

Public Disclosure for Tax-Exempt Organizations

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

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

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

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

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

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

Local or Subordinate Organizations

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

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

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

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

What if the Requests Are a Form of Harassment?

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

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

Form	990
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Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

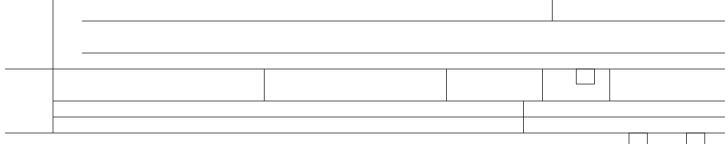
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▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

6 Open to Public nspectio

OMB No. 1545-0047

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If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box
 Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

If you are	e filing for an Automatic 3-Month Extension, complete only Part I (on page 1).
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

		· /		, S	ter filer's identifying	num	ber. s	ee instructio	 າຣ
		Name of exempt organization or other filer, see in	structions.		Employer identification				_
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For	n 990 c	or Form 990-EZ	01						
For	n 990-E	3L	02	Form 1041-A				08	
For	m 4720	(individual)	03	Form 4720 (other than inc	dividual)			09	
Forr	n 990-F	ΥF	04	Form 5227				10	
For	n 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
		T (trust other than above)	06	Form 8870				12	
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-		onic Federal Tax Payment System). See instru				8c	\$		0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 🕨

Title 🕨

Date 🕨

Form 8868 (Rev. 1-2014)

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

► X

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file).* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or			
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.	Social security number (SSN)			
filing your	P. O. 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	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶LARRY GRIFFITH, P.O. BOX 352 CRAWFORDSVILLE, IN 47933

	Telephone No. ▶ 765 361-6212 FAX No. ▶			r	
	f the organization does not have an office or place of business in the United States, check this box			> l	
	f this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			. If this is	
for	the whole group, check this box \blacktriangleright $igsquire$. If it is for part of the group, check this box \blacktriangleright		an	nd attach	
a lis	t with the names and EINs of all members the extension is for.				
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time				
	until 02/15, 2016, to file the exempt organization return for the organization named at	ove	э. Т	The extensior	n is
	for the organization's return for:				
	calendar year 20 or				
	▶ X tax year beginning07/01 , 2014 , and ending06/30 ,	20	15	Ś.	
		-		· —	
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return	า			
	Change in accounting period				
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		Γ		
	nonrefundable credits. See instructions.	3a	\$		0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		Ť		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$		0
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS	00	v		
•	(Electronic Federal Tax Payment System). See instructions.	3c	¢		0
	tion. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form		•	EQ for poyme	ont
		00	79-	EO for payme	ent
INSU	ructions.				

Form 8868 (Rev. 1-2014)

_	990 (2014)				Page
Ра		f Program Service Ac	complishments sponse or note to any line in this Part		
1		rganization's mission:			
	•	•	RTS COLLEGE FOR MEN THAT	EDUCATES THEM	
	TO THINK CRITIC	CALLY, ACT RESP	ONSIBLY, LEAD EFFECTIVELY	, AND LIVE	
	HUMANELY.				
	Did the organization	undortoko ony ojanifi	cant program services during the ye	ar which were not listed on the	
	prior Form 990 or 990)-EZ?			Yes X No
5	Did the organization		nedule O. or make significant changes in h		Yes X No
	If "Yes," describe thes	e changes on Schedu	le O.		
	expenses. Section 50)1(c)(3) and 501(c)(4	ice accomplishments for each of it) organizations are required to rep each program service reported.		
			5,285. including grants of \$18,		
			VITIES WHOSE PRIMARY GOAL		
			MOTIONAL AND PHYSICAL WEL		
1	WELL AS INTELLE	CTUAL, CULTURA	L, AND SOCIAL DEVELOPMENT	OUTSIDE OF	
			LIBRARY - SUPPORT SERVICE		
		CSEARCH, AND PU CES. 928 STUDEN	BLIC SERVICE. INCLUDES LI	BRARY AND	
	COMPOIER SERVIC	ES. 920 SIUDEN	IS SERVED.		
b	(Code:)	(Expenses \$	including grants of \$) (Revenue \$)
c	(Code:)	(Expenses \$	including grants of \$) (Revenue \$)
	,	· · ·		, <	/
		es (Describe in Sched	-	^	
	(Expenses \$	including gra		\$)	
	Total program service	e expenses	59,905,285.		Form 990 (2014
JSA 20 1.	TX6855 D310				Porm 990 (2014 PAGE

Form 9	90 (2014)		F	Page 3
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,"			
	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C,</i>			
		5		х
6	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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? <i>If</i> "Yes,"	-		
Ū	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			
Ū	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or 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	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			· · · · ·
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		37	
	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		37	
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		v
47	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
40	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		X
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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
U U	$1 \rightarrow 0 \rightarrow 0 \rightarrow 0$ and $1 \rightarrow 0 \rightarrow $			

Form 99	0 (2014)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
-	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27	х	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L. Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
Ū		28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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,			
01	Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	•.		
02	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
04	or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	oou		
N N		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	51		- 22
50	19? Note. All Form 990 filers are required to complete Schedule O	38	х	

-	990 (2014)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			•
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable $1a$ 330		Yes	No
		-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable [1b] 0 Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	x	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
24	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1, 259			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
50	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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
	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	70		x
ا م	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?	76 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources	-		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c	4.4-		37
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		X
<u>u</u>	in roo, has a modiar on trzo to report these payments: If roo, provide all explanation in somedule O	1140		

Form 9	990 (2014)			F	Page 6
Par	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 35	5		
	If there are material differences in voting rights among members of the governing body, or if the governing		1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 33	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	ationship with			
	any other officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or ur	der the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or othe	er person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5		Х
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to el		_	37	
	one or more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval		71.		x
-	stockholders, or persons other than the governing body?		7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
_	the year by the following:		80	х	
a	The governing body?		8a 8b	X	
ь 9	Each committee with authority to act on behalf of the governing body?		00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Int		-	e.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of	such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	-	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	hat could give			
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy? If "Yes,"			
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review ar				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		45-	v	
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	- 21	
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
104	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	-	16a		x
h	with a taxable entity during the year?		Tou		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure			·	·
17	List the states with which a serie of this Form 000 is required to be filed \triangleright TN				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and				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 in Sch	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			-	

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► LARRY GRIFFITH P.O. BOX 352 CRAWFORDSVILLE, IN 47933 765-361-6212
JSA For

	/ /	_
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	-
	Check if Schedule O contains a response or note to any line in this Part VII	_
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	_
1a Complete organization's	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within th s tax year.	Э

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	s pe	ition more rson	e than o is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
_(1)GREGORY_HESS PRESIDENT & TRUSTEE	50.00	x		х				488,234.	0	55,560.
(2) JAY_R. ALLEN	1.00							10072311		
TRUSTEE	0	x						0	0	0
(3)JEREMIAH_BIRD TRUSTEE	1.00	x						0		0
(4)STEPHEN BOWEN TRUSTEE	1.00	x						0	0	0
_(5)WILLIAM_BRADY	1.00	v						0	0	0
TRUSTEE (6)DAVID_BROECKER	0	X						0	0	
TRUSTEE	0	Х						0	0	0
_(7)DAVID_CALLECOD TRUSTEE	1.00	x						0	0	0
(8)JAMES DAVLIN TRUSTEE	1.00	x						0	0	0
(9)JOHN FOX, JR. TRUSTEE	1.00	X						0	0	0
(10)ROBERT GRAND TRUSTEE	1.00	X						0	0	0
(11)THEODORE_HOLLAND TRUSTEE	1.00	X						0	0	0
(12)DARYL JOHNSON TRUSTEE	1.00	x						0	0	0
(13) RAY JOVANOVICH TRUSTEE	1.00	x						0	0	0
(14) PETER KENNEDY III TRUSTEE	1.00	x						0	0	0

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(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 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
15) JAMES KILBANE	1.00									
TRUSTEE	0	Х						0	0	
16) RADE KLJAJIC	1.00									
TRUSTEE	0	Х						0	0	
17) FRANK KOLISEK	1.00									
TRUSTEE	0	Х						0	0	
18) DAVID LEWIS	1.00									
TRUSTEE	0	Х						0	0	
19) HARRY MCNAUGHT, JR.	1.00									
TRUSTEE	0	Х						0	0	
20) ALEX MILLER	1.00									
TRUSTEE	0	Х						0	0	
21) CORY OLSON	1.00									
TRUSTEE	0	Х						0	0	
22) JEFFREY PERKINS	1.00									
TRUSTEE	0	Х						0	0	
23) KELLY PFLEDDERER	1.00									
TRUSTEE	0	Х						0	0	
24) GARY REAMEY	1.00									
TRUSTEE	0	Х						0	0	
25) FRED RUEBECK	20.00									
CHIEF INVESTMENT OFFICER	0	Х						50,000.	0	
1b Sub-total								488,234.	0	55,56
c Total from continuation sheets to Part VII,	Section A							1,803,678.	0	380,45
d Total (add lines 1b and 1c)								2,291,912.	0	436,01

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated	
	employee on line 1a? If "Yes," complete Schedule J for such individual	3
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such	
	individual	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5
-		

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
ATTACHMENT 1		
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 31	se listed above) who received	

Х

Х

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(A) Name and title	(B) Average hours per	(do r	(C) Position (do not check more than one				ne	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of	
	week (list any hours for related organizations below dotted line)					is both or/truste employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensati from the organizatio and related organizatior	on d
26) JOHN SCHROEDER TRUSTEE	1.00	x						0	0		
27) DAVID SHANE TRUSTEE	1.00	x						0	0		
28) K. DONALD SHELBOURNE TRUSTEE	1.00	X						0	0		_
29) WALTER SNODELL III TRUSTEE	1.00	X						0	0		_
0) JOSEPH TURK	1.00										
TRUSTEE THOMAS WALSH TRUSTEE	1.00	X						0	0		
2) WILLIAM WHEELER TRUSTEE	1.00	x						0	0		
3) JAMES P. WILLIAMS, JR TRUSTEE	1.00	x						0	0		
1105111 94) PETER WILSON TRUSTEE	1.00	x						0	0		
5) PAUL WOOLLS TRUSTEE	1.00	X						0	0		
GARY PHILLIPS DEAN OF COLLEGE (JAN-JUN)	50.00			x				174,258.	0	27,3	
 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 organization f	t limited to t		liste				re		\$100,000 of		
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche	dule J for su	ch ind	lividu	ual	••		• •			Yes 3 X	
4 For any individual listed on line 1a, is the organization and related organizations g individual.	reater than	\$15	50,0	00?	. If	"Yes	," (complete Schedu	le J for such	4 X	
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	mpen	satio	on f	fron	n any	uni	related organization	on or individual	5	
Section B. Independent Contractors			- 1- 0-						then \$100,000 -		_
 Complete this table for your five highest concompensation from the organization. Report year. 											
(A)								(B)		(C)	-

	(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	

Part VII Section A. Officers, Directors, Tru		y L 11	ipio			anu r	ngi	-		JIIIII		
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average			Pos				Reportable	Reportable		Estimated	
	hours per					e than o is both		compensation	compensation from	а	mount o other	ıt
	week (list any hours for	office				or/trust		from	related	cor	npensati	ion
	related	9 5					,	the organization	organizations (W-2/1099-MISC)		from the	
	organizations	divi	stitu	Officer	ÿ e	nplc	Forme	(W-2/1099-MISC)	(1000)	or	ganizatio	วท
	below dotted	Individual trustee or director	Institutional trustee	Ĩ	Key employee	st c	4	()			nd relate	
	line)	٦ f	ial t		oye	omp				orę	ganizatio	ns
		stee	rust		ŵ	bens						
			ee			Highest compensated employee						
7) LARRY GRIFFITH	50.00											
TREASURER AND CFO	0			Х				176,486.	0		27,6	50
8) STEVEN KLEIN	50.00											
DEAN OF ADMISSIONS	0			Х				152,019.	0		25,1	16
9) MICHAEL RATERS	50.00	-										
DEAN OF STUDENTS	0			Х				117,636.	0		57,6	59
0) JAMES AMIDON	50.00	-										
SECRETARY OF COLLEGE	0			Х				123,734.	0		22,3	33
1) SCOTT FELLER	50.00	-										
DEAN OF COLLEGE (JUL-DEC)	0			Х				146,412.	0		24,6	50
2) DWIGHT WATSON	50.00	-										
PROFESSOR OF THEATER (AUG-DEC)	0					Х		116,533.	0		21,6	51
3) CHARLES BLAICH	50.00	-						100.000			/	~ ~
DIRECTOR OF CILA & HEDS	0					X		139,866.	0		75,9	99
4) RICHARD DALLINGER	50.00	-									~ ~ -	
PROFESSOR OF CHEMISTRY	0					X		107,996.	0		20,7	/5
5) STEPHEN MORILLO	50.00	-						100.010				~ ^
HISTORY DEPT. CHAIR	0					Х		109,810.	0		23,0	<u> </u>
6) NADINE PENCE	50.00					37					10 0	~ ~
ASSOC. FACULTY-RELIGION DEPT.	0					Х		115,752.	0		18,2	25
7) PATRICK_WHITE FORMER_PRESIDENT	0	-					х	272 176	0		25 0	06
	0							273,176.	0		35,9	
1b Sub-total												
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)												_
2 Total number of individuals (including but not								ceived more than	\$100.000 of			_
reportable compensation from the organization		18		uai	5000	<i>5)</i> WIIC	10		\$100,000 OI			
											Yes	
3 Did the organization list any former offic						•		• •				
employee on line 1a? If "Yes," complete Sched	ule I for su	h ind	ividı	Isl						3	X	1

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
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	

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Par	't VII	Statement of Revenue Check if Schedule O contains a re	esponse or note to a	nv line in this Part VI			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
tts Dts	1a	Federated campaigns	1a				
contributions, Girts, Grants and Other Similar Amounts	b		1b				
Am A	с		1c				
ilar	d	Related organizations	1d 33,190.	-			
Sin's	е	Government grants (contributions).	1e	-			
ji je	f	All other contributions, gifts, grants,					
ΞĐ		and similar amounts not included above	1f 20,222,055.	-			
	g	Noncash contributions included in lines 1a-1f:		-			
	h	Total. Add lines 1a-1f		20,255,245.			
enu			Business Code	-			
Rev	2a	TUITION & FEES	611600	33,507,245.	33,507,245.		
ce	b	FRATERNITY LEASES	531110	1,109,150.	1,109,150.		
ervi	C	STUDENT ROOM & BOARD	611710	2,761,107.	2,761,107.		
μS	d	ATHLETIC REVENUE	713940	1,248,195.	1,248,195.		
graı	e	OTHER INCOME	611710	87,156.	87,156.		
Program Service Revenue	f g	All other program service revenue Total. Add lines 2a-2f		38,712,853.			
_	3	Investment income (including d		50,712,055.			
	Ū	and other similar amounts)		8,297,492.		1,165,073.	7,132,419.
	4	Income from investment of tax-exempt		0			
	5	Royalties		0			
		(i) Rea					
	6a	Gross rents					
	b	Less: rental expenses					
	с	Rental income or (loss)					
	d	Net rental income or (loss)	<u></u>	0			
	7a	Gross amount from sales of (i) Securi	ties (ii) Other				
		assets other than inventory 84,856,	720.				
	b	Less: cost or other basis					
		and sales expenses 80,723,	234.	-			
	с	Gain or (loss)	486.	-			
	d	Net gain or (loss)	· · · <u>· · · · · · </u> ►	4,133,486.			4,133,486.
ne	8a	Gross income from fundraising					
eni		events (not including \$					
é		of contributions reported on line 1c).					
Ľ		See Part IV, line 18		-			
Other Revenue	b	Less: direct expenses		-			
δ	С	Net income or (loss) from fundraising ev	vents	0			
	9a	Gross income from gaming activities. See Part IV, line 19	. a				
	b	Less: direct expenses		-			
	С	Net income or (loss) from gaming activ	rities▶	0			
	10a	Gross sales of inventory, less returns and allowances	. a 741,435.				
	b	Less: cost of goods sold	b 585,671.	-			
	C	Net income or (loss) from sales of invento Miscellaneous Revenue	Business Code	155,764.	90,923.	64,841.	
	11a						
	b						
	C						
	d	All other revenue		0			
	е 12	Total. Add lines 11a-11d Total revenue. See instructions		71,554,840.	38,803,776.	1,229,914.	11,265,905.
				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50,003,770.		Form 990 (2014)

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respo	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	638,028.	638,028.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	18,033,742.	18,033,742.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign	20,000	20,000		
	individuals. See Part IV, lines 15 and 16	20,000.	20,000.		
	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,669,126.	1,380,343.	263,407.	25,376.
6	Compensation not included above, to disqualified			200,1071	
U	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	16,730,196.	14,143,917.	2,359,410.	226,869.
	Pension plan accruals and contributions (include				· · · ·
-	section 401(k) and 403(b) employer contributions)	3,650,803.	3,228,048.	117,733.	305,022.
9	Other employee benefits	3,355,423.	2,185,092.	926,763.	243,568.
10		1,247,946.	1,032,037.	93,564.	122,345.
11	Fees for services (non-employees):	T	T		
a	n Management	0			
k) Legal	143,987.		141,379.	2,608.
C	Accounting	169,691.		169,691.	
c	I Lobbying	0			
	Professional fundraising services. See Part IV, line 17.	4,300.		0.4.0.00.0	4,300.
	f Investment management fees	840,298.		840,298.	
ç	Other. (If line 11g amount exceeds 10% of line 25, column			220 210	106 E00
	(A) amount, list line 11g expenses on Schedule O.)	2,583,378.	2,227,562. 360,581.	229,218. 97,184.	<u>126,598.</u> 332,806.
	Advertising and promotion	1,390,909.	1,314,334.	22,242.	54,333.
13		96,392.	95,154.	468.	770.
14 15	Information technology	0	,1011	100.	770.
16	Royalties	5,733,320.	5,014,367.	667,451.	51,502.
17	Travel	2,161,389.	1,908,968.	111,379.	141,042.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	277,664.	273,933.	2,925.	806.
20	Interest	113,304.	66,667.	46,637.	
21	Payments to affiliates	0	· · · · · · · · · · · · · · · · · · ·		
22	Depreciation, depletion, and amortization	4,272,268.	4,122,927.	139,731.	9,610.
23	Insurance	576,976.	192,851.	384,125.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	STUDENT_ROOM & BOARD	1,709,836.	1,687,700.	20,421.	1,715.
	MEALS	574,280.	334,138.	95,849.	144,293.
	BOOKS, PERIODICALS, AND MEDI	548,512.	544,860.	1,846.	1,806.
	OFF CAMPUS_EXPENSES	520,410.	520,410.	227 610	
	All other expenses	821,731.	579,626.	237,610.	4,495.
25 26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	68,674,480.	59,905,285.	6,969,331.	1,799,864.
	following SOP 98-2 (ASC 958-720)	0			
JSA					Form 990 (2014)

	n 990 (2			Page 11
Pa	rt X	Balance Sheet	ort V	
		Check if Schedule O contains a response or note to any line in this P		
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	4,764. 1	4,574.
	2	Savings and temporary cash investments	19,125,071. 2	18,133,573.
	3	Pledges and grants receivable, net	16,378,451. 3	12,157,283.
	4	Accounts receivable, net	469,888. 4	766,891.
	5	Loans and other receivables from current and former officers, directors,		
		trustees, key employees, and highest compensated employees.		
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0 5	C
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers		
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		
s		organizations (see instructions). Complete Part II of Schedule L	0 6	C
Assets	7	Notes and loans receivable, net	0 7	C
As	8	Inventories for sale or use	0 8	C
	9	Prepaid expenses and deferred charges	355,182. 9	317,816.
	10 a	Land, buildings, and equipment: cost or		
		other basis. Complete Part VI of Schedule D 10a 177, 831, 226.		111 261 500
		Less: accumulated depreciation 10b 66,469,636.	107,706,450. 10c	
	11	Investments - publicly traded securities		194,412,702.
	12	Investments - other securities. See Part IV, line 11		150,250,387.
	13	Investments - program-related. See Part IV, line 11	7,028,699. 13	7,151,135.
	14	Intangible assets	0 14	
	15	Other assets. See Part IV, line 11		25,845,275.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		520,401,226.
	17	Accounts payable and accrued expenses		5,345,871.
	18	Grants payable	0 18	
	19 20	Deferred revenue		37,468,800.
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		37,408,800.
ties	21	Loans and other payables to current and former officers, directors,	0 21	
Liabilities	22	trustees, key employees, highest compensated employees, and		
Lia		disqualified persons. Complete Part II of Schedule L	0 22	C
	23	Secured mortgages and notes payable to unrelated third parties		3,818,000.
	24	Unsecured notes and loans payable to unrelated third parties		3,010,000
	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24). Complete Part X		
		of Schedule D	30,002,510. 25	16,650,705.
	26	Total liabilities. Add lines 17 through 25	77,689,584. 26	63,283,376.
		Organizations that follow SFAS 117 (ASC 958), check here b X and		
Ses		complete lines 27 through 29, and lines 33 and 34.		
anc	27	Unrestricted net assets	229,864,676. 27	233,216,379.
Bal	28	Temporarily restricted net assets	97,742,404. 28	101,154,924.
ри	29	Permanently restricted net assets	121,553,536. 29	122,746,547.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		
ts (30	Capital stock or trust principal, or current funds	30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	31	
Āŝ	32	Retained earnings, endowment, accumulated income, or other funds	32	
Net	33	Total net assets or fund balances	449,160,616. 33	457,117,850.
	34	Total liabilities and net assets/fund balances.	526,850,200. 34	520,401,226.

Form **990** (2014)

Form 99	00 (2014)				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					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	1,5	54,8	340.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	58,6	74,4	180.
3	Revenue less expenses. Subtract line 2 from line 1	3		2,8	80,3	360.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44	9,1	60,6	516.
5	Net unrealized gains (losses) on investments	5	-	9,2	58,9	939.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1	.4,3	35,8	313.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	45	57,1	17,8	350.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversio	aht			
•	of the audit, review, or compilation of its financial statements and selection of an independent acc	-	-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	Apram				
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
50	the Single Audit Act and OMB Circular A-133?	. iorui		3a	х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao t	he			
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Х	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization <u>مرمجة المراحة الم مراحة المراحة الم</u> а

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Part II

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here		<u></u>				
Sec	tion C. Computation of Public Sup					1 1	
14	Public support percentage for 2014 (li					14	%
15	Public support percentage from 2013					15	%
16a	331/3% support test - 2014. If the o						
	this box and stop here. The organization			•			
b	331/3% support test - 2013. If the c	-					
	check this box and stop here. The organized						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						•
	Part VI how the organization meets t			-			
h	organization 10%-facts-and-circumstances test - 2						
D		•	0		•		
	15 is 10% or more, and if the organizati						-
	Explain in Part VI how the organization				-	-	
18	supported organization Private foundation. If the organization	did not chook	a hox on line 13	169 166 170	or 17b abaal	this hay and car	🗆
10							
	instructions	<u></u>		<u></u>			<u> </u>

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Jaiel	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
4	, , , , , ,	(a) 2010	(5) 2011	(0) 2012	(0) 2013	(6) 2014	
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
2	Gross receipts from activities that are not an						
3							
4	unrelated trade or business under section 513 Tax revenues levied for the						
4	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	, ,						
6	organization without charge						
6 7 0	Total. Add lines 1 through 5						
<i>i</i> a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
-	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
800	tion B. Total Support						
		(2) 2010	(b) 2011	(a) 2012	(d) 2012	(a) 2014	(f) Total
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
h	sources Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
~	Add lines 10a and 10b						
C	Add lines toa and tob						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 13	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	the organizatio	n's first second	third fourth or	fifth tax year a	s a section 501	(c)(3)
11 12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	0					
12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here	· · · · · · · · · ·					
12 13 14 Sec	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here . tion C. Computation of Public Sup	port Percent	age	<u></u>	<u></u>	· · · · · · · · · · · ·	
12 13 14 <u>Sec</u> 15	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8,	p ort Percent , column (f) divid	age led by line 13, colu	mn (f))		15	►
12 13 14 <u>Sec</u> 15 16	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Schere	p ort Percent , column (f) divic edule A, Part III, li	age led by line 13, colu ne 15	mn (f))		· · · · · · · · · · · ·	►
12 13 14 <u>Sec</u> 15 16 Sec	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here . tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Sche tion D. Computation of Investmer	p port Percent , column (f) divic edule A, Part III, li nt Income Pe	age led by line 13, colu ne 15	mn (f))	·····	15 16	9 9
12 13 14 <u>Sec</u> 16 <u>Sec</u> 17	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Scher tion D. Computation of Investmer Investment income percentage for 2014 (line	pport Percent , column (f) divic edule A, Part III, li nt Income Per ne 10c, column	age led by line 13, colu ne 15	mn (f)) 13, column (f))	· · · · · · · · · · · · · · · · · · ·	15 16 17	9 9 9
12 13 14 <u>Secc</u> 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Scher tion D. Computation of Investmer Investment income percentage from 2014 (line Investment income percentage from 2013 Scher tion 2014 (line	port Percent , column (f) divice edule A, Part III, li nt Income Per ne 10c, column Schedule A, Part	age led by line 13, colu ne 15 rcentage (f) divided by line t III, line 17	mn (f)) 13, column (f))	·····	15 16 17 18	9 9 9 9 9 9 9
12 13 14 <u>Secc</u> 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Sche tion D. Computation of Investment Investment income percentage from 2013 S 331/3% support tests - 2014. If the org	port Percent , column (f) divic dule A, Part III, li nt Income Per ne 10c, column Schedule A, Par ganization did n	age led by line 13, colu ne 15 rcentage (f) divided by line t III, line 17 not check the bo	mn (f)) 13, column (f)) x on line 14, an	d line 15 is mor	15 16 17 18 e than 331/3%,	9 9 9 9 9 9 9 9 9 9 9
12 13 14 <u>Sec</u> 15 16 17 18 19a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2014 (line 8, Public support percentage from 2013 Sche tion D. Computation of Investmer Investment income percentage for 2014 (line 17 is not more than 331/3%, check th	port Percent , column (f) divic adule A, Part III, li nt Income Per ne 10c, column Schedule A, Part ganization did m is box and sto	age led by line 13, colu ne 15 rcentage (f) divided by line t III, line 17 not check the bo op here. The org	mn (f)) 13, column (f)) x on line 14, an anization qualifie	d line 15 is mor s as a publicly	15 16 17 18 e than 331/3%, supported organ	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 10 9
13 14 <u>Secc</u> 15 16 <u>Secc</u> 17 18 19 a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here . tion C. Computation of Public Supp Public support percentage for 2014 (line 8, Public support percentage from 2013 Schet tion D. Computation of Investmer Investment income percentage for 2014 (line 17 is not more than 331/3%, check th 331/3% support tests - 2013. If the organization 331/3% support tests - 2013. If the organization	port Percent , column (f) divice adule A, Part III, li nt Income Per ne 10c, column Schedule A, Part ganization did no is box and sto anization did not	age led by line 13, colu ne 15 rcentage (f) divided by line t III, line 17 not check the bo phere. The org t check a box on	mn (f)) 13, column (f)) x on line 14, an anization qualifie line 14 or line 1	d line 15 is mor s as a publicly 9a, and line 16 is	15 16 17 18 e than 331/3 %, supported organismore than 331/3	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
12 13 14 <u>Secc</u> 15 16 <u>Secc</u> 17 18 19a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2014 (line 8, Public support percentage from 2013 Sche tion D. Computation of Investmer Investment income percentage for 2014 (line 17 is not more than 331/3%, check th	port Percent , column (f) divice edule A, Part III, li nt Income Per ne 10c, column Schedule A, Part ganization did no is box and sto anization did not this box and s	age led by line 13, colu ne 15 rcentage (f) divided by line t III, line 17 not check the bo p here. The org check a box on stop here. The or	mn (f)) 13, column (f)) x on line 14, an anization qualifie line 14 or line 1 ganization qualifi	d line 15 is mor s as a publicly 9a, and line 16 is es as a publicly	15 16 17 18 e than 331/3 %, supported organ s more than 331/ supported organ	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) below.*
 - **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.)

Schedule A (Form 990 or 990-EZ) 2014

10b

.ISA

4E1229 2.000

а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on 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		
Secti	on D. All Type III Supporting Organizations			
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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
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 the organization maintained a close and continuous working relationship with the supported organization</i> (s).	2		
3	By reason of the relationship described in (2), 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</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			·
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institution of the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction).		-	
			Yes	No
2 a	Activities Test. <i>Answer (a) and (b) below.</i> 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 <i>Part VI identify</i> <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	<u>3a</u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	000 5	7) 2011
JSA 4E1230 2.	000 Schedule A (Form	990 OI	990-E2	2014

Schedule A (Form 990 or 990-EZ) 2014

Part IV

11

Supporting Organizations (continued)

Has the organization accepted a gift or contribution from any of the following persons?

Yes No

Schedule A (Form 990 or 990-EZ) 2014	inatio		Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must cor			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2014

Schedu	ile A (Form 990 or 990-EZ) 2014			Page 7
Part		Supporting Organizat	ions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organized	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Tottad760d dd(a)Tj 21 0 Td(f)Tj 11 0			
g	ifi			
h	if n 2			
i				
j				
4				
а				
b				
С				
5				
-				
6				
•				
7				
•				
8				
a				
b				
C				
d				
e				

Schedule B

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

Schedule of Contributors

OMB No 1545-0047

	Attach to Form 990, Form 990-EZ, or Form 990-PF.
►	Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

14

Name of th	e organization
WARASH	COLLEGE

35-0868202

Employer identification number

Organization type (check one):

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

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

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

General Rule

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

Special Rules

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

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

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

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

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

Name of organization WABASH COLLEGE

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 1		\$35,000.	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
- 2		\$\$	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
_ 3		\$99,776.	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
4		• \$ <u>5,025.</u>	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
_ 5		**************************************	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
_ 6		**************************************	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 7		• \$ <u>15,825.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 8		\$ 800,000.	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>9</u>		**************************************	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
_10		\$ <u>13,975.</u>	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
		\$ \$ 8,653.	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
_12		*\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WABASH COLLEGE

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$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
_14		\$ 10,200.	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
_15		\$ 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
_16		\$\$	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
_17		\$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
_18		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WABASH COLLEGE

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>19</u>		\$25,145.	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
20		\$ <u>100.</u>	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
_21		\$58,765.	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
		\$ <u>5,250.</u>	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		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_24		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization WABASH COLLEGE

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25		\$61,500.	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
_26		\$ <u>5,000.</u>	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
27		\$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
_28		\$ <u>25,874.</u>	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
_29		\$9,376.	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
30		\$ <u>110,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization WABASH COLLEGE

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31		\$7,520.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$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
_34		\$ <u>20,500.</u>	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
		\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_36		\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization WABASH COLLEGE

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>_38</u>		\$ 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
<u> </u>		\$ <u>15,000.</u>	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
_40		\$\$25,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_41		\$1,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_42	· · · ·	\$ <u>14,883.</u>	Person X Payroll X Noncash X (Complete Part II for

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Name of organization WABASH COLLEGE

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43		\$\$	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>44</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
_45		**************************************	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
_46		\$\$	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
_47		\$20,667.	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
_48		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WABASH COLLEGE

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
49		\$6,400.	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
50		\$ <u>5,504.</u>	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
_51		\$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
_52		\$ <u>30,000.</u>	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>-53</u>		• \$ <u>10,718.</u>	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
_54		\$62,025.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization WABASH COLLEGE

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
55		\$ <u>5,000.</u>	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>56</u>		\$ <u>5,000.</u>	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>57</u>		\$ 241,617.	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
_58		\$ <u>5,500.</u>	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>59</u>		\$ 11,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_60		 \$25.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_61 		\$ <u>19,470.</u>	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
<u>62</u> 		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_63		\$.000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_64		\$ \$ 25,700.	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
		\$	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>15,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WABASH COLLEGE

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
67		\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_68 		\$ <u>5,000.</u>	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>69</u>		\$ \$	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		\$ <u>10,014.</u>	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_71		\$51,000.	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>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
73		\$5,631. 	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		\$5,250.	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		\$ 11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_76		\$1,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_77		\$ <u>14,164.</u>	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
_78	· · ·	\$6,071.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
79		\$ <u>33,190.</u>	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		\$244,695. 	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		\$263,500.	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
_82		\$ <u>10,000.</u>	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
		\$6,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>12,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
85		\$ \$ \$,450.	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>86</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
_87		\$ 10,150.	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
_88		\$ <u>19,970.</u>	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
 		\$ <u>18,343.</u>	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
90		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>91</u>		\$\$	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
92		\$501,000.	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
93 		\$ 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
94		\$\$	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
95		\$ <u>10,000</u> .	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>96</u>		* \$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WABASH COLLEGE

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
97		\$ <u>5,550.</u>	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>98</u> 		\$ 34,910.	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
99		\$ <u>10,554,083.</u>	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
100		\$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
101		\$19,912.	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
102	· · · · · · · · · · · · · · · · · · ·	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for

Name of organization WABASH COLLEGE

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
103		\$ <u>5,000.</u>	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
.104		\$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
105		\$9,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
106		\$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
107		\$ <u>56,302.</u>	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
108		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization WABASH COLLEGE

Page **2**

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
109_ 		\$12,088.	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
110_ 		\$\$	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
.111		\$ 50,873.	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
112		\$\$	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
113		\$16,859.	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
114		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WABASH COLLEGE

Page 2

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
115_ 		\$ <u>100,777.</u>	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
116		\$ <u>5,098.</u>	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
.117		\$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
118		\$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
119		\$ <u>5,025.</u>	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
120		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WABASH COLLEGE

Page **2**

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
121 		\$125,625.	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
122_ 		\$2,418.	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
.123		\$5,050.	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
124		• \$60,050.	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
125		\$5 <u>00.</u>	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
126		\$10,431.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)

Name of organization WABASH COLLEGE

Page **2**

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
L27		\$ 20,404.	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
128		\$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
.129		\$72,517.	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
1 <u>30</u>		\$ <u>15,000.</u>	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
131		\$\$	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
132		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WABASH COLLEGE

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
133		• \$6,800.	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
134		\$ 7,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>10,000</u> .	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
136		\$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
137		\$28,000.	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
.138		\$ <u>12,921.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization WABASH COLLEGE

Page **2**

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
139_ 		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
140		\$ <u>10,193.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
141		\$	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
142		\$27,500.	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
143		\$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
144		\$ <u>5,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WABASH COLLEGE

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
145		• \$ <u>13,523</u> .	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
146		\$ <u>51,152.</u>	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
.147		\$ 10,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
148		\$43,500.	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
149		\$57,600.	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
150		\$\$,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization WABASH COLLEGE

Page 2

Part I Contrib	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			
_151		\$ \$	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			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		 	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		 	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

29	PUBLICLY TRADED SECURITIES	\$	9,376.	_12/30/2014
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
_ 42	PUBLICLY TRADED SECURITIES		14,883.	05/15/2015
		\$_	14,003.	05/15/2015

Part II

(a) No.

from

Part I

___3___

(a) No.

from

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

\$_

(c)

FMV (or estimate)

(see instructions)

(c)

FMV (or estimate)

99,776.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization WABASH COLLEGE

PUBLICLY TRADED SECURITIES

(b)

Description of noncash property given

(b)

Part I	Description of noncash property given	(see instructions)	Date received
10	PUBLICLY TRADED SECURITIES		
		\$13,975.	_09/15/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_11	PUBLICLY TRADED SECURITIES	0.000	
		\$8,653.	_08/22/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
21	PUBLICLY TRADED SECURITIES		
		\$58,765.	_03/02/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
20	PUBLICLY TRADED SECURITIES		
_29		\$9,376.	12/30/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ 42 _	PUBLICLY TRADED SECURITIES		
		\$14,883.	_05/15/2015
1	1	1	

Employer identification number

35-0868202

(d)

Date received

11/26/2014

(d)

(a) No.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ 45	PUBLICLY TRADED SECURITIES	\$10,042.	_08/29/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_61	PUBLICLY TRADED SECURITIES	\$19,470.	_03/09/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ 70	PUBLICLY TRADED SECURITIES	\$10,014.	_12/11/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ 77	PUBLICLY TRADED SECURITIES	\$14,164.	_02/10/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ 88	PUBLICLY TRADED SECURITIES	\$19,970.	_12/22/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
101	PUBLICLY TRADED SECURITIES	\$19,912.	_12/30/2014

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

Employer identification number

35-0868202

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Name of organization	WABASH	COLLEGE
Schedule B (Form 990, 99	0-EZ, or 990-F	PF) (2014)

35-0868202

Employer identification number

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)	(d) Date received
107	PUBLICLY TRADED SECURITIES		
		\$ <u>56,302.</u>	_12/12/2014_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
110	PUBLICLY TRADED SECURITIES		
		\$\$	_02/10/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
111	PUBLICLY TRADED SECURITIES		
		\$\$	_09/30/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
113	PUBLICLY TRADED SECURITIES		
		\$16,859.	_11/18/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
122	PUBLICLY TRADED SECURITIES		
		\$\$\$\$	_12/17/2014_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
126	PUBLICLY TRADED SECURITIES		
			10/07/2014

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (c) (b) (d) FMV (or estimate) Description of noncash property given Date received (see instructions) PUBLICLY TRADED SECURITIES 20,404. 12/31/2014 \$ (c) (b) (d) FMV (or estimate) Description of noncash property given Date received (see instructions) PUBLICLY TRADED SECURITIES 10,193. 11/21/2014 \$ (c) (b) (d) FMV (or estimate) Description of noncash property given Date received (see instructions) \$ (c) (b) (d) FMV (or estimate) Description of noncash property given Date received (see instructions) \$_ (c) (d) (b) FMV (or estimate) Description of noncash property given Date received (see instructions) \$ (c) (b) (d) FMV (or estimate) Description of noncash property given Date received (see instructions) \$

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization WABASH COLLEGE

Part II

(a) No.

from

Part I

127

(a) No.

from

Part I

140

(a) No.

from

Part I

35-0868202

Page 3

Employer identification number

	(Form 990, 990-EZ, or 990-PF) (2014) ganization WABASH COLLEGE		Page · Employer identification number		
			35-0868202		
art III	that total more than \$1,000 for the y	year from any one contribu completing Part III, enter the e year. (Enter this information	tions described in section 501(c)(7), (8), or (10 utor. Complete columns (a) through (e) and the ne total of <i>exclusively</i> religious, charitable, etc., on once. See instructions.) \triangleright \$		
(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, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.	(b) Dumon of all	·			
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	nd 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, ar		Relationship of transferor to transferee		
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
		(e) Transfer of gift			

_ _

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SCHEE	DULE	D
(Form	990)	

Department of the Treasury

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

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

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

2 **Open to Public** Inspection

OMB No. 1545-0047

Δ

	al Revenue Service	Information about Schedule	D (Form 990) and its instructions is at www.irs		Inspection
Name	e of the organization			Employer identificati	on number
WAE	BASH COLLEGE			35-086820	2
Pa	_		ised Funds or Other Similar Funds or	Accounts.	
	Complete	e if the organization answered	"Yes" to Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds and c	other accounts
1	Total number at e	end of year			
2	Aggregate value of	of contributions to (during year)			
3	Aggregate value of	of grants from (during year)			
4	Aggregate value a	at end of year			
5	Did the organizat	tion 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	e organization's exclusive legal control?		Yes No
6	Did the organizat	ion inform all grantees, donors, a	and donor advisors in writing that grant fu	inds can be used	
	only for charitable	e purposes and not for the bene	fit of the donor or donor advisor, or for a	ny other purpose	
_	conferring impern	nissible private benefit?			Yes No
Pa	rt II Conserva	ation Easements.			
	Complete	e if the organization answered	"Yes" to Form 990, Part IV, line 7.		
1	Purpose(s) of cor	nservation easements held by the	organization (check all that apply).		
	Preservatio	on of land for public use (e.g., rec	reation or education) Preservation	of a historically imp	ortant land area
	Protection of	of natural habitat	Preservation	of a certified histori	c structure
	Preservatio	on of open space			
2	Complete lines 2a	a through 2d if the organization he	eld a qualified conservation contribution in		
	easement on the	last day of the tax year.		Held at the E	End of the Tax Year
а	Total number of c	conservation easements		2a	
b	Total acreage res	stricted by conservation easements	5	2b	
С	Number of conse	rvation easements on a certified	historic structure included in (a)	2c	
d	Number of conse	ervation easements included in (c	c) acquired after 8/17/06, and not on a		
	historic structure	listed in the National Register		2d	
3	Number of conse	ervation easements modified, trar	sferred, released, extinguished, or termin	ated by the organi	zation during the
4			rvation easement is located \blacktriangleright		
5			garding the periodic monitoring, inspec		
			sements it holds?		📖 Yes 📖 No
6	Staff and voluntee	er hours devoted to monitoring, ir	specting, and enforcing conservation eas	ements during the y	ear
	▶				
7	Amount of expense	ses incurred in monitoring, inspec	ting, and enforcing conservation easemer	nts during the year	
	▶\$				
8			e 2(d) above satisfy the requirements of se		
	and section 170(h	n)(4)(B)(ii)?			📖 Yes 📖 No
9		u .	conservation easements in its revenue and	•	
		· · · · · · · · · · · · · · · · · · ·	of the footnote to the organization's financi	al statements that d	lescribes the
D		counting for conservation easeme			
Pa			of Art, Historical Treasures, or Other "Yes" to Form 990, Part IV, line 8.	Similar Assets.	
1a	If the organization	n elected, as permitted under SF	FAS 116 (ASC 958), not to report in its r ar assets held for public exhibition, edu	revenue statement	and balance sheet
	public service, pro	ovide, in Part XIII, the text of the fo	botnote to its financial statements that des	cribes these items.	
b	If the organizatio	on elected, as permitted under S	SFAS 116 (ASC 958), to report in its re	evenue statement	and balance sheet
	works of art, his	torical treasures, or other simila	ar assets held for public exhibition, educ		
		ovide the following amounts relati	•		
2	-		rt, historical treasures, or other similar a		gain, provide the
			FAS 116 (ASC 958) relating to these items		
a					
<u>b</u>			<u> </u>		
For F	aperwork Reduction	n Act Notice, see the Instructions for	[•] Form 990.	Sche	dule D (Form 990) 2014

1	dule D (Form 990) 2014 t III Organizations Maintaini		ctions of	Art Hist	orical T	rogeur	06	or Oth	or Similar	1000			age 2
Par		ig colle	cuons or	AIL, HISU	orical I	reasure	85, 0		ier Similar	ASSe	IS (00)	ninue	<i>a)</i>
3 a													
b	X Scholarly research			e	Other								
С	X Preservation for future gene												
4	Provide a description of the organ XIII.	nization's	collections	and expla	ain how 1	they furt	ther	the org	ganization's	exemp	t purpo:	se in	Part
5	During the year, did the organization	on solicit o	or receive o	donations o	f art, hist	orical tre	easu	res, or o	other similar				
	assets to be sold to raise funds rath	ner than t	o be mainta	ained as pa	rt of the	organiza	tion'	s collec	tion?	[Yes	X	No
Par	t IV Escrow and Custodial Ar or reported an amount or				ne organ	ization	ans\	wered	"Yes" to Fo	orm 990	0, Part	IV, lir	ne 9,
1a	Is the organization an agent, truste									Г			1
	included on Form 990, Part X?						• • •			••• [Yes		No
b	If "Yes," explain the arrangement i	n Part XII	I and comp	plete the fol	lowing tat	ole:							
									Am	ount			
С	Beginning balance						1c						
d	Additions during the year					_	1d						
е	Distributions during the year						1e						
f	Ending balance						1f						
2a	Did the organization include an am										Yes		No
b	If "Yes," explain the arrangement i	n Part XII	I. Check h	ere if the e	xplanatior	has bee	en pr	ovided	in Part XIII				
Par	t V Endowment Funds. Com	plete if t	the organi	zation ans	swered "	Yes" to	For	m 990					
		(a) Cu	rrent year	(b) Prio	or year	(c) Two	o year	s back	(d) Three yea	rs back	(e) Fou	r years	back
1a	Beginning of year balance	362,4	48,629.	339,78	9,723.	317,9	968,	783.	331,924,	878.	287,	383,	239.
b	Contributions	1,4	39,500.	3,03	8,561.	6,7	774,	550.	5,542,	318.	4,	027,	977.
С	Net investment earnings, gains,												
	and losses	4,8	23,807.	40,81	6,593.	35,2	218,	016.	269,	907.	57,	542,	864.
d	Grants or scholarships	3,5	98,815.	3,32	8,416.	2,8	340,	057.	2,740,	317.	2,	769,	877.
е	Other expenditures for facilities												
	and programs	17,4	28,197.	16,97	9,239.	16,4	186,	548.	16,075,	669.	13,	466,	711.
f	Administrative expenses		40,299.		8,593.			021.		334.			614.
g	End of year balance		44,625.	362,44					317,968,		331,		
2	Provide the estimated percentage										,		
а	Board designated or quasi-endown				(e . g,		(~))						
b	Permanent endowment 47.1												
c	Temporarily restricted endowment		.2000 %										
•	The percentages in lines 2a, 2b, a			00%									
3a	Are there endowment funds not in				tion that	are held	1 and	l admir	istered for th	e.			
•••	organization by:			ie erganize							ſ	Yes	No
	(i) unrelated organizations										3a(i)		X
											3a(ii)		X
b	If "Yes" to 3a(ii), are the related or	apization	ne lietad ae	required on	Schedule	- R2	• • •				3b		<u>A</u>
4	Describe in Part XIII the intended u	-									50		
_			le organiza		winentiu	ius.							
Par	t VI Land, Buildings, and Equ Complete if the organiza	ition ans	wered "Ye	es" to Forn	n 990, P	art IV, li	ine 1	1a. Se	e Form 99	0, Part	t X, line	10.	
	Description of property		(a) Cost or	other basis	(b) Cost o	or other bas		(c) Acc	umulated		j) Book va		
4.0	Land		(inves	tment)	· · · ·	other)	<u> </u>	depr	eciation		0 0	00 7	<u> </u>
1a ⊾	Land					992,16	_	F1 6	0.2 0.5 0			92,1	
b	Buildings				43,7	78,31	υ.	51,3	23,953.		92,4	54,3	57.
C	Leasehold improvements						_						
d	Equipment					532,26		15,1	45,683.			86,5	
e	Other					128,48						28,4	
Tota	I. Add lines 1a through 1e. (Column	ı (d) must	equal Form	n 990, Part	X, columi	n (B), line	e 10(′c).) <u> </u>	<u></u>		111,3	61,5	90.

Schedule D (Form 990) 2014

Investments - Other Securities.

Part VII

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) ALTERNATIVE 150,250,387. FMV INVESTMENTS (B) (C) (D) (E) (F) (G) (H) 150,250,387 Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)(2) (3)(4) (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 "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)(2) (3)(4)(5)(6) (7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POST-RETIREMENT BENEFIT OBLIG. 9,898,007 (3) SWAP TERMINATION 2,020,564 (4) ANNUITIES AND TRUSTS PAYABLE 4,732,134

(5) (6) (7) (8)

Schedu	le D (Form 990) 2014		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	43,830,277.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a -9,258,939.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 585,671.		
е	Add lines 2a through 2d	2e	-8,673,268.
3	Subtract line 2e from line 1	3	52,503,545.
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 840, 298.		
b	Other (Describe in Part XIII.) 4b 18,210,997.		
С	Add lines 4a and 4b	4c	19,051,295.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	71,554,840.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	50,208,856.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	50,200,050.
a			
b			
c	Other leases		
d			
e		2e	585,671.
3	Subtract line 2e from line 1	2e 3	49,623,185.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	49,023,105.
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 840, 298.		
b			
c		4c	19,051,295.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	68,674,480.
Part		•	
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, li nation	ne 4; Part X, line
SEE	PAGE 5		

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A

FOOTNOTES TO FINANCIAL STATEMENTS:

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

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

SCHEDULE D, PART III, LINE 4 FUTHERANCE OF EXEMPT PURPOSE: EDUCATION WABASH COLLEGE EMPLOYS THE ART COLLECTION IN CONNECTION WITH THE INSTRUCTION OF ART AND ART HISTORY COURSES.

Schedule D (Form 990) 2014

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4 INTENDED USES OF ENDOWMENT FUNDS: ENDOWED FUNDS SUPPORT THE COLLEGE'S MISSION BY PROVIDING SCHOLARSHIPS FOR STUDENTS, FUNDS FOR SPECIAL PROJECTS, AND GENERAL OPERATING FUNDS FOR THE COLLEGE.

SCHEDULE D, PART X, LINE 2

FIN 48 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:

\$ 585,671 COST OF GOODS SOLD

SCHEDULE D, PARTS XI, LINE 4B

OTHER RECONCILING ITEMS:

\$ 18,033,742 GRANTS AND SCHOLARSHIPS

177,255 ALLOCATED HEALTH CENTER EXPENSES

\$ 18,210,997 TOTAL

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 2D

OTHER RECONCILING ITEMS:

\$ 585,671 COST OF GOODS SOLD

SCHEDULE D, PART XII, LINE 4B

OTHER RECONCILING ITEMS:

\$ 18,033,742 GRANTS AND SCHOLARSHIPS

177,255 ALLOCATED HEALTH CENTER EXPENSES

\$ 18,210,997 TOTAL

SCHED	ULE	Ε	
(Form	990	or	990-EZ)

Schools

OMB No.	1545-0047
20	14

Open to Public

Inspection

Complete if the organization answered "Yes" to Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.
Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1		
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
_	programs, and scholarships?	2		
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain. If you need more space, use Part II	3		
	wscholafntmmrrous t(m)fjt@d200/#d(U5)7#@d7)tjot30;4 mrrous t(m)fjt@d200/#d(U5)7#@d7)tjot30; mwaPfmd(m)Tj 30 0Td(m)Tj 30 0Td(m)Tj 30 0Td(m)Tj 30 0Td(m)Tj 30 0Td(m)Tj 30 0	1 0(3)0(THERE IS	₿ ₫ (₫
	m wa?ma(m)Tj 30 0 Td(m)Tj 21 0 Td(n)Tj 21 0 Td(n)Tj 21 0 Td(n)Tj 21 d(n)Tj 21 d(n)Tj 21 d(n)Tj 21 d(n)Tj 21 0 Td(n)Tj 21 0 Td(n)Tj 21 d(n)Tj 21 d(n)Tj 21 d(n)Tj 21 0 Td(n)Tj 21 0 Td(n)Tj 21 0 Td(n)Tj 21 d(n)Tj 21 d(n)Tj 21 d(n)Tj 21 0 Td(n)Tj 21 0 Td(n)Tj 21 0 Td(n)Tj 21 d(n)Tj 21 d(n)Tj 21 d(n)Tj 21 0 Td(n)Tj 21 0 Td(n)Tj 21 d(n)Tj 21 d(n)Tj 21 d(n)Tj 21 0 Td(n)Tj 21 0 Td(n)Tj 21 d(n)Tj 21 d(n)Tj 21 d(n)Tj 21 d(n)Tj 21 0 Td(n)Tj 21 0 Td(n)Tj 21 d(n)Tj	1 a(m) 0 TTe	1 30 25 0	D I d Td(o
4	Does the organization maintain the following?	0113	200	10(0
	Records indicating the racial com 0 Twi(t)Tj 119 0 Td(i)Tj 8d(a)Tj 21 0 TTd(l)Tj 7 0 j 11 0 Td8157835Td(w)Tj 26 0 Td(s	T 4 49	0 Td(p)Tj
(h)) T	10/297_1726523(110/17)17333307164(11)172330764(14)21220 073(4)07)222750 Td(4)17)1211071(d)63)0976(10/07)26(0)713(6)(7)71319 073(4)773(20)0733 7)121(10)713/16 Td(20)7133106764(3)7512003(10)7174(3007)721(355081(127)355067(d(1))7)33203333(2570)273(0)70(63(3	α øπjd	(ÐT) T	Ø(@)
2(5)0	ſj121(p)Tj2811 6´Td(x)Tjd811 678\$\$)j1251 2`0d(d))J1j1 8\$%0Tj2(0)0j121(355021(r)31j3500d(d())Tjj30903\$)j(25T0/278(0)Td(5¢T(%)8j203&)	Tj 4b 9 (D´Tá)T	j 20
8 0	Td(n)Tj 20 0 Td(-22 -50 Td(4)Tj 21 0 Td(d)d(0 T5Tj 8 0 Td(oj -1850 11 0 Td()Tj2 0 Td(t)Tj 10 0 Td()Tj 1 Td(m)Tj /F2 25	5 Td[(4)11]	Td()
		4c		
		4d		
		5a		
		5b		
		5c		
		5d		
		5e		
		-		
		5f		
		5g		
		Jy		
		5h		
		6a		
		6b		

SCHEDULE E, PART I, LINE 3

PUBLICATION OF THE ORGANIZATION'S RACIALLY NONDISCRIMINATORY POLICY: WABASH PUBLISHES THE NOTICE ANNUALLY IN THE LOCAL AND INDIANAPOLIS NEWSPAPERS.

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.

SCHEDULE F		Stater	nent of A	ctivities	Outside the Uni	ted Sta	tes 📙	OMB No. 1545-0047
(For	m 990)	Complet	e if the organiza	, or 16.	2014			
	ment of the Treasury I Revenue Service	Information	on about Sched	orm990.	Open to Public Inspection			
	of the organization					E	Employer identi	fication number
WABA	ASH COLLEGE						35-08682	02
Part		formation of Part IV, line 14		Outside the l	Jnited States. Complete	if the orga	nization ans	wered "Yes" on
	assistance, the grar	tees' eligibili	ty for the grant	ts or assistance	substantiate the amount o e, and the selection criter	ia used to a		X Yes No
	For grantmakers. assistance outside t			ganization's p	rocedures for monitoring	the use o	of its grants	s and other
3		n. (The follov	ving Part I, line	3 table can be	e duplicated if additional sp	pace is need	ded.)	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	a prog describe	ity listed in (d) is ram service, specific type of e(s) in region	s (f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA/CAN	RIBBEAN			INVESTMENTS			68,410,700.
(2)	NORTH AMERICA				INVESTMENTS			6,376,104.
(3)	NORTH AMERICA				GRANTMAKING			20,000.
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
<u>(15)</u>								
<u>(16)</u>								
<u>(17)</u>	.							
3a b	sheets to Part I	ontinuation						74,806,804.
	Totals (add lines						_	74,806,804.
For Pa	aperwork Reduction /	Act Notice, se	e the Instruction	s for Form 990.			Scheo	dule F (Form 990) 2014

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 4E1274 1.000 TX6855 D310

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Schedule F	F (Form 990) 2014	Page					
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered	'Yes" on Form 990,					
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.						

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	PROGRAM SUPP	20,000.	CHECK			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
<u>(9)</u>									
(10)									
(11)									
(12)									
(13)									
(14)									
<u>(</u> 15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1. 3 Enter total number of other organizations or entities

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

Part III can be duplicated if additional space is needed. (g) Description of non-cash (h) Method of valuation (e) Manner of (f) Amount of (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of cash non-cash recipients disbursement (book, FMV. cash grant assistance assistance appraisal, other) (1) (2) (3) <u>(</u>4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2014

Foreign Forms

Part IV

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes		No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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; do not file with Form 990)		Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X	Yes		No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <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? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	X	Yes		No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)		Yes	X	No

Schedule F (Form 990) 2014

Part V Supplemental Information Complete this part to 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

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

NARRATIVE REPORTS OF GRANT ACTIVITIES ARE REQUIRED. REPORTS ARE

REVIEWED BY THE GRANT ADVISORY COMMITTEE AND SENIOR STAFF.

SCHEDULE I	Grants a	nd Other /	Assistance t	o Organiza	tions.	1	OMB No. 1545-0047
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.							
Department of the Treasury Internal Revenue Service		Open to Public Inspection					
Name of the organization						Employer identific	
WABASH COLLEGE						35-086820)2
Part I General Information on Grants a	and Assistanc	e					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proceed Part II Grants and Other Assistance to 	ants or assistance cedures for more Domestic Or	ce? nitoring the use ganizations a	of grant funds in the	e United States. /ernments. Com	nplete if the organiz	ation answered "	X Yes No
Part IV, line 21, for any recipien 1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government	(-,	if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) SAN FRANCISCO THEOLOGICAL SEMINARY							PROGRAM
105 SEMINARY ROAD SAN ANSELMO, CA 94960	94-1156302	501(C)(3)	20,000.				SUPPORT
(2) THE RECTOR & VISITORS OF THE UNIV. OF VA							PROGRAM
P.O. BOX 400126 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	39,734.				SUPPORT
(3) AUSTIN PRESBYTERIAN THEOLOGICAL SEMINARY							PROGRAM
100 EAST 27TH STREET AUSTIN, TX 78705	74-1143056	501(C)(3)	19,301.				SUPPORT
(4) DREW UNIVERSITY							PROGRAM
36 MADISON AVENUE MADISON, NJ 07940	22-1487164	501(C)(3)	20,000.				SUPPORT
(5) THE CATHOLIC UNIVERSITY OF AMERICA							PROGRAM
620 MICHIGAN AVE, NE WASHINGTON, DC 20064	53-0196583	501(C)(3)	20,000.				SUPPORT
(6) THE SEATTLE SCHOOL OF THEOLOGY & PSYCHOLOG							PROGRAM
2501 ELLIOTT AVENUE SEATTLE, WA 98121	91-2037146	501(C)(3)	20,000.				SUPPORT
(7) APPALACHIAN STATE UNIVERSITY							PROGRAM
P.O. BOX 32043 BOONE, NC 28608	56-1776030	501(C)(3)	20,000.				SUPPORT
(8) DUQUESNE UNIVERSITY	25-1035663	E01(0)(2)	20,000				PROGRAM
600 FORBES AVENUE PITTSBURGH, PA 15282 (9)		501(C)(3)	20,000.				SUPPORT
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3)3 Enter total number of other organization							8.
For Paperwork Reduction Act Notice, see the Instru							chedule I (Form 990) (2014)
JSA 4E1288 1.000 TX6855 D310							PAGE 70

Part III Grants and Other Assistance to Individuals in the United States. 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
MERIT SCHOLARSHIPS	32.	66,196.			
MERTI SCHORAGHIPS		00,190.			
2 SUMMER FELLOWSHIPS	43.	151,000.			
3 PASTORAL LEADERSHIP PROGRAM	12.	7,060.			
4 study abroad grants (rudolph)	3.	9,390.			
5 employee awards	15.	10,300.			
5 STUDENT PRIZES - FA	121.	45,061.			
7 COMMUNITY SERVICE	3.		483.		AWARDS

Part III Grants and Other Assistance to Individuals in the United States. 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 CAMPBELL SCHOLARSHIP	2.	67,500.			
2 STUDENT AWARDS-NON-FA	117.		38,226.		PLAQUES AND APPAREL
3 FRATERNITY CLEANING AWARDS	9.	11,244.			
4 DEAN OF COLLEGE DISCRETIONARY GRANTS	3.	10,910.			
5 PHI KAPPA PSI HOME CORP	1	7,932.			
6 SEED	4.	2,924.			
7		2,924.			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

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

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

NARRATIVE REPORTS OF GRANT ACTIVITIES ARE REQUIRED.

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

For each individual whose compensation must be reported in 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 are not 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 0 Tot (a) 1010

Page **2**

Schedule J (Form 990) 2014

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

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

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

PRESIDENT AND TO MICHAEL RATERS, THE DEAN OF STUDENTS. THE RESIDENCES ARE

PROVIDED FOR THE CONVENIENCE OF WABASH COLLEGE. BOTH THE PRESIDENT AND

THE DEAN WERE REQUIRED TO LIVE IN THEIR RESPECTIVE RESIDENCES AS A

CONDITION OF THEIR EMPLOYMENT. ADDITIONALLY, THE RESIDENCES ARE

CONTIGUOUS TO WABASH'S CAMPUS AND ARE REGULARLY USED TO CONDUCT

BUSINESS.

TRAVEL FOR COMPANIONS WAS PROVIDED TO THE PRESIDENT TO FURTHER BUSINESS ACTIVITIES CONDUCTED ON BEHALF OF THE COLLEGE.

HOUSEHOLD SERVICES, PERSONAL USE OF AUTOMOBILES AND THE PERSONAL PORTION OF SOCIAL CLUB DUES WERE INCLUDED IN TAXABLE INCOME.

SCHEDULE J, PART I, LINE 4A

THE AMOUNT REPORTED AS OTHER COMPENSATION FOR PATRICK WHITE INCLUDES A

SEVERENCE PAYMENT IN THE AMOUNT OF \$273,176.

Schedule J (Form 990) 2014

Part III Supplemental Information

Complete this part to 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 MICHAEL RATERS AND CHARLES

BLAICH INCLUDES TUITION ASSISTANCE IN THE AMOUNTS OF \$33,900 AND \$49,950

RESPECTIVELY. TUITION ASSISTANCE IS AVAILABLE TO ALL EMPLOYEES.

BONDS	
Supplemental Information on Tax-Exempt Bonds	OMB No. 1545-0047
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.	2014
► Attach to Form 990.	Open to Public
Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.	Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE K (Form 990)

Employer identification number 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) Defeased			On alf of uer	(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A INDIANA FINANCE AUTHORITY	35-1602316		04/29/2013	41,632,000.	REFINANCE 2001 & 2003 BONDS		x		х		x
В											
С											
D											
Part II Proceeds											

		Α		В		С		[)
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	41,6	32,000.						
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	41,5	47,891.						
7			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 current refunding issue?	Х							
15	Were the bonds issued as part of an advance refunding issue?		Х						
16	Has the final allocation of proceeds been made?	Х							
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	Х							
Ра	rt III Private Business Use								
		Α			В		С	[)
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						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		х						

					_
					L

Schedule K (Form 990) 2014								Page 3
Part IV Arbitrage (Continued)								
		Α		В	(C)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		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?		X						
7 Has the organization established written procedures to monitor the	х							
requirements of section 148? Part V Procedures To Undertake Corrective Action	Λ							
		Α		В		<u> </u>)
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 is not available under applicable regulations?		NO	Tes	NO	162	NO	Tes	NO
	X							
Part VI Supplemental Information. Provide additional information for responses to	o questio	ns on Sche	edule K (se	e instruct	ions).			
							chedule K (Fo	orm 000) 2014
							oneuure n (FU	

SCHEDULE L							Persons		F	OME	3 No. 1	545-00	047				
(Form 990 or 990-EZ) ► Co	omplete if the o							26, 27, 2	28a,	Ĺ	20'	14					
Department of the Treasury nternal Revenue Service	Information abou	►Atta	ach to	Form 9	0-EZ, Part V, 990 or Form 9 0-EZ) and its ins	990-EZ		form990.			pen To specti		С				
Name of the organization			01111 000	0.000			-	Employer	identifi								
WABASH COLLEGE								35	-086	8202	2						
							501(c)(29) organi 25a or 25b, or For			rt V, li	ne 40l	b.					
1 (a) Name of disqualified	d person	(b) Relatio	(b) Relationship between disqualified person and organization				(c) De	(c) Description of transac		(c) Description of trar			ransaction				
(1)																	
(2) (3)																	
(4)																	
(5)																	
(6)																	
2 Enter the amount of	tax incurred by	the organiz	ation r	manad	jers or disqu	alified	l persons during th	ne year									
3 Enter the amount of the Part II Loans to and/o Complete if the organization rep	r From Interes	sted Persons	s. es" on	Form	990-EZ, Pa	art V, I	ine 38a or Form 9			• \$_ ne 26;	or if tl	he					
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan		an to or 1 the	(e) Origin principal am	al	(f) Balance due	ice due (g) In defa		Balance due (g) In defa							Vritten ement?
			То	From				Yes	No	Yes	No	Yes	No				
(1)																	
(2)																	
(3)																	
(4)																	
(5)																	
(6)																	
(7)																	
(8)																	
(9) (10)																	
							\$										
Total Part III Grants or Assis Complete if the	stance Benefit		ed Per	rsons.	990, Part IV	, line 2	·										
(a) Name of interested person		p between intere the organization) Amou	nt of assistance		(d) Type of assistance		(e)	Purpo	se of as	sistanc	ce				
(1) NOT REQUIRED	NOT REQUIRED				13,500.	SCHOL	ARSHIPS	1	FINANC	IAL A	ID						
(2)																	
(3)																	
(4)																	
(5)																	
(6)																	
(7) (8)																	
(0)						L											
(9) (10)																	

Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction (e) Sharing of organization's interested person and the transaction organization revenues? Yes No (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Part V **Supplemental Information**

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

SCHEDULE L, PART III

FINANCIAL AID TO INTERESTED PERSONS AND/OR FAMILY MEMBERS:

THE AMOUNT LISTED IN PART III REPRESENTS FINANCIAL AID THAT WAS AWARDED TO INTERESTED PERSONS AND/OR FAMILY MEMBERS. THE ONLY AMOUNTS AWARDED ARE SCHOLARSHIPS AND FINANCIAL AID AWARDS. THESE FUNDS ARE DISBURSED BY THE COLLEGE'S FINANCIAL AID DEPARTMENT IN STRICT ADHERENCE TO ALL FEDERAL AND STATE REGULATIONS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29	or 30.
Attach to Form 990.	
▶ Information about Schedule M (Form 990) and its instructions is at www.irs.go	ov/form

2014 Open To Public Inspection

Name of the	organization
WABASH	COLLEGE

ion about Schedule I	/ (Form 990)	and its instructions	is at www.irs.gov/form990.
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Employer identification number 35-0868202

Par	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	Х	3.	0	APPRAISAL
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	Х	32.	4,673,951.	MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17 10	Real estate - Other				
18 19	Collectibles				
20	Food inventory Drugs and medical supplies				
20 21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►()				
26	Other ►()				
27	Other ►()				
28	Other ►()				
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for	
	which the organization completed I				29 3.
					Yes No
30a	During the year, did the organizat				<u> </u>
	28, that it must hold for at least th	-			· · · · · · · · · · · · · · · · · · ·
	to be used for exempt purposes for		olding period?		30a X
b	If "Yes," describe the arrangement i				
31	Does the organization have a			-	
	contributions?				
32a	Does the organization hire or use		-		
	contributions?	• • • • • •			32a X
	If "Yes," describe in Part II.			an antis fan sidet ek en bisser (* 1	
33	If the organization did not report an describe in Part II.	i amount in	column (c) for a type of pro	operty for which column (a)) is checked,
For P	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (Form 990) (2014)

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

Part II Supplemental Information. Complete this part to 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 9

SECURITIES - PUBLICLY TRADED:

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

PUBLICLY TRADED SECURITIES IN THE AMOUNT OF \$4,127,605 RECEIVED WERE

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

990 IN A PREVIOUS YEAR.

SCHEDULE M, PART I, LINE 32B

NONCASH CONTRIBUTIONS:

DONORS DIRECT GIFTS OF STOCK TO OUR GIFT ACCOUNTS AT MORGAN STANLEY AND GOELZER INVESTMENT MANAGEMENT. MORGAN STANLEY, JPMORGAN CHASE BANK, AND GOELZER INVESTMENT MANAGEMENT ARE WABASH'S CUSTODIANS WHO PROCESS AND SELL GIFTS OF STOCK.

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Page 2

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.



WABASH COLLEGE

35-0868202

FORM 990, PART VI, SECTION A, LINE 2

BUSINESS RELATIONSHIPS:

D. BROECKER AND T. GROSSNICKLE HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6 & 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 TREASURER/CFO DO A DETAILED REVIEW OF THE 990. THE AUDIT COMMITTEE IS GIVEN A CHANCE TO REVIEW THE RETURN BEFORE IT IS GIVEN 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

Page 2

THE BOARD, BUT WHEN ONE DOES OCCUR, THE BOARD MEMBER RECUSES HIMSELF FROM VOTING. THE CONFLICT OF INTEREST AND THE RECUSAL ARE NOTED IN THE MINUTES OF THE BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15A & 15B REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION: THE PRESIDENT'S COMPENSATION IS REVIEWED AND DETERMINED ANNUALLY BY A COMPENSATION COMMITTEE CONSISTING OF THE CHAIRMAN OF THE BOARD OF TRUSTEES AND THE CHAIRMAN OF THE EXECUTIVE COMMITTEE. THE COMMITTEE CONSIDERS DATA FROM OTHER SCHOOLS, AMONG OTHER THINGS, IN MAKING ITS REVIEW. 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 JANUARY 2015.

FORM 990, PART VI, SECTION C, LINE 19

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

FORM 990, PART VII, SECTION A COMPENSATION OF OFFICERS: FRED RUEBECK IS PAID A SERVICE FEE IN THE AMOUNT OF \$50,000 AND DOES NOT RECEIVE ANY EMPLOYEE BENEFITS OR DEFERRED COMPENSATION.

Employer identification number

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

- \$ 13,735,074 PRIOR SERVICE COST PLAN AMENDMENT
 - 1,159,357 AMORTIZATION OF NET LOSS NET PERIODIC PENSION COSTS
 - (555,596) DEFINED-BENEFIT POSTRETIREMENT HEALTH PLAN
 - (3,022) PROVISION FOR EARLY RETIREMENT INCENTIVE

\$ 14,335,813 TOTAL CHANGE IN NET ASSETS

ATTACHMENT 1

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SODEXO & AFFILIATES 4880 PAYSPHERE CIRCLE CHICAGO, IL 60674	CAMPUS SERVICES	3,237,938.
HAGERMAN INC. PO BOX 11848-1848 FORT WAYNE, IN 46861	CONSTRUCTION	2,837,581.
BON APPETIT DINING SERVICES P.O.BOX 352 CRAWFORDSVILLE, IN 47933	FOOD SERVICE	1,684,973.
SHEPLEY BULFINCH RICHARDSON & ABBOTT, IN 2 SEAPORT LANE BOSTON, MA 02210	CONSTRUCTION	875,335.
STATE STREET BANK STATE STREET BANK BLDG BOSTON, MA 02110	FINANCIAL SERVICES	679,517.

	1.010	
	0	

Related Organizations and Unrelated Partnerships

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

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

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

Part I

Name of the organization

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)					

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Part II 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	(g Section 5 contr enti	512(b)(13) rolled
						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	11 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	11 TYPE 1	N/A		Х
(3)							
(4)							
(5)							
(6)							
(7)							
							ĺ

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

Schedule R (Form 990) 2014

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35-0868202

Employer identification number

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•	Atta	ch to	Form	99	0.		

Schedule R (Form 990) 2014

Page **2**

Part III

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

 (a)
 (b)
 (c)
 (d)
 (b)
 (c)
 (c)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(b contr enti	i) tion (13) rolled tity?
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS (28)	TRUST		N/A	TRUST					
(2)	-								
(3)	-								
(4)	-								
(5)	-								
(6)	-								
(7)	-								

Part	rt V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV	V, line 34, 35b, or 36.			
Not	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed	d in Parts II-IV?			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		. 1a		
b	b Gift, grant, or capital contribution to related organization(s)		. 1b		
с	Gift, grant, or capital contribution from related organization(s)		1c		
d	Loans or loan guarantees to or for related organization(s)		1d		
е	Loans or loan guarantees by related organization(s)		1e		
	5 , 5 (,,				
f	Dividends from related organization(s)		1f		
	g Sale of assets to related organization(s)			-	
	Purchase of assets from related organization(s)				
	Exchange of assets with related organization(s)		. <u>1i</u>		
÷	Lease of facilities, equipment, or other assets to related organization(s)			-	
J			,		
k	Lease of facilities, equipment, or other assets from related organization(s)		1k		
ì	Performance of services or membership or fundraising solicitations for related organization(s)		11		├──
۱ ۳	Performance of services of membership of fundraising solicitations for related organization(s) n Derformance of services or membership or fundraising solicitations by related organization(s)				⊢
m	n Performance of services or membership or fundraising solicitations by related organization(s)		. <u>1m</u>		-
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		. <u>1n</u>	-	-
0	Sharing of paid employees with related organization(s)		. 10	-	
-	b Reimbursement paid to related organization(s) for expenses			_	-
q	a Reimbursement paid by related organization(s) for expenses		. 1q	_	
r	Other transfer of cash or property to related organization(s)		<u> </u>	<u> </u>	
S	s Other transfer of cash or property from related organization(s).	<u> </u>	. 1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covere	d relationships and transaction th	reshold	ls.	-
	(a) Name of related organization maa s luding covenaa s ludingitra nenaa s ludin s ludin s ludin sizeletuited		snij 10 0 ⁶ i	rd(a)t	2 ¹⁰¹
		ייסונעשמע ברכאנט אפשויונט פינוגע שניסו ביו מעטע אוייס אוויגע אייס אייט אייט אייט אייט אייט אייט אייט		<i>))</i> uj(9 uj	0 U
		I			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501(organiz	tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloc	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	mar par	(j) eral or aging tner?	(k) Percentage ownership
-			sections 512-514)	Yes	No			Yes	No		Yes	No	
	_												
)	_												
)	_												
1	_												
)	_												
)	_												
)													
	-												
)	_												
)	_												
?)	_												
i)	_												
)	_												
i)	_												
s)													

JSA 4E1310 1.000 Schedule R (Form 990) 2014

Schedule R (F	Form 990) 2014
Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form	990-T	EX	empt Organiza (and pro			der sectio			rn	OME	3 No. 1545-0687
		For caler	ndar year 2014 or other tax y					· //	20_15	G (*	2014
	ment of the Treasury I Revenue Service		formation about Form 9 o not enter SSN numbers on							Open to 501(c)(3	Public Inspection for Organizations Only
A	Check box if address changed		Name of organization (ne changed and se		-	D Empl	oyer identi	ification number see instructions.)
BEVO	mpt under section	-	WABASH COLLEGE	7							
	501(C)(3)	Print	Number, street, and room o		a P.O.	box, see instruction	ons.		35-0	868202	2
	408(e) 220(e)	or Type				,			E Unrel	ated busir	ness activity code
	408A 530(a)	Type	P. O. BOX 352						(See ir	structions.)	
	529(a)	-	City or town, state or provir			U	l code				
	k value of all assets nd of year		CRAWFORDSVILLE						4512	11	900099
			up exemption number (Se		, ,		504/	<u>,, ,</u>	404()		
	20,401,226.		eck organization type rimary unrelated business			•) trust	_ 401(a)	trust	Other true
			corporation a subsidiary i				TACHM				Yes X N
			identifying number of the				Subsidialy	controlled group:			
			LARRY GRIFFITH		poratio		Telephor	ne number 🕨 🏾	765-36	1-6212	
			or Business Income			(A) Inco	me	(B) Expe	nses		(C) Net
1a			308,642.								
b	Less returns and allowa			Balance ►	1c	308	3,642.				
2	-		ule A, line 7)		2		3,801.				
3			2 from line 1c		3		1,841.				64,84
4a			ttach Schedule D)		4a	10'	7,547.				107,54
b			Part II, line 17) (attach Form		4b					-	
c			rusts		4c	1 057	7,526.		<u> </u>		1,057,52
5 6			ps and S corporations (attach s		5 6	1,05	7,520.	ATCH 2	2	-	1,057,520
7			come (Schedule E)		7						
8			nts from controlled organizations (8						
9			1(c)(7), (9), or (17) organization (5		9						
10			ncome (Schedule I)		10						
11	Advertising incom	ne (Sched	dule J)	[11						
12	Other income (Se	e instruc	tions; attach schedule)		12						
13			ough 12		13		9,914.				1,229,914
Par			Taken Elsewhere (S be directly connected					, ,	Except	or cont	ributions,
14			directors, and trustees (Sc						14		
15											86,400
16											2,643
17											
18	Interest (attach so	chedule)							18		
19										_	1,42
20			See instructions for limitation			1	1		20	_	
21			4562)						_		
22			on Schedule A and elsew			_			22b		
23 24			compensation plans								
25 25			s								23,09
26			Schedule I)								
27			chedule J)								
28			schedule)								66,87
29			es 14 through 28								180,44
30	Unrelated busine	ess taxab	le income before net o	operating	loss	deduction. Sub	tract line	29 from line	13 30		1,049,46
31			on (limited to the amount								1,049,46
32			e income before specific								
33			ally \$1,000, but see line : ble income. Subtract lin								1,000
~ /	unrelated busine	ess taxa	nie income Subtract li	no XX tro	om lin	ie 32. It line 3	33 IS gre	ater than line 3	5Z,	1	
34		of zoro or	line 32				-		34		

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box
 Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

If you are	e filing for an Automatic 3-Month Extension, complete only Part I (on page 1).
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

		· /		, S	ter filer's identifying	num	ber. s	ee instructio	 າຣ
		Name of exempt organization or other filer, see in	structions.		Employer identification				_
Туре	e or								
print		WABASH COLLEGE			35-0868	202	2		
-		Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions.	Social security number	er (S	SN)		_
File by due da		P. O. BOX 352							
filing y return.		City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.					_
instruc		CRAWFORDSVILLE, IN 47933							_
Ente	r the Re	eturn code for the return that this application	is for (file a	a separate application for ea	ch return)			01	
Арр	licatior	1	Return	Application				Return	
Is Fe	or		Code	Is For				Code	
For	n 990 c	or Form 990-EZ	01						
For	n 990-E	3L	02	Form 1041-A				08	
For	m 4720	(individual)	03	Form 4720 (other than inc	dividual)			09	
Forr	n 990-F	ΥF	04	Form 5227				10	
For	n 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
		T (trust other than above)	06	Form 8870				12	
STO	P! Do n	ot complete Part II if you were not already	granted ar	automatic 3-month exten	sion on a previous	ly fi	ed Fo	rm 8868.	_
Te • If 1 for th <u>list w</u> 4 5 6 7	elephon the orga this is for the whole ith the I reque For ca If the ta State i INFOR	As are in the care of ► _{LARRY_GRIFFITH} , e No. ► <u>765</u> 361-6212 anization does not have an office or place of or a Group Return, enter the organization's fo e group, check this box► <u>names and EINs of all members the extension</u> est an additional 3-month extension of time un lendar year, or other tax year beginni ax year entered in line 5 is for less than 12 m Change in accounting period n detail why you need the extension <u>ADDIT</u> EMATION NECESSARY TO FILE A COM	 business ir ur digit Gro f it is for pa nis for. ntil ng nonths, cheo TIONAL T PLETE AT	Fax No. ► the United States, check the pup Exemption Number (GEN int of the group, check this b 0 07/01, 20, 14, an ck reason: Initial ref IME IS REQUIRED TO ND ACCURATE RETURN.	is box	06 Jrn IE	If t and a	this is]
8a		application is for Forms 990-BL, 990-PF, 9 undable credits. See instructions.	90-T, 4720), or 6069, enter the tent	ative tax, less any	8a	¢		0
h			4720 0	r 6069 enter anv refun	dable credits and	od	φ		0
		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 and any							
	amount paid previously with Form 8868.						\$		0
С		Due. Subtract line 8b from line 8a. Include	vour navm	ent with this form, if require	ed. by using FFTPS	55	*		-
-	(Electronic Federal Tax Payment System). See instructions.					8c	\$		0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 🕨

Title 🕨

Date 🕨

Form 8868 (Rev. 1-2014)

-	990-T (20			Page 2
Par		Tax Computation		
35	Organ	zations Taxable as Corporations. See instructions for tax computation. Controlled group		
	membe	s (sections 1561 and 1563) check here 🕨 🔛 See instructions and:		
а		our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) \$	(2) \$ (3) \$		
b	Enter o	ganization's share of: (1) Additional 5% tax (not more than \$11,750)	-	
		ional 3% tax (not more than \$100,000)		
		tax on the amount on line 34	35c	
36	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on		
		unt on line 34 from: Tax rate schedule or Schedule D (Form 1041)	36	
37	-	x. See instructions	37	
38		ve minimum tax	38	
39 Por		dd lines 37 and 38 to line 35c or 36, whichever applies Tax and Payments	39	
-				
	•	tax credit (corporations attach Form 1118; trusts attach Form 1116). 40a 40b	-	
			-	
			-	
		or prior year minimum tax (attach Form 8801 or 8827)	40e	
41			41	
42	Other ta	es. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	42	
43		c Add lines 41 and 42	43	0
-		ts: A 2013 overpayment credited to 2014		
	-	timated tax payments	-	
		posited with Form 8868	-	
		organizations: Tax paid or withheld at source (see instructions) 44d		
	0	withholding (see instructions)	1	
	•	or small employer health insurance premiums (Attach Form 8941)	1	
		edits and payments:	1	
	F	orm 4136 Other Total 🕨 44g		
45		yments. Add lines 44a through 44g	45	45,000.
46	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached	46	
47		If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48	Overpa	rment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	45,000.
49		amount of line 48 you want: Credited to 2015 estimated tax 45,000. Refunded	-	
Par	t V	Statements Regarding Certain Activities and Other Information (see instruction	is)	
1	At any	me during the 2014 calendar year, did the organization have an interest in or a signature or other authorit	y over a financia	Yes No
		(bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114,	Report of Foreign	
		d Financial Accounts. If YES, enter the name of the foreign country here ▶		X
2	-	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	• X
	,	ee instructions for other forms the organization may have to file.		
$\frac{3}{2}$		e amount of tax-exempt interest received or accrued during the tax year \$		
		A - Cost of Goods Sold. Enter method of inventory valuation	6	
1 2		y at beginning of year 1 6 Inventory at end of year es 2 7 Cost of goods sold. Subtract line	0	
2	Purchas	2 7 Cost of goods sold. Subtract line abor 3 6 from line 5. Enter here and in		
		al section 263A costs Part I, line 2	7	
Ψa		schedule) 4a 8 Do the rules of section 263A (w		Yes No
h		billion billio		
5		Index		
	U	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	of my knowledge an	d belief, it is true,
Sigr	C(rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Her			ay the IRS discus th the preparer	
			ee instructions)? X	Yes No
P · ·		Print/Type preparer's name Preparer's signature Date Chec	k if PTIN	
Paid				279475
	oarer Only	Firm's name BKD, LLP Firm's	sEIN▶ 44-01	60260
	Unity	Firm's address 201 N. ILLINOIS STREET Phon		83.4000
		INDIANAPOLIS, IN 46204	Form	990-T (2014)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)			
(2)			
(3)			
(4)			

2. Rent received or accrued (a) From personal property (if the percentage of rent for personal property is more than 10% but not 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) (b) From real and personal property (if the percentage of rent for personal property (in the 50% or if the rent is based on profit or income) more than 50%) (1) (2) (3) (4) Total Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, here and on page 1, Part I, line 6, column (A) Part I, line 6, column (B)

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from	2. Gross income from or allocable to debt-financed property		 Deductions directly connected with or allocable to debt-financed property 					
					ine depreciation schedule)		(b) Other deductions (attach schedule)			
<u>(1)</u>										
(2)										
(3)										
(4)										
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	acquisition debt on or of or allocable to allocable to debt-financed debt-financed property		6. Column 4 divided by column 5		ome reportable x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)			%							
(2)			%							
(3)			%							
(4)			%							
Totals			.►	Part I, line	and on page 1, 7, column (A).	Enter h Part I,	ere and on page 1, line 7, column (B).			
Total dividends-received deduct	ions included in column 8 .				<u> </u>					
Schedule F - Interest, Anr	nuities, Royalties, and				ons (see instru	ctions)				
		Exempt Controlled O	rgani	zations			1			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)		otal of specified ayments made	 Part of column included in the c organization's gross 	the controlling connected with inc				
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	nizations									
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of speci payments mad		10. Part of column 9 that is included in the controlling organization's gross income		cor	 Deductions directly nnected with income in column 10 			
(1)										
(2)										
(3)										
(4)										
				Enterh	olumns 5 and 10. here and on page 1, line 8, column (A).	En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).			

►

Totals

Form 990-T (2014)	
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (se	ee instructions)

1. Description of income	2. Amount of income			3. Deductions directly connected (attach schedule)		4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)				()					F	
(2)										
(3)										
(4)										
	Enter here and Part I, line 9, c									re and on page 1, ne 9, column (B).
Totals										
Schedule I - Exploited Exe	mot Activity In	como Otho	r Th	an Advarticing In	oom	o (and instru	otion	20)		
Schedule I - Exploited Exe				an Auvertising in				15)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected v production unrelated business inco	vith of	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	rade umn a 3).5. Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		(co colu	Excess exempt expenses Jumn 6 minus Jumn 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
(4)	Enter here and on page 1, Part I, line 10, col. (A).	Enter here an page 1, Part line 10, col.	tI,							nter here and on page 1, art II, line 26.
Totals										
Schedule J - Advertising In	come (see instr	uctions)								
Part I Income From Per			nsol	idated Rasis						
nanti income i fom i er			11301							
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	osts	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5.	Circulation income	6	. Readership costs	co: minu ni	ccess readership sts (column 6 is column 5, but ot more than column 4).
(1)										
(2)				-					-	
				-					-	
(3)				-					_	
(4)										
Totals (carry to Part II, line (5))										
Part II Income From Pe 2 through 7 on a l	riodicals Repo		бера	rate Basis (For e	each	periodical I	iste	d in Part	II, fill	in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising co	osts	 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 	5	Circulation income	6	. Readership costs	co: minu ni	ccess readership sts (column 6 is column 5, but ot more than column 4).
(1)										
(2)									1	
(3)										
							-		-	
Totals from Part I				-						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here an page 1, Par line 11, col.	tI,							nter here and on page 1, art II, line 27.
Totals, Part II (lines 1-5)						,				
Schedule K - Compensatio	on of Officers, L	Directors, ar	nd Ir	2. Title		3. Percent of time devoted t				attributable to
						business		un	elated bu	10111000
(1)							%			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, P	Part II, line 14									
	,						- 1		Form	990-T (2014)
JSA									1 000	

Wabash College EIN: 35-0868202 Year End: 6/30/2015 NOL Attachment

Form 990-T, Part II, Line 31 - Net Operating Loss:

Year End Generated		Utilized	Balance
6/30/2007	(299,109)	71,607	(227,502)
6/30/2008	(163,467)	-	(390,969)
6/30/2009	(252,865)	-	(643,834)
6/30/2010	(201,341)	-	(845,175)
6/30/2011		83,367	(761,808)
6/30/2012	(38,679)		(800,487)
6/30/2013	(108,000)		(908,487)
6/30/2014	(157,845)		(1,066,332)
6/30/2015		1,049,467	(16,865)

Wabash College EIN: 35-0868202 Year End: 6/30/2015 **Charitable Contributions**

Chantable Contributions	
Line 20 - Contribution Deduction	
1. Taxable Income (Excluding Contributions)	1,049,467
2. Less: NOL Carryover	1,049,467
3. Taxable Income without regard to Contributions	-
4. Contribution Deduction Limitation (Taxable Income X 10%)	-
5. Amount of Deductible Contributions	179,035
6. Contribution Deduction (Lesser of Line 4 or Line 5)	-
5 Year Contribution Carryover	
Amount Amount Amount	Carryover to

	Amount	Amount	Amount	Carryover to
Year Ending	Generated	Available	Utilized	Next Year
6/30/2015	179,035	179,035	-	179,035

ATTACHMENT 1

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

WEEKEND AND INTERNET BOOKSTORE SALES AND INVESTMENTS

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

AG SUPER FUNDEIVCFA PRIVATE EQ. PARTNERS IVEINORTHGATE VENTURE PARTNERS IIEINORTH SKY VENTURE FUND IIEIKAYNE ANDERSON ENERGY FUND VEIPORTFOLIO ADVISORS PE FUND IIEI	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
	: 20-5659373 515,016. : 26-4360763 -60,025.
NAREP EII	: 20-1011878 1,006.
NAREP II EII	: 20-3831404 -5.
GMO FORESTRY 8 EII	: 20-1941648 -9,403.
OCM REAL ESTATE OPP FUN III EI	: 01-0709496 3,148.
RESOURCE LAND FUND IV EII	÷ 26-3903798 49,497.
ROCKLAND POWER PARTNERS EII	· 26-2609423 -103,557.
ROCKLAND POWER PARTNERS II EII	: 32-0412214 -18,272.
THE RESOLUTE FUND II SIE EI	· 98-0587497 105.
THE RESOLUTE FUND II EI	: 20-8103900 184.

INCOME (LOSS) FROM PARTNERSHIPS

1,057,526.

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SUPPLIES	1,999.
PURCHASED SERVICES	5,519.
ACCOUNTING FEES	2,594.
INVESTMENT FEES	53,616.
MISCELLANEOUS EXPENSE	3,146.
PART II - LINE 28 - OTHER DEDUCTIONS	66,874.

	EDULE D	Cap	ital Gains an	d Losses			OMB No. 1545-0123
(Form 1120) ► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120- 1120-POL, 1120-RIC, 1120-RIC, 1120-SF, or certain Forms 990-T.						PC,	
	nent of the Treasury Revenue Service	1120-POL, 11 Information about Schedule D		,		0	2014
Name					-		I er identification number
WABA	ASH COLLEGE					3	35-0868202
Part	Short-Ter	m Capital Gains and Losses	- Assets Held Or	e Year or Less			
	the lines below.	w to figure the amounts to enter on	(d) Proceeds	(e) Cost	(g) Adjustments to or loss from Form(8949, Part I, line 2	s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	whole dollars.		(sales price)	(or other basis)	column (g)	, 	the result with column (g)
1a 	1099-B for which ba which you have no a if you choose to rep	rm transactions reported on Form asis was reported to the IRS and for adjustments (see instructions). However, ort all these transactions on Form 8949, and go to line 1b					
1b		tions reported on Form(s) 8949					
2		tions reported on Form(s) 8949					
3		tions reported on Form(s) 8949	2.				2.
4	Short-term capita	Il gain from installment sales from F	Form 6252, line 26 or 3	7		4	
5		l gain or (loss) from like-kind exchar				5	
6		ss carryover (attach computation)				6	
						-	, , ,
Part		apital gain or (loss). Combine lines 1 m Capital Gains and Losses				7	2.
1 ai i	v	low to figure the amounts to enter on	(d)	(e)	(g) Adjustments to	gain	(h) Gain or (loss)
	the lines below. This form may be ea whole dollars.	sier to complete if you round off cents to	Proceeds (sales price)	Cost (or other basis)	or loss from Form(8949, Part II, line column (g)	'	Subtract column (e) from column (d) and combine the result with column (g)
8a	1099-B for which ba which you have no a if you choose to rep	rm transactions reported on Form asis was reported to the IRS and for adjustments (see instructions). However, ort all these transactions on Form 8949, and go to line 8b					
8b		tions reported on Form(s) 8949					
9		tions reported on Form(s) 8949					
10		tions reported on Form(s) 8949		1.			-1.
11	Enter gain from F	Form 4797, line 7 or 9				11	107,546.
12	Long-term capita	l gain from installment sales from F				12	
13	Long-term capita	l gain or (loss) from like-kind exchan	iges from Form 8824			13	
14	Capital gain distri	ibutions (see instructions)				14	
15		pital gain or (loss). Combine lines 8	a through 14 in column	h		15	107,545.
Part	∭ Summar	y of Parts I and II					1
16	Enter excess of r	net short-term capital gain (line 7) o	ver net long-term capita	l loss (line 15)		16	2.
17	Net capital gain.	Enter excess of net long-term capit	al gain (line 15) over ne	et short-term capital los	s (line 7)	17	107,545.
18	Add lines 16 and	17. Enter here and on Form 1120,	page 1, line 8, or the p	proper line on other retu	urns	18	107,547.

Note. If losses exceed gains, see Capital losses in the instructions.

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

Schedule D (Form 1120) (2014)

Department of the Treasury

Internal Revenue Service

Х

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

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 may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments your bought in 2014 or later).

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. 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 total directly on Schedule D, line 1a; you are not 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 was not reported to the IRS

(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	Adjustment, if a If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed (Mo., day, yr.)	(sales price) (see instructions)	Note below 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)	
PORTFOLIO ADVISORS II	VARIOUS	VARIOUS	2.				2.	
2 Totals. Add the amounts in column act negative amounts). Enter each your Schedule D, line 1b (if Box A Box B above is checked) or line 3	total here and above is check	d include on ed), line 2 (if	2.				2.	

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

Form 8949 (2014)



Form 8949 (2014)	Attachment Sequence No. 12A	Page 2
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	

MADACU	COLLEGE
WABASH	COLLEGE

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. 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 total directly on Schedule D, line 8a; you are not 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 was not 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 (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Co.)				Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
PORTFOLIO ADVISORS II	VARIOUS	VARIOUS		1.			-1.
2 Totals. Add the amounts in colu (subtract negative amounts). En include on your Schedule D, line checked), line 9 (if Box E above	nter each tota e 8b (if Box D	al here and above is					
(if Box F above is checked) ►	- //			1.			-1.

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.

Department of the Treasury

Name(s) shown on return

Internal Revenue Service

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

Attach to your tax return.

2 Attachment Sequence No. 27 ▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797. Identifying number

OMB No. 1545-0184

WA	BASH COLLEGE						35-0	0868202
1	Enter the gross proceeds from sa substitute statement) that you are in						1	
Pa	art I Sales or Exchanges of	Property Use	ed in a Trade	or Business and	d Involuntary C	onversio	ns Fro	om Other
	Than Casualty or Thef							
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 basis, pl improvemen expense of	us its and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
A	ATTACHMENT 1							107,546.
3	Gain, if any, from Form 4684, line 3	9					3	
4	Section 1231 gain from installment	sales from Forn	n 6252, line 26 or	37			4	
5	Section 1231 gain or (loss) from like	ke-kind exchanges	s from Form 8824	•			5	
6	Gain, if any, from line 32, from othe						6	
7	Combine lines 2 through 6. Enter t	he gain or (loss)	here and on the a	appropriate line as fol	lows:		7	107,546.
	Partnerships (except electing large instructions for Form 1065, Schedu							
8	Individuals, partners, S corporatio line 7 on line 11 below and skip lin losses, or they were recaptured in Schedule D filed with your return an Nonrecaptured net section 1231 lo	nes 8 and 9. If li an earlier year, nd skip lines 8, 9, sses from prior ye	ne 7 is a gain an enter the gain 11, and 12 belo ears (see instructi	nd you did not have from line 7 as a lo w. ons)	e any prior year sec ong-term capital ga	tion 1231 ain on the	8	
9	Subtract line 8 from line 7. If zero o 9 is more than zero, enter the and capital gain on the Schedule D filed	ount from line 8	on line 12 belo	w and enter the gai	in from line 9 as a	long-term	9	
Pa	art II Ordinary Gains and Los	sses (see inst	ructions)					
10	Ordinary gains and losses not inclu	uded on lines 11	through 16 (inclu	ude property held 1 ye	ear or less):			
	Loss, if any, from line 7						11	()
	Gain, if any, from line 7 or amount						12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684,	lines 31 and 38a					14	
	Ordinary gain from installment sale						15	
	Ordinary gain or (loss) from like-kin						16	
17	Combine lines 10 through 16						17	
18	For all except individual returns, en			ne appropriate line o	of your return and s	kip lines a		
	and b below. For individual returns,	•		- (-)(:)		Estes the		
а	a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from							
	property used as an employee or	n Schedule A (F	orm 1040), Ìine	e 23. Identify as fi	rom "Form 4797,	line 18a."		
-	See instructions	••••••			•••••		18a	
t	Redetermine the gain or (loss) on line	ne 17 excluding t	the loss, if any, o	n line 18a. Enter he	re and on Form 104	10, line 14	18b	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2014)

(see instructions)

Part III

(b) Date acquired (mo., day, yr.) (c) Date sold (mo., day, yr.) (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: 19 Α в С D **Property A Property B Property C Property D** These columns relate to the properties on lines 19A through 19D. 20 Gross sales price (Note: See line 1 before completing.) 20 Cost or other basis plus expense of sale 21 21 Depreciation (or depletion) allowed or allowable 22 22 Adjusted basis. Subtract line 22 from line 21 23 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 **b** 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 b 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 is not more than line 26a, skip lines 26d and 26e . 26c d Additional depreciation after 1969 and before 1976 . 26d e Enter the smaller of line 26c or 26d 26e f Section 291 amount (corporations only) 26f 26g g Add lines 26b, 26e, and 26f If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a 27 partnership (other than an electing large partnership). a Soil, water, and land clearing expenses 27a b Line 27a multiplied by applicable percentage (see instructions). 27b c Enter the smaller of line 24 or 27b 27c 28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions (pe instructions

Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255

Supplement to Form 4797 Part I Detail

ATTACHMENT 1

G SUPER FUND ESOURCE LAND FND IV	VARIOUS VARIOUS	VARIOUS			
<u>G SUPER FUND</u> ESOURCE LAND FND IV	VARIOUS VARIOUS	VARIOUS			
ESOURCE LAND FND IV	VARIOUS		4,615. 102,931.		4,615. 102,931.
		VARIOUS	102,931.		102,931.
					+
					+
otals					107,546.

Form 8865	Return of U.S. Persons With Respect to Certain Foreign Partnerships ► Attach to your tax return.								0. 1545-1668
]					
	1				1				

İDI

CAPITAL	INTERNATIONAL	P.E.F.	VI,	L.P.
Form 8865 (20	14)			

1	n 8865 hedu		nership of Partnership Interest. Cheona name, address, and U.S. taxpayer ide tructively own. See instructions.	ck the boxes th ntifying numbe	at apply er (if any	y to th y) of t	he filer. If y he person	Page 2 you check (s) whose
		a X Owns a direct	interest b	Owns a cons			Check if	Check if
		Name	Address	Identifying nu	mber (if ar	ηу)	foreign person	direct partner
Sc	hedu	Ile A-1 Certain Partners of	f Foreign Partnership (see instruction	ns)				
		Name	Address	Identify	ing numbe	er (if any	/)	Check if foreign person
Doe	es the	partnership have any other fo	reign person as a direct partner?				Yes	X No
		Ile A-2 Affiliation Schedu	le. List all partnerships (foreign or dor					
		direct interest or in	Address	EIN (if any)		otal ordinary come or loss	Check if foreign partnership
Sc	hedu	le B Income Statemen	t - Trade or Business Income					
			income and expenses on lines 1a through	22 below. See t	he instru	ctions	for more info	ormation.
	1a	Gross receipts or sales	1a					
		Less returns and allowances			1c			
6)		Cost of goods sold			2			
come	3	Gross profit. Subtract line 2 fi	om line 1c other partnerships, estates, and trusts (attac	h statement) *	4			
lnc	5	Net farm profit (loss) (attach	Schedule F (Form 1040))	in statement)	5			
	6	Net gain (loss) from Form 47	97, Part II, line 17 (attach Form 4797)		6			
	7	Other income (loss) (attach st	atement)		7			
	8	Total income (loss). Combine	lines 3 through 7		8			
	9	Salaries and wages (other that	an to partners) (less employment credits)		9			
(suc	10		ners		10			
iitatio	11				11 12			
or lin	12 13				13			
ons f	14				14			
ructi	15	Interest			15			
e inst			ch Form 4562)					
(see			sewhere on return 16b		16c 17			
suo	17 18		and gas depletion.)		18			
ŗ	19	•			19			
Deductions (see instructions for limitations)	20		ement)		20			
ц 	21	Total deductions. Add the amo	ounts shown in the far right column for lines 9 th	rough 20	21			
	22	Ordinary business income (loss)	from trade or business activities. Subtract line 2	1 from line 8	22			

*

Form 886	65 (2014)			Page 3
Scheo	lule K	Partners' Distributive Share Items		Total amount
	1	Ordinary business income (loss) (page 2, line 22)	1	
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss)		
	b	Expenses from other rental activities (attach statement) 3b		
	с	Other net rental income (loss). Subtract line 3b from line 3a	3c	
(\$	4	Guaranteed payments	4	
iso	5	Interest income		
Income (Loss)	6	Dividends: a Ordinary dividends		
ne		b Qualified dividends 6b		
CO	7	Royalties	7	
Ľ	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))		
	b	Collectibles (28%) gain (loss)		
	с	Unrecaptured section 1250 gain (attach statement) 9c		
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
	11	Other income (loss) (see instructions) Type ►	11	
S	12	Section 179 deduction (attach Form 4562)	12	
Deductions	13 a	Contributions		
Icti	b	Investment interest expense	13b	
ədı	с	Section 59(e)(2) expenditures: (1) Type ► (2) Amount ►		
ð	d	Other deductions (see instructions) Type	13d	
. 21	14a	Net earnings (loss) from self-employment	14a	
Self- Employ- ment	b	Gross farming or fishing income	14b	
S E E		Gross nonfarm income.		
Credits	15a	Low-income housing credit (section 42(j)(5))		
		Low-income housing credit (other)	15b	
	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
rec	d	Other rental real estate credits (see instructions) Type ►	15d	
ပ	е	Other rental credits (see instructions) Type ►	15e	
	f	Other credits (see instructions) Type ►	15f	
	16a	Name of country or U.S. possession		
	b	Gross income from all sources	16b	
ns	с	Gross income sourced at partner level	16c	
tio		Foreign gross income sourced at partnership level		
sactions	d	Passive category General category F Other (attach statement)	16f	
Ë		Deductions allocated and apportioned at partner level		
Tra	g	Interest expense h Other	16h	
u		Deductions allocated and apportioned at partnership level to foreign source income		
Foreign Trar	i	Passive category j General category k Other (attach statement)	16k	
Ē	I	Total foreign taxes (check one): ► Paid Accrued	16I	
	m	Reduction in taxes available for credit (attach statement)	16m	
	n	Other foreign tax information (attach statement)		
×	17 a	Post-1986 depreciation adjustment	17a	
ive Ta	b	Adjusted gain or loss	17b	
um Ite	С	Depletion (other than oil and gas)	17c	
IT)	d	Oil, gas, and geothermal properties - gross income	17d	
Alternative Minimum Tax (AMT) Items	е	Oil, gas, and geothermal properties - deductions	17e	
	f	Other AMT items (attach statement)	17f	
ç	18a	Tax-exempt interest income	18a	
Other Information	b	Other tax-exempt income	18b	
ma	С	Nondeductible expenses	18c	
ori	19a	Distributions of cash and marketable securities	19a	
Inf	b	Distributions of other property	19b	
er	20 a	Investment income	20a	
Oth	b	Investment expenses	20b	
5	С	Other items and amounts (attach statement)		

Form 8865 (2014)				Page
Schedule L Balance Sheets per Book	s. (Not required if Beginning			tax year
Assets	(a)	(b)	(c)	(d)
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations	-			
5 Tax-exempt securities	-			
6 Other current assets (attach statement)	-			
7a Loans to partners (or persons related to	-			
partners)				
b Mortgage and real estate loans	-			
8 Other investments (attach statement)	-			
9 a Buildings and other depreciable assets				
b Less accumulated depreciation				-
0 a Depletable assets				
b Less accumulated depletion				-
1 Land (net of any amortization)				
2 a Intangible assets (amortizable only)				
b Less accumulated amortization				-
3 Other assets (attach statement)				
4 Total assets	-			
Liabilities and Capital				
15 Accounts payable				
6 Mortgages, notes, bonds payable in less than 1 year	-			
17 Other current liabilities (attach statement)	-			
8 All nonrecourse loans	-			
9 a Loans from partners (or persons related to partners)				
 b Mortgages, notes, bonds payable in 1 year or more 				
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital				

CAPITAL INTERNATIONAL P.E.F. VI, L.P.	43-2119265
Form 8865 (2014)	Page 5
Schedule M Balance Sheets for Interest Allocation	
	(a) (b) Beginning of End of tax year tax year
1 Total U.S. assets	
2 Total foreign assets:	
a Passive category	
b General category	
c Other (attach statement)	
Schedule M-1Reconciliation of Income (Loss) per Books W 1, is answered "Yes.")	Vith Income (Loss) per Return. (Not required if Item G9, page
6	Income recorded on books this
1 Net income (loss) per books	year not included on Schedule K,
2 Income included on Schedule K,	lines 1 through 11 (itemize):
lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,	a Tax-exempt interest \$
and 11 not recorded on books	
this year (itemize): 7	Deductions included on Schedule
3 Guaranteed payments (other	K, lines 1 through 13d, and 16I not
than health insurance)	charged against book income this
4 Expenses recorded on books	year (itemize):
this year not included on	a Depreciation \$
Schedule K, lines 1 through	
13d, and 16I (itemize):	
a Depreciation \$	
b Travel and entertainment \$ 8	Add lines 6 and 7
9	Income (loss). Subtract line 8
5 Add lines 1 through 4	from line 5
Schedule M-2 Analysis of Partners' Capital Accounts. (Not re	equired if Item G9, page 1, is answered "Yes.")
1 Balance at beginning of year 6	Distributions: a Cash
2 Capital contributed:	b Property
a Cash	Other decreases (itemize):
b Property	
3 Net income (loss) per books	
4 Other increases (itemize):	
8	Add lines 6 and 7
9	Balance at end of year. Subtract
5 Add lines 1 through 4	line 8 from line 5

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
_	- · · · ·				
1	Sales of inventory				
2	Sales of property rights (patents, trademarks, etc.)				
3	Compensation received for technical, managerial, engineering, construction, or like services				
4	Commissions received				
5	Rents, royalties, and license fees received				
6	Distributions received				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
10	Purchases of inventory				
11	Purchases of tangible property other than inventory				
12	Purchases of property rights (patents, trademarks, etc.)				
13	Compensation paid for technical, managerial, engineering, construction, or like services				
14	Commissions paid				
15	Rents, royalties, and license fees paid				
16	Distributions paid				
17	Interest paid				
18	Other				
19	Add lines 10 through 18				
20	Amounts borrowed (enter the maximum loan balance during the year). See instructions				
21	Amounts loaned (enter the maximum loan balance during the year). See instructions.				

SCHEDULE O

(Form 8865) Department of the Treasury Internal Revenue Service

OMB No. 1545-1668 2014

Transfer of Property to a Foreign Partnership (under section 6038B) ► Attach to Form 8865. See Instructions for Form 8865. ► Information about Schedule O (Form 8865) and its separate instructions is at www.irs.gov/form8865.

Name of transferor		Filer's identifying number
WABASH COLLEGE		35-0868202
Name of foreign partnership	EIN (if any)	Reference ID number (see instructions)
CAPITAL INTERNATIONAL P.E.F. VI, L.P.	43-2119265	CIPEF VI

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	VAR	2	233,823.				.119
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions):

Part II D	ispositions Rep	ortable Unde	er Section 6038B				
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
Part III	s any transfer rep	ported on this	s schedule subject	to gain recognition	under section 9	04(f)(3) or	-
	ection 904(f)(5)(F)?					Yes X No
			structions for Form 8			Schedule	O (Form 8865) 2014

Form 8865 Return of U.S. Persons With Respect to						OMB No. 1545-1668				
Form O	101			tain Foreig	gn Partn	nership			20	1/
Department o	of the Treesu			Attach to y 8865 and its sep rmation furnished		tions is at wi		orm8865.		14
Internal Rever	nue Service	beg		01/2014 , and	lending 12	/31/2014	1		Attachment Sequence No.	118
Name of pers					File	er's identifyi	•			
WABASH Filer's addres		면 e not filing this form wit	h your tax return)	A Category	of filer (see Cate	_	5-086820 rs in the instr	J∠ uctions and chec	k applicable box	(es)):
		0	,	1	2	3	X	4		(<i>//</i>
				B Filer's tax	year beginning	07/0	1/2014	, and ending	06/30/	/2015
		bilities: Nonrecourse	*		nonrecourse fi			Other \$		
D If filer is Name	s a membe	r of a consolidated	group but not	the parent, enter	the following in EIN		bout the pare	nt:		
Address	3					•				
E Informa	tion about	certain other partne	ers (see instruc	tions)						
	(1) Na	me		(2) Address		(3) Identify	ring number	(4) Chi Category 1	eck applicable b Category 2	Constructive
								Category	Category 2	owner
		s of foreign partners	•					2(a) EIN (if a		
		LIMITED PAR EST, STE 432						98-052	ce ID number	(see instr.)
TORONTO			.0, 20 802							
СА, М5К	-							3 Country un	der whose lav	vs organized
		[1			CA		
4 Date of organiza	ation	5 Principal place of business		cipal business ity code number	activity	al business		ional currency JSD	8b Exchan (see ins	
		CA	5	25990	INVEST	MENTS		עפו		
G Provide	the follow	ing information for	the foreign par	tnership's tax year:	1					
1 Name, a United S		nd identifying numb	per of agent (if a	iny) in the	2 Check	if the foreigr		Г		
onited (otates					orm 1042		m 8804 [r 1065-B is filed:	X Form 106	5 or 1065-B
					OGDI		1003 0	TUUS-D IS lileu.		
		s of foreign partner	ship's agent in	country of	4 Name a	and address	of person(s)	with custody c	of the books an	d
U U	ation, if any				and rec	ords, if diffe	gn partnersr rent	hip, and the loc	ation of such d	OOKS
		ED PARTNERSHIP II TE 4320, PO BOX 2								
TORONTO, OI		IL 4320, PO BOA 2	12							
CA, M5K 1J	3									
5 Were a	ny special	allocations made by	y the foreign pa	rtnership?				►	X Yes	No
		of Forms 8858, Inf						ntities,		
		eturn (see instruction						זאידים גם חידי		
	•	ership classified und n interest in the foreig		-	•					
		03(d)-1(b)(4) or part of		-	•	• •	•		Yes	X No
		eparate unit or combine			ted loss as defin	ed in Reg. 1.1	503(d)-1(b)(5)(ii)? ►	Yes	X No
	•	ship meet both of the hip's total receipts for			50,000 and)		□ <i>.</i> ,	77
		he partnership's tot mplete Schedules L			ar was less tha	n \$1 million.	}	••••	Yes	X No
Sign Here Only If You	Under pe	enalties of perjury, I de	eclare that I have	e examined this returr						
Are Filing This Form		of, it is true, correct, an on of which preparer h			(other than gene	eral partner or l	limited liability	company membe	r) is based on all	
Separately and Not With Your Tax		ture of general partne	ar or limited liabilit	w company momber			Date			
Return.		preparer's name		Preparer's signa	ture		Date	Check	if PTIN	
Paid		P. Oparol 5 hallie					2010	self-emp		
Preparer	Firm's nan	ne 🕨					·	Firm's E		
Use Only	Firm's add	ress 🕨						Phone n	0.	
For Privacy /	Act and Pan	erwork Reduction Act	t Notice see the	senarate instructio	ns					
JSA 4X1910				- sparate motiodo					Form	PAGE 1

1	n 8865 hedu		nership of Partnership I name, address, and U.S tructively own. See instru	Intere taxp	st. Cheo ayer ide	ck the boxes the ntifying number	nat ap er (if	oply to any) o	o the filer. If of the persor	Page 2 you check n(s) whose
		a X Owns a direct	interest		b	Owns a cons	tructive	e intere	St Check if	Check if
		Name	Address		Identifying nu			ir any)	foreign person	direct partner
Sc	hedu	Ile A-1 Certain Partners c	of Foreign Partnership (S	ee in:	structio	ns)				
		Name	Address			Identify	ing nui	mber (il	f any)	Check if foreign person
		partnership have any other fo								X No
Sc	nedu		Ile. List all partnerships (adirectly owns a 10% inte		n or do	mestic) in whic	h the	e fore	ign partnersh	iip owns a
		Name	Address			EIN (if any)		Total ordinary income or loss	Check if foreign partnership
	1 a b 2 3	Include only trade or business Gross receipts or sales Less returns and allowances Cost of goods sold Gross profit. Subtract line 2 fi	rom line 1c	nes 1a 1a 1b			he ins	tructio	ons for more in	formation.
Ľ	5 6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)					5 6 7			
	8	Total income (loss). Combine	lines 3 through 7				8			
ions)	9 10 11	Salaries and wages (other the Guaranteed payments to part Repairs and maintenance	an to partners) (less employr ners	nent c	redits)		9 10 11			
ns for limitat	12 13 14	Bad debts					12 13 14			
see instructio	15 16 a	Interest Depreciation (if required, atta	, attach Form 4562)				15 16c			
Deductions (see instructions for limitations)	17 18 19	Depletion (Do not deduct oil a Retirement plans, etc. Employee benefit programs		 			17 18 19			
Dec	20 21	Other deductions (attach stat Total deductions. Add the amo					20 21			
	22	Ordinary business income (loss)	from trade or business activitie	es. Sub	tract line 2	1 from line 8	22			

*

Page	3

Form 886	65 (2014)			Page 🕻
Scheo	lule K	Partners' Distributive Share Items		Total amount
	1	Ordinary business income (loss) (page 2, line 22)	1	
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss)		
_	b	Expenses from other rental activities (attach statement) 3b		
	С	Other net rental income (loss). Subtract line 3b from line 3a	3c	
â	4	Guaranteed payments	4	
Income (Loss)	5	Interest income	5	
Ľ	6	Dividends: a Ordinary dividends	-	
ne	°,	b Qualified dividends	- Cu	
NO.	7	Royalties	7	
<u>P</u>	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))		
-	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b	Collectibles (28%) gain (loss)	54	
	c	Unrecaptured section 1250 gain (attach statement) 9c		
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
	11		11	
6	12	Other income (loss) (see instructions) Type ► Section 179 deduction (attach Form 4562)	12	
suc				
cti	isa b	Contributions		
p		Investment interest expense (1) Type \mathbf{N} (2) Amount \mathbf{N}		
Self- Employ- ment	c d	Section 59(e)(2) expenditures: (1) Type ►(2) Amount ►	13c(2)	
		Other deductions (see instructions) Type		
	14a	Net earnings (loss) from self-employment	14a	
		Gross farming or fishing income		
	C	Gross nonfarm income		
		Low-income housing credit (section 42(j)(5))		
its		Low-income housing credit (other)		
Credits	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
ວັ	d	Other rental real estate credits (see instructions) Type	15d	
	e	Other rental credits (see instructions) Type	15e	
	f	Other credits (see instructions) Type ►	15f	
	16a	Name of country or U.S. possession ►		
S		Gross income from all sources		
Ö	С	Gross income sourced at partner level	16c	
nsactions		Foreign gross income sourced at partnership level		
sa	d	Passive category General category General category General category For (attach statement)	16f	
		Deductions allocated and apportioned at partner level		
Ē	g	Interest expense ►h Other ►	16h	
igr		Deductions allocated and apportioned at partnership level to foreign source income		
Foreign Tra	1	Passive category j General category k Other (attach statement)	16k	
ш	I	Total foreign taxes (check one): ► Paid Accrued	161	
		Reduction in taxes available for credit (attach statement)	16m	
	n	Other foreign tax information (attach statement)	4-	
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment	17a	
n T en T		Adjusted gain or loss	17b	
rna וור	C	Depletion (other than oil and gas)	17c	
MT	d	Oil, gas, and geothermal properties - gross income	17d	
A Π ⊂	e	Oil, gas, and geothermal properties - deductions	17e	
	f	Other AMT items (attach statement)	17f	
u		Tax-exempt interest income	18a	
ati		Other tax-exempt income	18b	
Other Information		Nondeductible expenses	18c	
lfol	19a	Distributions of cash and marketable securities	19a	
L L		Distributions of other property	19b	
hei	20 a	Investment income	20a	
ö		Investment expenses	20b	
	С	Other items and amounts (attach statement)		

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Form 8865 (2014)				Page	
Schedule L Balance Sheets per Books. (Not required if Item G9, page 1, is answered "Yes.") Beginning of tax year End of tax year End of tax year					
Assets	(a)	(b)	(c)	(d)	
1 Cash					
2 a Trade notes and accounts receivable					
b Less allowance for bad debts					
3 Inventories					
4 U.S. government obligations	-				
5 Tax-exempt securities	-				
6 Other current assets (attach statement)	-				
7a Loans to partners (or persons related to	-				
partners)					
b Mortgage and real estate loans	-				
8 Other investments (attach statement)	-				
9 a Buildings and other depreciable assets					
b Less accumulated depreciation				-	
0 a Depletable assets					
b Less accumulated depletion				-	
1 Land (net of any amortization)					
2 a Intangible assets (amortizable only)					
b Less accumulated amortization				-	
3 Other assets (attach statement)					
4 Total assets	-				
Liabilities and Capital					
15 Accounts payable					
6 Mortgages, notes, bonds payable in less than 1 year	-				
17 Other current liabilities (attach statement)	-				
8 All nonrecourse loans	-				
9 a Loans from partners (or persons related to partners)					
 b Mortgages, notes, bonds payable in 1 year or more 					
20 Other liabilities (attach statement)					
21 Partners' capital accounts					
22 Total liabilities and capital					

Form 888 (2014) Balance Sheets for Interest Allocation (a) (b) Schedule M Balance Sheets for Interest Allocation (a) (b) 1 Total U.S. assets (b) End of 1 Total I foreign assets: (b) End of 2 Total foreign assets: (c) (c) 4 Passive category (c) (c) 5 General category (c) (c) 5 Add lines 1 through 4 (c) (c) 6 Income (coss) per books (c) (c) 7 Deductions included on Schedule K, (ines 1 through 13d, and 16l not charged against book income this year not included on Schedule 8 Add lines 6 and 7 (c) (c) 9 Income (coss) per books (c) (c) 1 Net incorne (low books this year not included on books this year not included on Schedule K, lines 1 through 13d, and 16l not charged against book income this year (lemize): (c) 8 Add lines 6 and 7 (c) (c) 9 Income (coss). Subtract line 8 (c) 9 Income (coss). Subtract line 8 (c)	CATALYST FUND LIMITED PARTNERSHIP II			98-0528262		
1 Total U.S. assets	Form	n 8865 (2014)			Page 5	
1 Total U.S. assets End of tax year 2 Total foreign assets: a Passive category	Sc	hedule M Balance Sheets for Interest Allocation				
2 Total foreign assets: a Passive category				Beginning of	End of	
a Passive category	1	Total U.S. assets				
b General category c Other (attach statement) Schedulle M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item G9, page 1, is answered "Yes.") 1 Net income (loss) per books 2 Income included on Schedule K, lines 1 through 11 (itemize): and 11 not recorded on books a Tax-exempt interest \$	2	Total foreign assets:				
b General category c Other (attach statement) Schedulle M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item G9, page 1, is answered "Yes.") 1 Net income (loss) per books 2 Income included on Schedule K, lines 1 through 11 (itemize): and 11 not recorded on books a Tax-exempt interest \$	а	Passive category				
c Other (attach statement) Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item G9, page 1, is answered "Yes.") 1 Net income (loss) per books 6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize): a Depreciation \$						
Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item G9, page 1, is answered "Yes.") 1 Net income (loss) per books . 6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize): 1 Net income (loss) per books . 7 Deductions included on Schedule K, lines 1 through 13d, and 16l not charged against book income this year (itemize): 3 Guaranteed payments (other than health insurance) 7 Deductions included on Schedule K, lines 1 through 13d, and 16l (itemize): 4 Expenses recorded on books this year (itemize): a a 13d, and 16l (itemize): a Depreciation \$ b Travel and entertainment \$ 9 Income (loss). Subtract line 8 5 Add lines 1 through 4 from line 5 b 7 Other increases (itemize): a Cash 3 Net income 1 4 Balance at beginning of year 6 Distributions: a Cash 4 Other increases (itemize): 8 Add lines 6 and 7 7 Other decreases (itemize): 3 Net income (loss) per books 9 Balance at beginning of year 6 Distributions: a Cash .						
1 Net income (loss) per books		hedule M-1 Reconciliation of Income (Loss) per l	Books With I	ncome (Loss) per Return. (Not required if Item G9, page	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11 not recorded on books this year (itemize): 3 Guaranteed payments (other than health insurance) 4 Expenses recorded on books this year not included on Schedule on Schedule K, lines 1 through 13d, and 16l not charged against book income this year (itemize): 4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l not charged against book income this year (itemize): a Depreciation \$			6 Inc	ome recorded on books this		
lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, a Tax-exempt interest \$	1	Net income (loss) per books	yea	ar not included on Schedule K,		
and 11 not recorded on books this year (itemize): 7 Deductions included on Schedule K, lines 1 through 13d, and 16l not charged against book income this year (itemize): 4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize): a Depreciation \$ a Depreciation \$	2	Income included on Schedule K,	line	es 1 through 11 (itemize):		
and 11 not recorded on books this year (itemize): 7 Deductions included on Schedule K, lines 1 through 13d, and 16l not charged against book income this year (itemize): 4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize): a Depreciation \$ a Depreciation \$		lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,	a Tax	<pre>k-exempt interest \$</pre>		
3 Guaranteed payments (other than health insurance) K, lines 1 through 13d, and 16l not charged against book income this year (itemize): 4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize): a Depreciation \$ a Depreciation \$		and 11 not recorded on books				
than health insurance)		this year (itemize):	7 Dec	ductions included on Schedule		
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize): year (itemize):	3	Guaranteed payments (other	K, I	ines 1 through 13d, and 16I not		
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize): year (itemize):		than health insurance)	cha	rged against book income this		
this year not included on Schedule K, lines 1 through 13d, and 16l (itemize): a Depreciation \$ b Travel and entertainment \$	4		yea	r (itemize):		
Schedule K, lines 1 through 13d, and 16l (itemize):			a De	preciation \$		
a Depreciation \$		Schedule K, lines 1 through				
b Travel and entertainment \$		13d, and 16I (itemize):				
b Travel and entertainment \$	а	Depreciation \$				
5 Add lines 1 through 4 9 Income (loss). Subtract line 8 from line 5 5 Add lines 1 through 4 6 from line 5 1 Balance at beginning of year 6 Distributions: a Cash 2 Capital contributed: b Property 3 Net income (loss) per books 7 Other decreases (itemize): 4 Other increases (itemize): 8 Add lines 6 and 7 9 Balance at end of year. Subtract		· · · · · · · · · · · · · · · · · · ·	8 Add	d lines 6 and 7		
5 Add lines 1 through 4 from line 5 Schedule M-2 Analysis of Partners' Capital Accounts. (Not required if Item G9, page 1, is answered "Yes.") 1 Balance at beginning of year 6 2 Capital contributed: b a Cash b b Property 7 Other increases (itemize):						
Schedule M-2 Analysis of Partners' Capital Accounts. (Not required if Item G9, page 1, is answered "Yes.") 1 Balance at beginning of year 6 Distributions: a Cash	5	Add lines 1 through 4				
1 Balance at beginning of year 6 Distributions: a Cash	Sc		. (Not require	ed if Item G9, page 1, is ans	wered "Yes.")	
2 Capital contributed: b Property b a Cash 7 Other decreases (itemize): context b Property context context context context 3 Net income (loss) per books context context context context 4 Other increases (itemize): context context context context 9 Balance at end of year. Subtract context context context context						
a Cash 7 Other decreases (itemize): b Property						
b Property	-		7 Oth			
3 Net income (loss) per books						
4 Other increases (itemize): 8 Add lines 6 and 7	3					
8 Add lines 6 and 7 9 Balance at end of year. Subtract						
9 Balance at end of year. Subtract	,		8 Ad	d lines 6 and 7		
	5	Add lines 1 through 4				

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Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
	Sales of property rights (patents, trademarks, etc.)				
3	Compensation received for technical, managerial, engineering, construction, or like services				
4	Commissions received				
5	Rents, royalties, and license fees received				
6	Distributions received				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
10	Purchases of inventory				
11	Purchases of tangible property other than inventory				
12	Purchases of property rights (patents, trademarks, etc.)				
13	Compensation paid for technical, managerial, engineering, construction, or like services				
14	Commissions paid				
15	Rents, royalties, and license fees paid				
	Distributions paid				
17	Interest paid				
18	Other				
19	Add lines 10 through 18				
20	Amounts borrowed (enter the maximum loan balance during the year). See instructions				
21	Amounts loaned (enter the maximum loan balance during the year). See instructions				

SCHEDULE O

(Form 8865)

Transfer of Property to a Foreign Partnership

OMB No. 1545-1668

	(u	nder	section	6038B)
	- `	0005	• • •		÷ -

Attach to Form 8865. See Instructions for Form 8865.
 Information about Schedule O (Form 8865) and its separate instructions is at www.irs.gov/form8865.

Department of the Treasury Internal Revenue Service Name of transferor

Filer's identifying number

WABASH COLLEGE	35-0868202	
Name of foreign partnership	EIN (if any)	Reference ID number (see instructions)
CATALYST FUND LIMITED PARTNERSHIP II	98-0528262	

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	VAR		349,999.				.569
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions):

Part II **Dispositions Reportable Under Section 6038B** (b) Date of (f) Depreciation **(e)** Gain (h) (a) (c) (d) (g) Depreciation Type of Date of Manner of recapture Gain allocated recognized by recapture allocated original property disposition disposition to partner transfer partnership to partner by partnership Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or Part III X No section 904(f)(5)(F)? <u>....</u>... . ► Yes For Paperwork Reduction Act Notice, see the Instructions for Form 8865. Schedule O (Form 8865) 2014

Form	9	2	6

(Rev. December 2013)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation Information about Form 926 and its separate instructions is at www.irs.gov/form926.

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
WABASH COLLEGE	35-0868202
 If the transferor was a corporation, complete questions 1 a If the transfer was a section 361(a) or (b) transfer, was the or fewer domestic corporations? b Did the transferor remain in existence after the transfer? If not, list the controlling shareholder(s) and their identifying 	e transferor controlled (under section 368(c)) by 5 Yes X No X Yes No
Controlling shareholder	Identifying number
 c If the transferor was a member of an affiliated group filing corporation? If not, list the name and employer identification number (International International Internatio	Yes No
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made	le?
2 If the transferor was a partner in a partnership that wa complete questions 2a through 2d.	s the actual transferor (but is not treated as such under section 367)
a List the name and EIN of the transferor's partnership:	
Name of partnership	EIN of partnership
AG SUPER FUND, L.P.	13-3701947
b Did the partner pick up its pro rata share of gain on the tr	
c Is the partner disposing of its entire interest in the partner	
d Is the partner disposing of an interest in a limited partner	
securities market? Part II Transferee Foreign Corporation Information (
3 Name of transferee (foreign corporation)	4a Identifying number, if any
AG SUPER RMBS LLC	98-1006708
5 Address (including country)	4b Reference ID number
C/O FINSCO LIMITED, PO BOX 174 MITCHELL HOUSE	(see instructions)
THE VALLEY AV BWI	
6 Country code of country of incorporation or organization	see instructions)
AV	
7 Foreign law characterization (see instructions)	
CORPORATION	
8 Is the transferee foreign corporation a controlled foreign	corporation? No
For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 12-2013

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		172,619.		
Stock and					
securities					
Installment					
obligations, account					
receivables or					
similar property					
Foreign currency or other property					
denominated in					
foreign currency					
Inventory					
Inventory					
Assets subject to					
depreciation recapture (see					
Temp. Regs. sec.					
1.367(a)-4T(b))					
Tangible property used in trade or					
business not listed					
under another					
category					
Intangible property					
proporty					
Property to be leased					
(as described in final and temp. Regs. sec.					
1.367(a)-4(c))					
Property to be					
sold (as					
described in					
Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and					
gas working interests					
(as described in Temp. Regs. sec.					
1.367(a)-4T(e))					
Other property					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Form	926	(Rev.	12-2013)
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rt IV Additional Information Regarding Transfer of Property (see instructions)	
Enter the transferor's interest in the foreign transferee corporation before and after the transfer:	
a) Before <u>0.00162</u> % (b) After <u>0.00162</u> %	
Type of nonrecognition transaction (see instructions) ► <u>SECTION_351</u>	
Gain recognition under section 904(f)(5)(F) Yes X Recapture under section 1503(d) Yes X	No No
Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes] No
Depreciation recapture Yes X Branch loss recapture Yes X	No No No No
Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? Yes] No
Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?] No
If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ►\$	
Was cash the only property transferred? Yes] No
Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?] No
If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:	
	Enter the transferor's interest in the foreign transferee corporation before and after the transfer: a) Before 0.00162 % (b) After 0.00162 % Type of nonrecognition transaction (see instructions) ► SECTION 351

Form	9	2	6

(Rev. December 2013)

Department of the Treasury

Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation Information about Form 926 and its separate instructions is at www.irs.gov/form926.

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128**

Part U.S. Transferor Information (see instructions)		
Name of transferor		Identifying number (see instructions)
WABASH COLLEGE		35-0868202
 1 If the transferor was a corporation, complete questions 1 a three a lf the transfer was a section 361(a) or (b) transfer, was the transfer domestic corporations? b Did the transferor remain in existence after the transfer? If not, list the controlling shareholder(s) and their identifying not approximately and the section of the transferor remain the transferor section of the transferor	Insferor controlled (under section	
Controlling shareholder	Identi	fying number
 c If the transferor was a member of an affiliated group filing a c corporation? If not, list the name and employer identification number (EIN) 		
Name of parent corporation EIN of parent corporation		arent corporation
 d Have basis adjustments under section 367(a)(5) been made? 2 If the transferor was a partner in a partnership that was the complete questions 2a through 2d. 		
a List the name and EIN of the transferor's partnership:		
Name of partnership	EIN o	f partnership
 b Did the partner pick up its pro rata share of gain on the transfer c Is the partner disposing of its entire interest in the partnership d Is the partner disposing of an interest in a limited partnership securities market? Part II Transferee Foreign Corporation Information (see 	, that is regularly traded on an est	ablished Yes No
Part II Transferee Foreign Corporation Information (see 3 Name of transferee (foreign corporation)	,	4a Identifying number, if any
ELLIOTT INTERNATIONAL LIMITED		FOREIGNUS
5 Address (including country) TH FL, 27 HOSPITAL RD, BOX 940GT		4b Reference ID number (see instructions)
GEORGETOWN CAYMAN ISLANDS CJ KY1-1102		SIL
6 Country code of country of incorporation or organization (see	instructions)	
CJ 7 Foreign law characterization (see instructions)		
CAYMAN ISLANDS ENTITY 8 Is the transferee foreign corporation a controlled foreign corporation	ration?	Yes X No
For Paperwork Reduction Act Notice, see separate instructions.		Form 926 (Rev. 12-2013

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		2,912,000.		
Stock and securities					
Securico					
Installment obligations,					
account					
receivables or similar property					
Foreign currency					
or other property denominated in					
foreign currency					
Inventory					
Assets subject to					
depreciation					
recapture (see Temp. Regs. sec.					
1.367(a)-4T(b))					
Tangible property used in trade or					
business not listed					
under another					
category					
Intangible					
property					
Property to be leased					
(as described in final					
and temp. Regs. sec.					
1.367(a)-4(c))					
Property to be					
sold (as described in					
Temp. Regs. sec.					
1.367(a)-4T(d))					
Transfers of oil and gas working interests					
(as described in					
Temp. Regs. sec. 1.367(a)-4T(e))					
0.1					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Par	t IV Additional Information Regarding Transfer of Property (see instructions)	
9	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:	
(a) Before <u>0.04</u> % (b) After <u>0.05</u> %	
10	Type of nonrecognition transaction (see instructions) ► <u>SECTION_351</u>	
С	Indicate whether any transfer reported in Part III is subject to any of the following: Yes Gain recognition under section 904(f)(3) Yes Gain recognition under section 904(f)(5)(F) Yes Recapture under section 1503(d) Yes Exchange gain under section 987 Yes	X No X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	X No
b c	Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: Yes Tainted property Yes Depreciation recapture Yes Branch loss recapture Yes Any other income recognition provision contained in the above-referenced regulations Yes	X No X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	X No
15a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$	
16	Was cash the only property transferred? Yes	No
17a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:	

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(Rev. December 2013)

Department of the Treasury

Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation Information about Form 926 and its separate instructions is at www.irs.gov/form926.

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)		
Name of transferor		Identifying number (see instructions)
WABASH COLLEGE		35-0868202
 1 If the transferor was a corporation, complete questions 1a thro a If the transfer was a section 361(a) or (b) transfer, was the transfer domestic corporations? b Did the transferor remain in existence after the transfer? If not, list the controlling shareholder(s) and their identifying numbers 	nsferor controlled (under sectio	Yes X No
Controlling shareholder	Ident	ifying number
 c If the transferor was a member of an affiliated group filing a co- corporation? If not, list the name and employer identification number (EIN) of 		
Name of parent corporation	EIN of p	arent corporation
d Have basis adjustments under section 367(a)(5) been made?		Yes No
2 If the transferor was a partner in a partnership that was the complete questions 2a through 2d.a List the name and EIN of the transferor's partnership:	actual transferor (but is not	treated as such under section 367)
Name of partnership	EIN	of partnership
 b Did the partner pick up its pro rata share of gain on the transfer c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership to securities market? Part II Transferee Foreign Corporation Information (see in 	hat is regularly traded on an es	tablished
3 Name of transferee (foreign corporation)		4a Identifying number, if any
EVEREST CAPITAL FRONTIER MARKETS EQUIT	מיד, ד אי	FOREIGNUS
5 Address (including country)		4b Reference ID number
O'HARE HOUSE, 3 BERMUDA ROAD		(see instructions)
HAMILTON BERMUDA VI HM 08	actructiona)	ECFMEL
6 Country code of country of incorporation or organization (see in	15tructions)	
7 Foreign law characterization (see instructions)		
BRITISH VIRGIN ISLANDS EXEMPTED COMPAN	ΤΥ	
8 Is the transferee foreign corporation a controlled foreign corpor		Yes X No
For Paperwork Reduction Act Notice, see separate instructions.		Form 926 (Rev. 12-2013

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		1,365,027.		
Stock and securities					
Installment					
obligations,					
account receivables or					
similar property					
Foreign currency or other property					
denominated in					
foreign currency					
Inventory					
······,					
Assets subject to depreciation					
recapture (see					
Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property					
used in trade or business not listed					
under another					
category					
Intangible property					
Property to be leased					
(as described in final					
and temp. Regs. sec.					
1.367(a)-4(c))					
Property to be sold (as					
described in					
Temp. Regs. sec.					
1.367(a)-4T(d)) Transfers of oil and					
gas working interests					
(as described in Temp. Regs. sec.					
1.367(a)-4T(e))					
Other property					
					1

Supplemental Information Required To Be Reported (see instructions):

Par	t IV Additional Information Regarding Transfer of Property (see instructions)	
9	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:	
(a) Before <u>8.845</u> % (b) After <u>2.46</u> %	
10	Type of nonrecognition transaction (see instructions) ► <u>SECTION_351</u>	
С	Indicate whether any transfer reported in Part III is subject to any of the following: Yes Gain recognition under section 904(f)(3) Yes Gain recognition under section 904(f)(5)(F) Yes Recapture under section 1503(d) Yes Exchange gain under section 987 Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	X No
b c	Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: Yes Tainted property Yes Depreciation recapture Yes Branch loss recapture Yes Any other income recognition provision contained in the above-referenced regulations Yes	X No X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? Yes	X No
15a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶\$	
16	Was cash the only property transferred?	No
17a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:	

Form	9	26	

(Rev. December 2013)

Department of the Treasury

Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation Information about Form 926 and its separate instructions is at www.irs.gov/form926.

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128**

Part U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
WABASH COLLEGE	35-0868202
 1 If the transferor was a corporation, complete questions 1 a through a lf the transfer was a section 361(a) or (b) transfer, was the transfor fewer domestic corporations? b Did the transferor remain in existence after the transfer? If not, list the controlling shareholder(s) and their identifying numbers 	sferor controlled (under section 368(c)) by 5 Yes X No X Yes No
Controlling shareholder	Identifying number
 c If the transferor was a member of an affiliated group filing a con corporation? If not, list the name and employer identification number (EIN) of 	Yes No
Name of parent corporation	EIN of parent corporation
 d Have basis adjustments under section 367(a)(5) been made? 2 If the transferor was a partner in a partnership that was the a complete questions 2a through 2d. 	Yes No Actual transferor (but is not treated as such under section 367)
a List the name and EIN of the transferor's partnership:	
Name of partnership	EIN of partnership
 b Did the partner pick up its pro rata share of gain on the transfer of c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership the 	at is regularly traded on an established
securities market?	Yes No
3 Name of transferee (foreign corporation)	4a Identifying number, if any
STRATEGIC VALUE SPECIAL SITUATIONS FEE	
5 Address (including country)	4b Reference ID number (see instructions)
100 WEST PUTNAM AVENUE GREENWICH, CT 06830	SVSSFII
6 Country code of country of incorporation or organization (see ins	structions)
CJ 7 Foreign law characterization (see instructions)	
LIMITED PARTNERSHIP	
8 Is the transferee foreign corporation a controlled foreign corpora	tion?Yes X No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		102,980.		
Stock and securities					
securilles					
Installment					
obligations, account					
receivables or					
similar property					
Foreign currency					
or other property					
denominated in					
foreign currency					
Inventory					
Assets subject to depreciation					
recapture (see					
Temp. Regs. sec.					
1.367(a)-4T(b))					
Tangible property used in trade or					
business not listed					
under another category					
Intangible					
property					
Property to be leased					
(as described in final					
and temp. Regs. sec.					
1.367(a)-4(c))					
Property to be					
sold (as described in					
Temp. Regs. sec.					
1.367(a)-4T(d))					
Transfers of oil and					
gas working interests (as described in					
Temp. Regs. sec.					
1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Par	t IV Additional Information Regarding Transfer of Property (see instructions)	
9	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:	
(a) Before <u>0.89</u> % (b) After <u>0.89</u> %	
10	Type of nonrecognition transaction (see instructions) ► <u>SECTION_351</u>	
С	Indicate whether any transfer reported in Part III is subject to any of the following: Yes Gain recognition under section 904(f)(3) Yes Gain recognition under section 904(f)(5)(F) Yes Recapture under section 1503(d) Yes Exchange gain under section 987 Yes	X No X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	X No
b c	Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: Yes Tainted property Yes Depreciation recapture Yes Branch loss recapture Yes Any other income recognition provision contained in the above-referenced regulations Yes	X No X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	X No
15a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶\$	
16	Was cash the only property transferred?	No
17a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:	

Form	9	2	6

(Rev. December 2013)

Department of the Treasury

Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation Information about Form 926 and its separate instructions is at www.irs.gov/form926.

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128**

Name of transferor identifying number (see instructions) MABASH COLLECE 35-0868202 1 if the transferor was a corporation, complete questions 1a through 1d. a if the transferor means in existence after the transfer? Yes b Did the transferor energin in existence after the transfer? Yes No b Did the transferor energin in existence after the transfer? Yes No if not, list the controlling shareholder (s) and their identifying number(s): Yes No c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No r no parent corporation Yes No d He transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No r no of parent corporation ElN of parent corporation Yes No d Have basis adjustments under section 367(a)(5) been made? Yes No Soft complete questions 2a through 2d. a List the name and ElN of the transferor's partnership ElN of partnership No Soft complete questions 2a through 2d. No b Did the partner pick up its pro rata share of g	Part I U.S. Transferor Information (see instructions)			
If the transferor was a corporation, complete questions 1a through 1d. a If the transferor was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?			Identifying number (see instructions)	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 Yes X No b Did the transferor remain in existence after the transfer? X Yes X No if not, list the controlling shareholder(s) and their identifying number(s): X Yes X No c If the transferor was a member of an affiliated group filing a consolidated return, was if the parent corporation? Yes No d If not, list the name and employer identification number (EIN) of the parent corporation: Yes No d Have basis adjustments under section 367(a)(5) been made? Yes No d Have basis adjustments under section 367(a)(5) been made? Yes No 2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367(a)(5) been made? Yes No 2 If the transferor was a partner in a partnership: Name of partnership Yes No b Did the partner pick up its pro rata share of gain on the transferor partnership assets? Yes No e List the name and EIN of the transferor's partnership? Yes No b Did the partner pick up its pro rata share of gain on the transferor partnership assets? Yes No c Is the partner disposing	WABASH COLLEGE		35-0868202	
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? If not, list the name and employer identification number (EIN) of the parent corporation: Ves No If not, list the name and employer identification number (EIN) of the parent corporation: Ves No If not, list the name and employer identification number (EIN) of the parent corporation: Ves No If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367(a)(5) been made? Ves No 2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367 complete questions 24 through 24. a List the name and EIN of the transferor's partnership? Name of partnership EIN of partnership A list the partner disposing of its entrie interest in the partnership? No d is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Securities market? Yes No d Sthe partner disposing of corporation Information (see instructions) 3 Name of transferee (foreign comporation) STRATEGIC Value SPECIAL SITUATIONS FEEDER III Partle Transferee (foreign comporation or organization (see instructions) Cumulational convert transferee (corporation or organization (see instructions) G Country code of country of incorporation or organization (see instructions) G Country code of country of incorporation or organization (see instructions)	a If the transfer was a section 361(a) or (b) transfer, was the tran or fewer domestic corporations?b Did the transferor remain in existence after the transfer?	sferor controlled (under section	Yes X No	
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? If not, list the name and employer identification number (EIN) of the parent corporation: Ves No If not, list the name and employer identification number (EIN) of the parent corporation: Ves No If not, list the name and employer identification number (EIN) of the parent corporation: Ves No If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367(a)(5) been made? Ves No 2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367 complete questions 24 through 24. a List the name and EIN of the transferor's partnership? Name of partnership EIN of partnership A list the partner disposing of its entrie interest in the partnership? No d is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Securities market? Yes No d Sthe partner disposing of corporation Information (see instructions) 3 Name of transferee (foreign comporation) STRATEGIC Value SPECIAL SITUATIONS FEEDER III Partle Transferee (foreign comporation or organization (see instructions) Cumulational convert transferee (corporation or organization (see instructions) G Country code of country of incorporation or organization (see instructions) G Country code of country of incorporation or organization (see instructions)	Controlling shareholder	Identi	fving number	
corporation? Yes No If not, list the name and employer identification number (EIN) of the parent corporation: Yes No Name of parent corporation EIN of parent corporation d Have basis adjustments under section 367(a)(5) been made? Yes No 2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367 complete questions 2a through 2d. a List the name and EIN of the transferor's partnership: a List the name and EIN of the transferor's partnership: EIN of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No c Is the partner disposing of its entire interest in the partnership? Yes No d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No PartII Transferee Foreign Corporation Information (see instructions) 4a Identifying number, if any FOREIGNUS 3 Name of transferee (toreign corporation nor organization (see instructions) 5x0x190 SvissFIII 6 Country code of country of incorporation or organization (see instructions) SvissFIII 6 7 Foreign law char				
corporation? Yes No If not, list the name and employer identification number (EIN) of the parent corporation: Yes No Name of parent corporation EIN of parent corporation d Have basis adjustments under section 367(a)(5) been made? Yes No 2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367 complete questions 2a through 2d. a List the name and EIN of the transferor's partnership: a List the name and EIN of the transferor's partnership: Name of partnership EIN of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No c Is the partner disposing of its entire interest in the partnership? Yes No d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No 9 Name of transferee Foreign Corporation Information (see instructions) 4a Identifying number, if any FOREIGNUS 13 Name of country of incorporation or organization (see instructions) SvssFIII 6 6 Country code of country of incorporation or organization (see instructions) SvssFIII 6 7 Foreign law characterization (see instructions) CAYMA				
corporation? Yes No If not, list the name and employer identification number (EIN) of the parent corporation: Yes No Name of parent corporation EIN of parent corporation d Have basis adjustments under section 367(a)(5) been made? Yes No 2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367 complete questions 2a through 2d. a List the name and EIN of the transferor's partnership: a List the name and EIN of the transferor's partnership: EIN of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No c Is the partner disposing of its entire interest in the partnership? Yes No d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No PartII Transferee Foreign Corporation Information (see instructions) 4a Identifying number, if any FOREIGNUS 3 Name of transferee (toreign corporation nor organization (see instructions) 5x0x190 SvissFIII 6 Country code of country of incorporation or organization (see instructions) SvissFIII 6 7 Foreign law char	c If the transferor was a member of an affiliated group filing a cor	nsolidated return, was it the par	rent	
d Have basis adjustments under section 367(a)(5) been made? Yes No 2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367 complete questions 2a through 2d. a List the name and EIN of the transferor's partnership: Name of partnership EIN of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No c Is the partner disposing of an interest in the partnership? Yes No d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No PartII Transferee Foreign Corporation Information (see instructions) 3 Name of transferee (foreign corporation) 4a Identifying number, if any FOREIGNUS STRATEGIC VALUE SPECIAL SITUATIONS FEEDER III SUSSPIII 6 Country code of country of incorporation or organization (see instructions) Curve do for country of incorporation or organization (see instructions) Curve do for country of incorporation or organization (see instructions) Curve do for country of incorporation or organization (see instructions) Curve do for country of incorporation or organization (see instructions) <td co<="" td=""><td>corporation?</td><td></td><td></td></td>	<td>corporation?</td> <td></td> <td></td>	corporation?		
2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367 complete questions 2a through 2d. a List the name and EIN of the transferor's partnership: Image: Section 2 a List the name and EIN of the transferor's partnership: Image: Section 2 a List the name and EIN of the transferor's partnership: Image: Section 2 a List the name and EIN of the transferor's partnership: Image: Section 2 a List the name and EIN of the transferor's partnership: Image: Section 2 a List the name and EIN of the transferor's partnership: Image: Section 2 a List the name and EIN of the transferor's partnership: Image: Section 2 a List the name and EIN of the transferor's partnership: Image: Section 2 a List the name and EIN of the transferor's partnership: Image: Section 2 a List the name and EIN of the transferor's partnership: Image: Section 2 a List the name and EIN of the transferor's partnership? Image: Section 2 a List the partner disposing of an interest in a limited partnership? Image: Section 2 a List the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Securities market? Yes No <td colspan<="" td=""><td>Name of parent corporation</td><td>EIN of pa</td><td>arent corporation</td></td>	<td>Name of parent corporation</td> <td>EIN of pa</td> <td>arent corporation</td>	Name of parent corporation	EIN of pa	arent corporation
a List the name and EIN of the transferor's partnership: Name of partnership EIN of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Part II Transferee Foreign Corporation Information (see instructions) 3 Name of transferee (foreign corporation) STRATEGIC VALUE SPECIAL SITUATIONS FEEDER III FOREIGNUS 5 Address (including country) UGLAND HOUSE, PO BOX 309 SVSSFIII 6 Country code of country of incorporation or organization (see instructions) CJ 7 7 Foreign law characterization (see instructions) CAYMAN ISLANDS EXEMPTED LIMITED PARTNERSHIP 8 Is the transferee foreign corporation a controlled foreign corporation?	2 If the transferor was a partner in a partnership that was the			
Name of partnership EIN of partnership b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No c Is the partner disposing of its entire interest in the partnership? Yes No d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No Part II Transferee Foreign Corporation Information (see instructions) 4a Identifying number, if any FOREIGNUS 3 Name of transferee (foreign corporation) 4a Identifying number, if any FOREIGNUS 5 Address (including country) 4b Reference ID number (see instructions) 0 Country code of country of incorporation or organization (see instructions) CJ 7 Foreign law characterization (see instructions) CAYMAN ISLANDS EXEMPTED LIMITED PARTNERSHIP Yes X 8 Is the transferee foreign corporation a controlled foreign corporation? Yes X				
c Is the partner disposing of its entire interest in the partnership? Yes No d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No Part II Transferee Foreign Corporation Information (see instructions) Yes No 3 Name of transferee (foreign corporation) 4a Identifying number, if any FOREIGNUS 5 Address (including country) FOREIGNUS 4b Reference ID number (see instructions) (see instructions) 6 Country code of country of incorporation or organization (see instructions) CJ 7 Foreign law characterization (see instructions) CAYMAN ISLANDS EXEMPTED LIMITED PARTNERSHIP Yes X No		EIN o	f partnership	
3 Name of transferee (foreign corporation) 4a Identifying number, if any STRATEGIC VALUE SPECIAL SITUATIONS FEEDER III FOREIGNUS 5 Address (including country) 4b Reference ID number UGLAND HOUSE, PO BOX 309 (see instructions) GRAND CAYMAN CAYMAN ISLANDS CJ KY1-1104 SVSSFIII 6 Country code of country of incorporation or organization (see instructions) CJ 7 7 Foreign law characterization (see instructions) CAYMAN ISLANDS EXEMPTED LIMITED PARTNERSHIP 8 Is the transferee foreign corporation a controlled foreign corporation?	 c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership th securities market? 	at is regularly traded on an est	ablished Yes No	
STRATEGIC VALUE SPECIAL SITUATIONS FEEDER III FOREIGNUS 5 Address (including country) 4b Reference ID number (see instructions) UGLAND HOUSE, PO BOX 309 svssfiii GRAND CAYMAN CAYMAN ISLANDS CJ KY1-1104 svssfiii 6 Country code of country of incorporation or organization (see instructions) CJ 7 7 Foreign law characterization (see instructions) CAYMAN ISLANDS EXEMPTED LIMITED PARTNERSHIP Yes 8 Is the transferee foreign corporation a controlled foreign corporation?			4a Identifying number. if any	
UGLAND HOUSE, PO BOX 309 (see instructions) GRAND CAYMAN CAYMAN ISLANDS CJ KY1-1104 SVSSFIII 6 Country code of country of incorporation or organization (see instructions) CJ CJ 7 Foreign law characterization (see instructions) CAYMAN ISLANDS EXEMPTED LIMITED PARTNERSHIP 8 Is the transferee foreign corporation a controlled foreign corporation?				
6 Country code of country of incorporation or organization (see instructions) CJ 7 7 Foreign law characterization (see instructions) CAYMAN ISLANDS EXEMPTED LIMITED PARTNERSHIP 8 Is the transferee foreign corporation a controlled foreign corporation?	5 Address (including country)		4b Reference ID number	
CJ 7 Foreign law characterization (see instructions) CAYMAN ISLANDS EXEMPTED LIMITED PARTNERSHIP 8 Is the transferee foreign corporation a controlled foreign corporation? Yes			SVSSFIII	
CAYMAN ISLANDS EXEMPTED LIMITED PARTNERSHIP 8 Is the transferee foreign corporation a controlled foreign corporation? Yes X No	CJ	structions)		
8 Is the transferee foreign corporation a controlled foreign corporation? Yes X No				
For Paperwork Reduction Act Notice, see separate instructions. Form 926 (Rev. 12-20)	8 Is the transferee foreign corporation a controlled foreign corpora		Yes X No	
	For Paperwork Reduction Act Notice, see separate instructions.		Form 926 (Rev. 12-2013	

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		1,820,000.		
Stock and securities					
securities					
Installment					
obligations, account					
receivables or					
similar property					
Foreign currency					
or other property					
denominated in					
foreign currency					
Inventory					
·					
Assets subject to depreciation					
recapture (see					
Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property					
used in trade or					
business not listed under another					
category					
Intangible					
property					
Property to be leased					
(as described in final					
and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as					
described in					
Temp. Regs. sec.					
1.367(a)-4T(d)) Transfers of oil and					
gas working interests					
(as described in	<u> </u>				
Temp. Regs. sec. 1.367(a)-4T(e))					
<u> </u>					
Othersen					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)	
9	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:	
(a) Before <u>0.34</u> % (b) After <u>0.35</u> %	
10	Type of nonrecognition transaction (see instructions) \blacktriangleright <u>SECTION 351</u>	
k c	Indicate whether any transfer reported in Part III is subject to any of the following: Yes Gain recognition under section 904(f)(3) Yes Gain recognition under section 904(f)(5)(F) Yes Recapture under section 1503(d) Yes Exchange gain under section 987 Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	X No
k c	Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: Yes Tainted property Yes Depreciation recapture Yes Branch loss recapture Yes Any other income recognition provision contained in the above-referenced regulations Yes	X No X No X No X No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	X No
15a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	X No
k	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ►\$	
16	Was cash the only property transferred? Yes	No
17a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	X No
k	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:	

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:	06/30/2015

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

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

Taxpayer Name:	WABASH COLLEGE
Taxpayer Address:	P.O. BOX 352, CRAWFORDSVILLE, IN 47933
Taxpayer ID Number:	<u>35-0868202</u>
Year-End:	06/30/2015

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

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)

WABASH COLLEGE EIN: 35-0868202 YEAR-END: 6/30/2015

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 III (QP) LP EIN: 83-0407922 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 28,799

KAYNE ANDERSON ENERGY FUND IV (QP) LP EIN: 20-5659373 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 256,629

KAYNE ANDERSON ENERGY FUND V (QP) LP EIN: 26-3294026 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 254,587