0074

Form	8949	(2021)
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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

WABASH COLLEGE

35-0868202

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

Part II

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note 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.)	(see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)	
NORTHGATE VENTURE PARTNERS II	VARIOUS	VARIOUS		731.			-731.	
RESOURCE LAND FUND V	VARIOUS	VARIOUS	21,817.				21,817.	
RESOURCE LAND FUND IV	VARIOUS	VARIOUS		992.			-992.	
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 Box E	21,817.	1.723.			20,094.	

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 (2021)

Department of the Treasury

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

Attachme

Attach to your tax return

Go to www.irs.gov/Form4797 for instructions and the latest information	on.

Internal Revenue Service		Sequence No. 27	
Name(s) shown on return	n	Identify	ving number
WABASH COLLEGE		35-0	868202
1a Enter the gross pr	oceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or		
substitute statemen	t) that you are including on line 2, 10, or 20. See instructions	1a	
b Enter the total am	ount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of		
MACRS assets		1b	
c Enter the total amo	ount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS		
assats		10	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

	Than Ousdally of The					3)		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or c basis, plu improvements expense of s	s s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 1							130,019.
3	Gain, if any, from Form 4684, line 3	9					3	
4	Section 1231 gain from installment					- F	4	
5	Section 1231 gain or (loss) from lil		-			- F	5	
6	Gain, if any, from line 32, from othe	0				- F	6	
7						F	7	130,019.
-	Partnerships and S corporations.	o ()					- 1	
	line 10, or Form 1120-S, Schedule I							
	Individuals, partners, S corporati							
	from line 7 on line 11 below and 1231 losses, or they were recaptured							
	Schedule D filed with your return ar				iong-term capital g			
8	Nonrecaptured net section 1231 lo	sses from prior ye	ears. See instruct	ions			8	
9	Subtract line 8 from line 7. If zero	or less, enter -0-	. If line 9 is zero	o, enter the gain fro	m line 7 on line 1	2 below. If		
-	line 9 is more than zero, enter the							
	capital gain on the Schedule D filed	with your return.	. See instructions	8			9	
Pa	art II Ordinary Gains and Lo	sses (see in:	structions)					
10		uded on lines 11	through 16 (inclu	ude property held 1 ye	ear or less):			
11	Loss, if any, from line 7						11	()
12						F	12	,
13							13	
14	Net gain or (loss) from Form 4684,					- F	14	
15	Ordinary gain from installment sale					- F	15	
16	Ordinary gain or (loss) from like-kir		-			- F	16	
17	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•				F	17	
	Ŭ							
18	For all except individual returns, er a and b below. For individual returns			the appropriate line	or your return and	a skip illites		
é	a If the loss on line 11 includes a loss	s from Form 4684	4, line 35, colum	n (b)(ii), enter that p	art of the loss here	e. Enter the		
	loss from income-producing propert							
	an employee.) Identify as from "Forr					-	18a	
k	Redetermine the gain or (loss) on							
	(Form 1040), Part I, line 4						18b	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2021)

Form	4797	(2021)
		()

Part III	Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255	
	(see instructions)	

19	19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:					(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
-	Α						
E							
`							
	These columns relate to the properties on lines 19A through 19E	p. 🕨	Property A	Property B	6	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20					
21	Cost or other basis plus expense of sale	21					
22	Depreciation (or depletion) allowed or allowable	22					
23	Adjusted basis. Subtract line 22 from line 21	23					
24	Total gain. Subtract line 23 from line 20	24					
25	If section 1245 property:						
a	Depreciation allowed or allowable from line 22	25a					
	Enter the smaller of line 24 or 25a.	25b					
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
a	Additional depreciation after 1975. See instructions.	26a					
k	Applicable percentage multiplied by the smaller of						
	line 24 or line 26a. See instructions	26b					
c	Subtract line 26a from line 24. If residential rental property						
	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
c	Additional depreciation after 1969 and before 1976.	26d					
e	Enter the smaller of line 26c or 26d	26e					
	Section 291 amount (corporations only)	26f					
	Add lines 26b, 26e, and 26f	26g					
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
а	Soil, water, and land clearing expenses	27a					
	Line 27a multiplied by applicable percentage. See instructions						
	Enter the smaller of line 24 or 27b	27c					
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
k	Enter the smaller of line 24 or 28a	28b					
	If section 1255 property:						
а	Applicable percentage of payments excluded from						
	income under section 126. See instructions	29a					
k	Enter the smaller of line 24 or 29a. See instructions						
Su	mmary of Part III Gains. Complete propert	ty co	lumns A through	D through line	29k	before going to li	ne 30.
30	Total gains for all properties. Add property columns /	A thro	ugh D, line 24				
31	Add property columns A through D, lines 25b, 26g, 2	27c, 2	8b, and 29b. Enter he	re and on line 13			
32	Subtract line 31 from line 30. Enter the portion from	n cas	ualty or theft on Form	4684, line 33. E	Enter	the portion from	
	other than casualty or theft on Form 4797, line 6					32	
Pa	rt IV Recapture Amounts Under Section (see instructions)						or Less
	- /					(a) Section	(b) Section
						179	280F(b)(2)
22	Section 179 expense deduction or depreciation allow	able	in prior years		33	-	
33	Section 179 expense deduction of depreciation allow	aule			-33		

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

Form **4797** (2021)

JSA

WABASH COLLEGE Supplement to Form 4797 Part I Detail

35-0868202

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
RESOURCE LAND FUND V	VARIOUS	VARIOUS	83,505.			83,505.
RESOURCE LAND FUND I	VARIOUS	VARIOUS	50,002.			50,002.
ROCKLAND PWR PTRS	VARIOUS	VARIOUS			3,488.	-3,488.
						120 010
Totals						130,019

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

Taxpayer Name:	WABASH COLLEGE				
Taxpayer Address:	P.O. BOX 352, CRAWFORDSVILLE, IN 47933				
Taxpayer ID Number:	<u>35-0868202</u>				
Year-End:	06/30/2022				

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

154

33946

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

Taxpayer Name:	WABASH COLLEGE				
Taxpayer Address:	P.O. BOX 352, CRAWFORDSVILLE, IN 47933				
Taxpayer ID Number:	<u>35-0868202</u>				
Year-End:	06/30/2022				

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

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

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

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

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

Type or	Name of exempt organization or other filer, see instructions.		Tax	Taxpayer identification number (TIN)				
print								
-	WABASH COLLEGE			35-0868202				
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.							
filing your	PO BOX 352							
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
	CRAWFORDSVILLE, IN 47933							
Enter the Return Code for the return that this application is for (file a separate application for each return)								
Application		Return	Application Is For				Return	
Is For		Code					Code	
Form 990 or	Form 990-EZ	01	Form 1041-A				08	
Form 4720	(individual)	03	Form 4720 (other than inc	than individual)			09	
Form 990-Pf		04	Form 5227	/			10	
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11	
	(trust other than above)	06	Form 8870				12	
	(corporation)	07						
Telephone No. ▶ 765 361-6212 Fax No. ▶ ● If the organization does not have an office or place of business in the United States, check this box ▶ ● ● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . ▶ ● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . If this is for part of the group, check this box .								
	est an automatic 6-month extension of time u		05/15 , 2023	_, to file the exemp	t org	Janiza	tion return	
for the	organization named above. The extension is	for the ore	anization's return for:					
 calendar year 20 or x tax year beginning 07/01, 2021 , and ending 06/30 , 2022. 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Final return Change in accounting period								
	application is for Forms 990-PF, 990-T,	4720, or	6069, enter the tentativ	ve tax, less any				
-	undable credits. See instructions.				3a	\$	NONE	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
estimated tax payments made. Include any prior year overpayment allowed as a credit.					3b	\$	NONE	
	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by							
using EFTPS (Electronic Federal Tax Payment System). See instructions.					3c	· ·	NONE	
Caution: If yo instructions.	u are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868, see	Form 8453-TE and Fo	orm 8	3879-T	E for payment	

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

Form 8868 (Rev. 1-2022)

FEDERAL ELECTIONS

DESCRIPTION: SECTION 59(E)(2) EXPENDITURES

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

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

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

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

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

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