

Public Disclosure Copy

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

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

Where Must Information Be Provided?

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

How Quickly Must Organizations Reply?

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

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

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

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2022
Open to Public
Inspection

A F	or th	e 2022 cal	endar year, or tax year beginning 07/01/2022 and ending		_		/30/2023	
ъ.			C Name of organization		D Em	ployer	r identification n	umber
D	heck if a	pplicable:	WABASH COLLEGE					
	Addres	ss change	Doing business as		35-	-086	58202	
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Tele	phon	e number	
	Initial r	eturn	PO BOX 352		(76	55)	361-6011	
	Final re	eturn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gro	ss rec	ceipts \$	
	Amend	led return	CRAWFORDSVILLE, IN 47933			:	234,487,2	43.
	Applica	ation pending	F Name and address of principal officer: SCOTT FELLER		this a group			X No
			PO BOX 352, CRAWFORDSVILLE, IN 47933		ubordinates? .re all subordi	nates in	cluded? Yes	No
ī	Tax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52	7	If "No," att	ach a l	ist. See instructions	 s.
J	Websi	ite: WW	W.WABASH.EDU	H(c) G	roup exemp	otion nu	umber	
K	Form	of organization	on: X Corporation Trust Association Other L Year o	f formation: 18	332 M s	State	of legal domicile:	IN
	art I	Summ						
		Briefly des	scribe the organization's mission or most significant activities: WABASH COLLE	GE IS A	LIBERA	AL A	ARTS COLL	EGE
ø			N THAT EDUCATES THEM TO THINK CRITICALLY, ACT RESP					
Governance			'IVELY, AND LIVE HUMANELY.	,				
ern	2	Check this		more than 2	5% of i	ts n	et assets.	
હુ	3		f voting members of the governing body (Part VI, line 1a)		1	3		38
	4		f independent voting members of the governing body (Part VI, line 1b)			4		36
ies	5		ber of individuals employed in calendar year 2022 (Part V, line 2a)			5		994
Activities &	_		ber of volunteers (estimate if necessary)			6		37
Aci			plated business revenue from Part VIII, column (C), line 12			7a	775	5,555.
	l		ated business taxable income from Form 990-T, Part I, line 11			7b		0,086.
_		TTOT UTITOTO			Year		Current Y	
	8	Contributi	ons and grants (Part VIII, line 1h)		35,10	0	16,946	
Jue	9		service revenue (Part VIII, line 2g)	544,19	_	50,465		
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		719,83			,841.
R	11		enue (Part VIII, column (A), lines 5, 4, and 7d)		75,58			3,458.
	12				374,70		76,336	
	13		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,66		29,143	
				20,5				
	14		aid to or for members (Part IX, column (A), line 4)	07.6		ONE	20 420	NONE
Expenses	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		263,96		28,438	
en	l		nal fundraising fees (Part IX, column (A), line 11e)	4	250,40	9.	223	3,002.
Ä			draising expenses (Part IX, column (D), line 25) 2,155,524.	21 ()FO 64	_	21 025	205
			enses (Part IX, column (A), lines 11a-11d, 11f-24e)		259,64		31,235	
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		90,67		89,040	
- v	19	Revenue I	ess expenses. Subtract line 18 from line 12		84,02		-12,703	
Net Assets or Fund Balances				Beginning of			End of Ye	
sse	20		ts (Part X, line 16)		340,05		579,551	
et Ind I	21		lities (Part X, line 26)		542,78		46,094	
Z대	22		s or fund balances. Subtract line 21 from line 20.	536,1	.97,27	3.	533,457	,015.
	rt II		ture Block					
true	der pei e, corre	naities of pe ect, and com	rjury, I declare that I have examined this return, including accompanying schedules and stater plete. Declaration of preparer (other than officer) is based on all information of which preparer ha	ments, and to ti as any knowledg	ne best of e.	ту к	nowledge and b	elief, it is
					0.5 / 1	- /		
Sig	n	Signature of	of officer		05/1 Date	_5/2	2024	
He		J			Jale			
			COOKS CFO, TREASURE	R				
			nt name and title			15	OTINI	
Paic	ı	1	preparer's name Preparer's signature Date		neck	"	PTIN	
	oarer	NICOLE		3/2024 se	elf-employe		P01279475	
	Only	Firm's nam	·	Firm's	EIN		4-0160260	
		Firm's add	·	Phone	no.	31	17-383-40	
								No No
For	Pape	rwork Red	uction Act Notice, see the separate instructions.				Form 99	0 (2022)

WABASH COLLEGE 35-0868202 Form 990 (2022) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: WABASH COLLEGE IS A LIBERAL ARTS COLLEGE FOR MEN THAT EDUCATES THEM TO THINK CRITICALLY, ACT RESPONSIBLY, LEAD EFFECTIVELY, AND LIVE HUMANELY. 2 Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?..... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. _) (Expenses \$ ______78,561,612. including grants of \$ ______29,143,954.) (Revenue \$ 4a (Code: INSTRUCTION - THE ACADEMIC INSTRUCTION PROGRAM. STUDENT SERVICES AND ATHLETICS - ACTIVITIES WHOSE PRIMARY GOAL IS TO CONTRIBUTE TO THE STUDENT'S EMOTIONAL AND PHYSICAL WELL-BEING AS WELL AS INTELLECTUAL, CULTURAL, AND SOCIAL DEVELOPMENT OUTSIDE OF THE CLASSROOM. ACADEMIC SUPPORT AND LIBRARY - SUPPORT SERVICES FOR INSTRUCTION, RESEARCH, AND PUBLIC SERVICE. INCLUDES LIBRARY AND COMPUTER SERVICES. 835 STUDENTS SERVED.) (Revenue \$) (Expenses \$ **4b** (Code: including grants of \$) (Revenue \$ **4c** (Code:) (Expenses \$ including grants of \$

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$

) (Revenue \$

78,561,612.

Form 990 (2022)
Part IV Checklist of Required Schedules

Part	V 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	.		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	IIa	- 1	
~	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		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
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	X	
	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			
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	4.5	v	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	Х	
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		Х
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2022) Page **4**

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	21	X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		Х
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		256		3.7
20	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27	X	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	20-		3.7
20	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20	37	
0.4	conservation contributions? If "Yes," complete Schedule M	30	X	37
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			3.7
22	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.7
2.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24	37	
25-	or IV, and Part V, line 1	34	X	37
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30	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	30		
31	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 on Schedule O for Part VI, lines 11b and	31		
30	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part			-23	
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form	990 (2022)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 994			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
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	7-		37
	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	7c		Х
٨	required to file Form 8282?			71
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Form 990 (2022)

Part VI Governance, Ma

2)	WABASH	COLLEGE		35-0868202	Page o
Governance,	Management,	and Disclosure.	For each "Yes" response to lines 2 through	7b below, and for	a "No"
response to line	e 8a, 8b, or 10b l	below, describe the	circumstances, processes, or changes on Sc	hedule O. See instru	ıctions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 38	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х
3	any other officer, director, trustee, or key employee?			
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's 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 elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9 /	,	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	та	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
_	rise to conflicts?		- 21	
С	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a				
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedCA, IN,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7	(sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Upon request Other (explain on Schedule 0)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est p	olicy,
_	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 record	S		
	KENDRA A. COOKS P.O. BOX 352 CRAWFORDSVILLE, IN 47933 765-361-6212	Form	gan	(2022)
	/VJ JVI VIII	i Oiill	220	(2022)

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	(C) Position heck more than one ss person is both an d a director/trustee)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee Key employee Officer		Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) FELLER, SCOTT E.	50.00									
PRESIDENT	1.00	Х		X				515,695.	NONE	44,778.
(2) JONES, STEVEN L.	50.00	- 21		21				313,033.	110111	11,770.
DEAN FOR PROF. DEVELOPMENT	NONE					X		233,585.	NONE	32,847.
(3) JANSSEN, MICHELLE L.	50.00							233,3331	110112	32,017
DEAN FOR ADVANCEMENT	NONE					X		212,002.	NONE	35,408.
(4) COOKS, KENDRA A.	50.00							,	-	,
CFO/TREASURER	NONE			Х				201,798.	NONE	29,809.
(5) MCDORMAN, TODD F.	50.00									
DEAN OF THE COLLEGE	NONE					X		168,137.	NONE	31,955.
(6) WESTFIELD, N. LYNNE	50.00									
DIRECTOR OF WABASH CENTER	NONE					Х		173,086.	NONE	24,467.
(7) AMIDON JR, JAMES L.	50.00									
SECRETARY/CHIEF OF STAFF	NONE			Х				159,948.	NONE	28,343.
(8) BLAICH, CHARLES F.	50.00									
DIRECTOR OF INQUIRIES-CILA	NONE					Х		148,943.	NONE	26,502.
(9) ALLEN, JAY R.	1.00									
CHAIR OF THE BOARD OF TRUSTEES	NONE	Х		Х				NONE	NONE	NONE
(10) BOWEN, STEPHEN S.	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(11) BRADY, WILLIAM P.	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(12) BRAR, AMAN D.	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(13) BRAUN, CHRISTOPHER J.	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(14) CAMPBELL, STEVEN L.	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
										Form 991 (2022)

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and F	lig	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours per week (list any	,				e than o is both		compensation	compensation from	amount of other
	hours for			dad		or/truste		from the	related organizations	compensation
	related	or c	Inst	Officer	₹ •	Hig em _l	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ividu	tituti	cer	em	hest	mer	(W-2/1099-MISC)		organization and related
	line)	tor tr	onal		Key employee	con				organizations
		Individual trustee or director	Institutional trustee		ee	l per				
		Ф	tee			Highest compensated employee				
15) CASTANIAS, GREG A.	1.00					٥				
TRUSTEE	NONE	X						NONE	NONE	NONE
16) DAVLIN, JAMES A.	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
17) ESTELL, R. GREGORY	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
18) EVANS, JENNIFER	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
19) EVERSOLE, M. ERIC	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
20) FOX JR, JOHN N.	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
21) GRAND, ROBERT T.	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
22) JOVANOVICH, RAY W.	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
23) KENNEDY III, PETER M.	1.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
24) KILBANE, JAMES L.	1.00	٠						17017	1,017	11011
TRUSTEE	NONE	X						NONE	NONE	NONE
25) KOLISEK, FRANK R.	1.00	X						NONE	NONE	NONE
TRUSTEE	NONE	X						NONE 1,813,194.	NONE NONE	NONE 254,109.
1b Sub-total c Total from continuation sheets to Part VII, S	cotion A			• •				NONE		NONE
d Total (add lines 1b and 1c)	-			• •				1,813,194.	NONE	254,109.
2 Total number of individuals (including but not									1	234,100.
reportable compensation from the organizatio				u u.		29	,	oon ou more man	Ψ. 100,000 0.	
										Yes No
3 Did the organization list any former office	cer, directo	or, or	tru	ste	e,	key e	mp	oloyee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sched										3
4 For any individual listed on line 1a, is the	sum of rea	oortab	ole c	om	per	satior	n ai	nd other compens	sation from the	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such										
individual										
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Y	'es," comple	te Sci	hedu	ıle J	for	such	per	son		5
Section B. Independent Contractors										
1 Complete this table for your five highest com-										

year.

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

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

Form 990 (2022)

Part VII Section A. Officers, Directors,		y ⊏n	ibio			and F	ugi				
(A)	(B)			(0				(D)	(E)		(F)
Name and title	Average	(do.	not ch	Pos		e than o	na	Reportable	Reportable		mated
	hours per week (list any	,				is both		compensation from	compensation from related		ount of ther
	hours for				irect	or/truste		the	organizations		ensation
	related	Indi or d	Inst	Officer	₩ Ey	High emp	Former	organization	(W-2/1099-MISC)		n the
	organizations below dotted	vidu	ituti	cer	em	nest	ner	(W-2/1099-MISC)		_	nization related
	line)	or tr	onal		Key employee	com					izations
		Individual trustee or director	Institutional trustee		ee	lper					
		Ф	tee			Highest compensated employee					
26) LADRIERE II, RAYMOND E.	1.00					٥					
TRUSTEE	NONE	X						NONE	NONE		NONE
27) LEWIS, DAVID P.	1.00	21						IVOIVE	110111		TIOIIL
TRUSTEE	NONE	X						NONE	NONE		NONE
28) MCNAUGHT JR, HARRY F.	1.00	21						IVOIVE	110111		TIOIIL
TRUSTEE	NONE	X						NONE	NONE		NONE
29) OLSON, CORY M.	1.00							110112	1.01.2		
TRUSTEE	NONE	Х						NONE	NONE		NONE
30) PERKINS, JEFFREY M.	1.00							-	-		
TRUSTEE	NONE	Х						NONE	NONE		NONE
31) PFLEDDERER, KELLY D.	1.00										
TRUSTEE	NONE	Х						NONE	NONE		NONE
32) REAMEY, GARY D.	1.00										
TRUSTEE	NONE	Х						NONE	NONE		NONE
33) SCHROEDER, JOHN C.	1.00										
TRUSTEE	NONE	X						NONE	NONE		NONE
34) SHELBOURNE, K. DONALD	1.00										
TRUSTEE	NONE	X						NONE	NONE		NONE
35) SHERWIN, ROBERT A.	1.00										
TRUSTEE	NONE	X						NONE	NONE		NONE
36) SNODELL III, WALTER S.	1.00_	-									
TRUSTEE	NONE	X						NONE	NONE		NONE
							>				
c Total from continuation sheets to Part V											
d Total (add lines 1b and 1c)				d ak		a) who	re	ceived more than	\$100,000 of		
reportable compensation from the organiz		11030	11310	u ai	50 V	J) WIIC	, 10	cerved more than	φ 100,000 01		
										,	Yes No
3 Did the organization list any former	officer, directo	r, or	tru	iste	e,	key e	mp	loyee, or highest	t compensated		
employee on line 1a? If "Yes," complete Sc										3	
4 For any individual listed on line 1a, is t	he sum of rer	ortah	ole d	om	pen	sation	n ar	nd other compens	sation from the		
organization and related organizations											
individual										4	
5 Did any person listed on line 1a receive									on or individual		
for services rendered to the organization?	If "Yes" comple	te Scl	hedi	ıle .l	l for	such	ner	son		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

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

Part VII Section A. Officers, Directors, 7	Trustees, Ke	y En	nplo	yee	es,	and H	ligl	hest Compensat	ed Employees (c	ontinued)	Page č)
(A)	(B)			((C)			(D)	(E)	(F	=)
Name and title	Average	(40.			ition			Reportable	Reportable	Estim	
	hours per week (list any	,				e than or is both a		compensation from	compensation from related	amou oth	
	hours for					tor/truste		the	organizations	compe	nsation
	related organizations	ndiv or di	nsti	Officer	ey	Highest cc employee	Forme	organization	(W-2/1099-MISC)	from organi	
	below dotted	idua	tutio	er	emp	est o	еŗ	(W-2/1099-MISC)		and re	
	line)	Individual trustee or director	Institutional trustee		Key employee	compensated ee				organiz	zations
		stee	ruste		W	ens					
			ě			ated					
37) TURK JR, JOSEPH E.	1.00										
TRUSTEE	NONE	Х						NONE	NONE		NON:
38) WALSH, THOMAS M.	1.00										
TRUSTEE	NONE	X						NONE	NONE		NON:
39) WHEELER, WILLIAM J.	1.00										
CHAIR OF THE EXEC COMMITTEE	NONE	X		Х				NONE	NONE		NON:
40) WILLIAMS JR, JAMES P.	1.00	-									
TRUSTEE	NONE	X						NONE	NONE		NON:
41) WILSON, PETER C.	1.00	٠						17017			
TRUSTEE A20 HOOLG PAH	NONE	X						NONE	NONE		NON:
42) WOOLS, PAUL TRUSTEE	<u>1.00</u> NONE	X						NONE	NONE		NON
43) WUNDERLICH, KATHLEEN	1.00							NONE	NONE		INOIN
TRUSTEE	NONE	X						NONE	NONE		NON
44) YARED, RANA	1 00	1						TVOTTE	, ROND		11011
TRUSTEE	NONE	X						NONE	NONE		NON
45) KENNEY, PHILLIP G.	1.00										
TRUSTEE	NONE	Х						NONE	NONE		NON:
1b Sub-total											
c Total from continuation sheets to Part VII,	Section A						▶				
d Total (add lines 1b and 1c)							<u> </u>				
2 Total number of individuals (including but no		hose	liste	d at	bov	e) who	re	eceived more than	\$100,000 of		
reportable compensation from the organizat	ion ►										.
										Y	'es No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										3	v
										3	X
4 For any individual listed on line 1a, is the organization and related organizations											
individual										4	х
5 Did any person listed on line 1a receive										-	
for services rendered to the organization? <i>If</i>										5	х
Section B. Independent Contractors											
1 Complete this table for your five highest co											
compensation from the organization. Repor	t compensati	ion fo	r the	cal	lend	dar yea	ar e	ending with or with	nin the organization	า's tax	
year.											

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 26 26

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Part VIII Statement of Revenue

(A) (B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants, and Other Similar Amounts Membership dues c Fundraising events 1c d Related organizations 90,276. 1,107,435. Government grants (contributions) . . 1e All other contributions, gifts, grants, 15,748,431 and similar amounts not included above ... 1f g Noncash contributions included in 224.517. lines 1a-1f 1g \$ 16,946,142. Total. Add lines 1a-1f **Business Code** Program Service Revenue 611600 TUITION & FEES 38,060,596. 38,060,596 611710 5,509,176. 5,509,176 FRATERNITY ROOM & BOARD STUDENT ROOM & BOARD 611710 4,234,734. 4,234,734. ATHLETIC REVENUE 713940 1,448,451 1,448,451 611710 OTHER INCOME 1,212,282. 1,212,282 All other program service revenue 50,465,239. Investment income (including dividends, interest, and 7,779,875 677,213. 7,102,662. 4 Income from investment of tax-exempt bond proceeds . NONE 5 NONE (i) Real (ii) Personal Gross rents 6a **b** Less: rental expenses 6b Rental income or (loss) 6c NONE NONE d Net rental income or (loss) . . NONE Gross amount from (i) Securities (ii) Other sales of assets 158,816,789. other than inventory 7a b Less: cost or other basis Other Revenue 7b 157,854,823 and sales expenses . . 961,966. c Gain or (loss) 7c 961,966. 961,966. d Net gain or (loss) 8a Gross income from fundraising events (not including \$ _ of contributions reported on line 8a 1c). See Part IV, line 18 NONE 8b **b** Less: direct expenses NONE c Net income or (loss) from fundraising events 9a Gross income from gaming NONE activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities. NONE Gross sales of inventory, less 10a 479,198 returns and allowances Net income or (loss) from sales of inventory. 183,458. 85,116. 98,342. **Business Code** Miscellaneous Revenue 11a d All other revenue Total. Add lines 11a-11d NONE 50,550,355. 76,336,680. 775,555. 8,064,628

JSA 2E1051 1.000 Form 990 (2022) WABASH COLLEGE 35-0868202 Page **10**

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX						
Do	not include amounts reported on lines 6b, 7b,				(D)		
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses		
	Grants and other assistance to domestic organizations		охроносо	general expenses	одроново		
·	and domestic governments. See Part IV, line 21	782,889.	782,889.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	28,321,585.	28,321,585.				
3	Grants and other assistance to foreign organizations, foreign governments, and						
	foreign individuals. See Part IV, lines 15 and 16	39,480.	39,480.				
4	Benefits paid to or for members	NONE	37,1001				
	Compensation of current officers, directors,	-					
	trustees, and key employees	980,371.	806,377.	144,278.	29,716.		
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and	370379					
_	persons described in section 4958(c)(3)(B)	NONE	10 245 000	2 202 460	676 057		
	Other salaries and wages	22,304,326.	18,345,809.	3,282,460.	676,057. 43,159.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		1,171,187.	209,550.	43,159.		
9	Other employee benefits	2,183,087.	1,795,638.	321,278.	66,171.		
10	Payroll taxes	1,546,436.	1,271,979.	227,584.	46,873.		
11	Fees for services (nonemployees):						
а	Management	33,068.	33,068.				
b	Legal	229,593.	5,014.	220,640.	3,939.		
С	Accounting	179,244.		179,244.			
d	Lobbying	NONE					
	Professional fundraising services. See Part IV, line 17.	223,002.			223,002.		
f	Investment management fees	1,152,111.		1,152,111.			
g	Other. (If line 11g amount exceeds 10% of line 25, column						
	(A), amount, list line 11g expenses on Schedule O.)	2,994,535.	2,041,098.	788,287.	165,150.		
	Advertising and promotion	668,715.	276,322.	NONE	392,393.		
13	Office expenses	876,949.	821,421.	34,193.	21,335.		
14	Information technology	604,245.	566,011.	16,912.	21,322.		
15	Royalties	NONE	0 414 410	262 701	16 122		
16	Occupancy	8,824,642. 2,255,973.	8,414,419. 2,076,197.	363,791. 62,939.	46,432. 116,837.		
17	Travel	2,233,973.	2,070,197.	02,939.	110,037.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE					
10	Conferences, conventions, and meetings	23,986.	6,162.	17,824.			
19	*	922,112.	891,695.	30,417.			
20 21	Interest Payments to affiliates Payments to affiliates	NONE	0,1,0,5.	30,117.			
22	Depreciation, depletion, and amortization	5,161,023.	5,087,885.	72,650.	488.		
23	Insurance	837,586.	115,709.	721,877.			
24	Other expenses. Itemize expenses not covered	,	- /	, , , , , ,			
	above. (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A), amount, list line 24e expenses on Schedule O.)						
а	STUDENT ROOM & BOARD	4,027,712.	4,027,712.				
b	MEALS	1,408,000.	1,066,990.	103,297.	237,713.		
С	BOOKS, PERIODICALS, AND MEDI	484,409.	481,022.	3,306.	81.		
d	OFF CAMPUS EXPENSES	268,652.	58,786.	205,943.	3,923.		
е	All other expenses	282,840.	57,157.	164,750.	60,933.		
	Total functional expenses. Add lines 1 through 24e	89,040,467.	78,561,612.	8,323,331.	2,155,524.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						
_				l	= 000 (2222)		

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,198.	1	4,855.
	2	Savings and temporary cash investments	32,579,549.	2	36,694,314.
	3	Pledges and grants receivable, net	23,911,341.	3	17,303,196.
	4	Accounts receivable, net	602,697.	4	605,404.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE		
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
Ą	9	Prepaid expenses and deferred charges	1,094,512.	9	495,142.
	10 a	Land, buildings, and equipment: cost or other			·
		basis. Complete Part VI of Schedule D 10a 232,579,247.			
	b	Less: accumulated depreciation	126,792,567.	10c	125,700,955.
	11	Investments - publicly traded securities	47,773,969.	11	25,002,685.
	12	Investments - other securities. See Part IV, line 11	313,286,904.	12	335,189,261.
	13	Investments - program-related. See Part IV, line 11	3,395,640.	13	2,954,410.
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	37,397,678.	15	35,601,093.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	586,840,055.	16	579,551,315.
	17	Accounts payable and accrued expenses	1,670,240.	17	715,456.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	38,397,600.	20	35,566,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
S	22	Loans and other payables to any current or former officer, director,	110112		110112
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	110112		110112
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	10,574,942.	25	9,812,844.
	26	Total liabilities. Add lines 17 through 25	50,642,782.		46,094,300.
ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	30,012,7023		10,001,000.
anc	27	Net assets without donor restrictions	240 765 061	27	251 140 755
Bal	28	Net assets with donor restrictions.	249,765,061.	27 28	251,148,755.
Б	20		286,432,212.	28	282,308,260.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	536,197,273.	32	533,457,015.
	33	Total liabilities and net assets/fund balances	586,840,055.	33	579,551,315.
					Form 990 (2022)

Form 990 (2022) Page **12**

4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	Part 2	XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 -12,703,787 4 Net assets or fund balances at teginning of year (must equal Part X, line 32, column (A)) 5 10,525,880 6 Donated services and use of facilities 6 Investment expenses 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O). 8 9 -562,351 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 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," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis c If "Yes," to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance,		Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>			X
A Revenue less expenses. Subtract line 2 from line 1	1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	6,3	36,	<u>680</u>
A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)	2	8	9,0	40,	<u>467</u>
5 Net unrealized gains (losses) on investments	3	Revenue less expenses. Subtract line 2 from line 1	3	-1	2,7	03,	<u> 787</u> .
6 Donated services and use of facilities 7 Investment expenses 7 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O). 9 -562,351 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 533,457,015 Tinancial 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 Yes No Cash Ca	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				
7 Investment expenses	5	Net unrealized gains (losses) on investments	5	1	0,5	<u>25,</u>	<u>880</u>
8 Prior period adjustments	6	Donated services and use of facilities	6				
9 Other changes in net assets or fund balances (explain on Schedule O)	7	Investment expenses	7				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	8	Prior period adjustments	8				
Sagarate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated ba	9		9		<u>-5</u>	<u>62,</u>	<u>351</u>
Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
Check if Schedule O contains a response or note to any line in this Part XII. Text			10	<u>53</u>	3,4	57,	<u>015</u>
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," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Part :	·					
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," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?				,		Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1						
Were the organization's financial statements compiled or reviewed by an independent accountant?			olain	on			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?					_		
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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b X	2a			ı	2a		<u>X</u>
Separate basis			piled	or			
b Were the organization's financial statements audited by an independent accountant?							
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis					01-	3.7	
separate basis, consolidated basis, or both: X Separate basis	b	· · · · · · · · · · · · · · · · · · ·			20	_X	
 X Separate basis			ed o	та			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?							
the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u> </u>					
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	С				20	v	
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?					20		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			pıaın	on			
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	•		a				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b X	зa				3a	v	
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b X	h	· · · · · · · · · · · · · · · · · · ·			Ju	77	
	Ŋ	· · · · · · · · · · · · · · · · · · ·	_		3h	v	
		roquirod addit or addito, explain wity on contodute o and describe any steps taken to undergo such ad	uito i				(2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

WAE	BASI	H COLLEGE					35-0	868202
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associat	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2	_X	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	•	•				
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)(iii). Enter the
		hospital's name, city, and st						
5		An organization operated to		a college or universit	y owne	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C						
6	\sqsubseteq	A federal, state, or local go	•			•		
7		An organization that norma	-	•	pport fr	om a go	vernmental unit or fr	om the general public
_		described in section 170(b)			D (II)			
8	\vdash	A community trust describe						land was at a allege
9		An agricultural research org	=			-	-	
		or university or a non-land-	grant college of ag	inculture (see instruct	ions). E	nter the i	name, city, and state of	i the college of
10		university: An organization that norma	Ily receives (1) me	are than 331/2 % of its	cupport	from cor	atributions mambareh	nin fone, and gross
10		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more that	n 331/3 % of its
		support from gross investmacquired by the organization	nent income and ui	nrelated business tax	able inco (a)(2) ((ome (less	s section 511 tax) from Part III \	businesses
11		An organization organized						
12	П	An organization organized a	•	•	•		. , . ,	rry out the purposes of
		one or more publicly suppo	•	•				
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		$\overline{}$ Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	ees of the
		_ supporting organization. \	You must complet	e Part IV, Sections A	and B.			
b		$oxedsymbol{oxed}$ Type II. A supporting org	-				· · ·	
		control or management of		-	the sam	e person	s that control or mar	nage the supported
		organization(s). You must	•					
С		Type III functionally integ						lly integrated with,
		its supported organization		•				
d		☐ Type III non-functionally			-			
		that is not functionally inte		•	-		•	d an attentiveness
е		requirement (see instruct Check this box if the orga	•	=				II. Typo III
C		functionally integrated, or					•••	ii, Type iii
f	En	ter the number of supported	• •			organizat		
g		ovide the following information						
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				as a va (acc men acusmo))	Yes	No		
(A)								
(B)								
(C)								
, —								
(D)								
(E)								
Tota								
1016	11							1

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

Schedule A (Form 990) 2022 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, 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.) 11 Total support. Add lines 7 through 10 . . . 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % 16a 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	tion B. Total Support	(a) 2018	(b) 2019	(c) 2020	(4) 2021	(a) 2022	(f) Total
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2019	(6) 2020	(d) 2021	(e) 2022	(i) iotai
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	-					
	organization, check this box and stop here						
	tion C. Computation of Public Sup		_	(0)			
15	Public support percentage for 2022 (line 8		•			15	%
16	Public support percentage from 2021 Sche					16	%
	tion D. Computation of Investmen					TT	
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2021. If the organization						
	line 18 is not more than 331/3%, check			-			
20	Private foundation. If the organization	aid not check :	a pox on line '	14. 19a. or 19b.	. check this bo	x and see instru	ictions

JSA 2E1221 1.000

Schedule A (Form 990) 2022 Page 4

Part IV Supporting Organizations

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

S

ecti	on A. All Supporting Organizations		Yes	Nic
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	163	INC
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b 5c		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c		

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

Schedul	e A (Form 990) 2022		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44.		
h	11c below, the governing body of a supported organization?	11a 11b		
	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110		
С	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations	110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	_		
C = = 4!		2		
Section	on C. Type II Supporting Organizations		Yes	No
			162	INO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	_		
		2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.		-/-	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uctions	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	01		
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	33		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
IJ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022 Page **6**

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations	<u> </u>				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)							
1	Net short-term capital gain	1					
_2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection						
	of gross income or for management, conservation, or maintenance of						
	property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7		7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ction C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
-	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting	g organization			
	(see instructions).	5 5	21 11 1				

 Schedule A (Form 990) 2022
 Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organia	zations	3	
4	4 Amounts paid to acquire exempt-use assets 4				
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
			(ii)		(iii)

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number Name of the organization WABASH COLLEGE 35-0868202 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 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** 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

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

Name of organization

WARASH COLLEGE

WARASH COLLEGE

35-0868202

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$ 285,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$ 39,556.	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
3	N/A	\$25,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$ 55,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	<u>N/A</u>	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WARASH COLLEGE

35-0868202

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WARASH COLLEGE

35-0868202

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	N/A	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	N/A	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
WABASH COLLEGE
Employer identification number
35-0868202

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	N/A	\$105,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
WABASH COLLEGE
Employer identification number
35-0868202

Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	N/A	\$51,740.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	N/A	\$178,101.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	N/A	\$10,787.	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
30	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WABASH COLLEGE

WABASH COLLEGE

35-0868202

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Part I	Contributors (see instructions)	Use duplicate copies of Part Lif additional space is r	needed

		or raitrii additional opaco io ne	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	N/A	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
WABASH COLLEGE
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Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is neede	d.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	N/A	\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40_	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
40(a) No.	N/A (b) Name, address, and ZIP + 4	\$	Payroll Noncash (Complete Part II for
(a)	(b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Name of organization
WABASH COLLEGE
Employer identification number
35-0868202

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	<u>N/A</u>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	N/A	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	N/A		Person X Payroll
		\$5,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$ 5,000. (c) Total contributions	Noncash (Complete Part II for
		(c)	Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	(c) Total contributions	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Name of organization

WARASH COLLEGE

35-0868202

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	N/A	\$ 5,116.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	N/A	\$16,495	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	N/A	\$1,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	N/A	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54	N/A	\$ 8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
WABASH COLLEGE
Employer identification number
35-0868202

art I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	N/A	\$10,748.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	N/A	\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	N/A	\$7,479.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
WABASH COLLEGE
Employer identification number
35-0868202

art I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	N/A	\$531,782.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	N/A	\$50,893.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	N/A	\$907,552.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	N/A	\$50,695.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	N/A	\$12,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WARASH COLLEGE

35-0868202

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

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

71

N/A

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Person Payroll

Name of organization

WARASH COLLEGE

35-0868202

Person X Payroll Noncash
Person X Payroll Noncash
Payroll Noncash
(Complete Part II for noncash contributions.)
(d) Type of contribution
Person X Payroll Noncash (Complete Part II for noncash contributions.)
(d) Type of contribution
Person Payroll Noncash (Complete Part II for noncash contributions.)
(d) Type of contribution
Person X Payroll Noncash (Complete Part II for noncash contributions.)
(d) Type of contribution

		\$6,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 78_	N/A	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Payroll

Name of organization Employer identification number

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	N/A	\$1,125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84_	<u>N/A</u>	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

WARASH COLLEGE

35-0868202

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

	, , ,	<u>'</u>	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	N/A	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	N/A	\$17,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>87</u>	N/A	\$115,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	N/A	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90	N/A	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WARASH COLLEGE

35-0868202

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
91_	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
92	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
93	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
94	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
95	N/A	\$38,900.	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
96_	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WABASH COLLEGE

WABASH COLLEGE

35-0868202

	WABASH COLLEGE		33-0000202
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97_	N/A	\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99_	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

NO.	Name, address, and ZIP + 4	Total contributions	Type of contribution
100	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101	N/A	\$6,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102	N/A	\$\$272,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WABASH COLLEGE Employer identification number 35-0868202

Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104	N/A	\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105	N/A		Person X

\$

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Payroll

Noncash

5,000.

Name of organization

WARASH COLLEGE

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	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate copies of F	art I if additional space is ne	eeded.
(a)	(b)	(c)	(d)

(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
109	N/A	\$ 25,000. Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
110	N/A	\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
111	N/A	\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
112	N/A	\$ 100,000. Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
_113	N/A	Person X
		\$ 5,859. Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$ 5,859. Noncash (Complete Part II for

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art I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115_	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118	N/A	\$11,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WARASH COLLEGE

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	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use dur	ilicate conies of Part Lit additional snace is r	needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122_	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123_	N/A	\$9,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124_	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125	N/A	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126_	N/A	\$ 17,428.	Person Payroll Noncash (Complete Part II for noncash contributions.)

The state of the s	Part I	Contributors (see instructions).). Use duplicate copies of Part I if additional space is ne	eded.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128	N/A	\$161,025.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130	N/A	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131_	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_132	N/A	\$1,045,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

art I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134	N/A	\$14,574.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
136	N/A	\$5,508.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
137	N/A	\$2,136,837.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

art I	Contributors (see instructions).	Use duplicate copies of Part I if	additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139_	N/A	\$16,405.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140_	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141_	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142	N/A	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143	N/A	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144_	N/A	\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

The state of the s	Part I	Contributors (see instructions).). Use duplicate copies of Part I if additional space is ne	eded.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145_	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
146	N/A	\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147_	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
148	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
150	N/A	\$5,025.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WARASH COLLEGE

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152	N/A	\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
154_	N/A	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
156	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
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The state of the s	Part I	Contributors (see instructions).). Use duplicate copies of Part I if additional space is ne	eded.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
157	N/A	\$25,500.	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
158	N/A	\$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
159_	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
160	N/A	\$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
161	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
162	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
164_	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
165	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
166	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
167	N/A	\$6,090.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
168	N/A	\$110,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WABASH COLLEGE

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Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
169_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_170	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_171	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
172	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
173	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_174	N/A	\$187,621.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>175</u>	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
176	<u>N/A</u>	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
177	N/A	\$105,000.	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
		Total contributions \$ 5,000.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 178 (a)	Name, address, and ZIP + 4	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
178 (a) No.	Name, address, and ZIP + 4 N/A (b) Name, address, and ZIP + 4	\$ 5,000. (c) Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181_	N/A	\$266,445.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
182	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
183	N/A	\$375,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
184	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_185	N/A	\$53,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
186	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number Name of organization

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_187	N/A	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_188	N/A	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
189_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_190	N/A	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
191_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_192	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

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35-0868202

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
194_	N/A	\$64,922.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
195	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
196	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
197	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
198	N/A	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

WARASH COLLEGE

WARASH COLLEGE

35-0868202

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
199_	<u>N/A</u>	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
200	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
201	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
202	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
203	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
204	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

WABASH COLLEGE

WABASH COLLEGE

35-0868202

Part I	Contributors (see instructions). Use dupli	icate copies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
206	N/A	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
207	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
208	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
209	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
210	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

	WABASH COLLEGE		35-0868202
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	N/A	\$\$50,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
212	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
213	N/A	\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
214	N/A	\$5,082.	Person X Payroll Noncash X

		\$	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.)

(b) Name, address, and ZIP + 4

(a)

No.

(Complete Part II for noncash contributions.)

(d) Type of contribution

(c) Total contributions

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Name of organization Employer identification number

WABASH COLLEGE 35-0868202

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
49_	PUBLICLY TRADED SECURITIES	_	
			11/07/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
51	PUBLICLY TRADED SECURITIES	_	
			05/31/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
57_	PUBLICLY TRADED SECURITIES	_	
			12/12/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
59	PUBLICLY TRADED SECURITIES	_	
			01/13/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
62	PUBLICLY TRADED SECURITIES	_	
		\$\$50,893	06/21/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
64	PUBLICLY TRADED SECURITIES		
		\$50,695	12/22/2022

Name of organization Employer identification number

WABASH COLLEGE 35-0868202

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
136_	PUBLICLY TRADED SECURITIES	_	
		\$5,508	12/23/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
211	REAL ESTATE	_	
		\$\$	06/21/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
213	PUBLICLY TRADED SECURITIES		
		\$\$	03/04/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
214	PUBLICLY TRADED SECURITIES	_	
		\$5,082.	05/19/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	

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Page 4 Schedule B (Form 990) (2022)

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

Employer identification number

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Employer identification number Name of the organization WABASH COLLEGE 35-0868202 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

Schedule D (Form 990) 2022

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

(ii) Assets included in Form 990, Part X.....\$_

following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2022 WABASH COLLEGE 35-0868202 Page **2**

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures, c	r Other	Similar Asset	s (continue	d)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that app	ly):								
а	X Public exhibition		d 🖸	Loan	or exchang	e prograr	m			
b	X Scholarly research		е	Other						
С	X Preservation for future gene	rations								
4	Provide a description of the organ	nization's collections	and expla	ain how t	hey furthe	r the org	ganization's exe	mpt purpose	in Part	
	XIII.									
5	During the year, did the organization	n solicit or receive o	donations o	of art, histo	orical treas	sures, or o	other similar			
	assets to be sold to raise funds rath	er than to be mainta	ained as pa	rt of the o	organizatio	n's collec	ction?	Yes	X No	
Pa	rt IV Escrow and Custodial A									
	Complete if the organiza	tion answered "Ye	es" on For	m 990, F	art IV, lin	e 9, or re	eported an am	ount on For	m	
	990, Part X, line 21.									
1a	Is the organization an agent, trus	tee, custodian or o	ther intern	nediary fo	or contribu	tions or	other assets no	ot		
	included on Form 990, Part X?							Yes	No	
b	If "Yes," explain the arrangement in	n Part XIII and comp	olete the fo	llowing tak	ole:					
		·		Ü			Amo	unt		
С	Beginning balance				10	;				
d	Additions during the year									
е	Distributions during the year)				
f	Ending balance				1f					
2a	Did the organization include an am	ount on Form 990,	Part X, line	21, for e	scrow or o	ustodial	account liability?	Yes	No	
b	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the e	xplanation	has been	provided	on Part XIII			
	rt V Endowment Funds.									
	Complete if the organiza	tion answered "Ye	es" on For	m 990, F	Part IV, lin	e 10.				
		(a) Current year	(b) Prio	r year	(c) Two ye	ars back	(d) Three years ba	ck (e) Four y	ears back	
1a	Beginning of year balance	376,541,330.	409,7	21,338.	327,543	,389.	335,639,720	341,122,051.		
b	Contributions	7,533,656.	5,1	90,657.			8,249,288	. 8,7	38,144.	
	Net investment earnings, gains,									
C	and losses	17,813,607.	-19,0	65,560.	96,621,526.		2,343,994	. 5,7	40,391.	
d	Grants or scholarships	4,603,843.		87,976.	4,183		3,993,039		58,561.	
	Other expenditures for facilities	· · ·								
-	and programs	14,559,266.	13,6	92,403.	13,802	.744.	13,752,548	. 14.6	64,834.	
f	. •	1,223,428.		24,726.	1,227		944,026		37,471.	
	Administrative expenses	381,502,056.		41,330.	409,721		327,543,389		39,720.	
g 2	End of year balance									
a	Board designated or quasi-endowm			e (iiile 1g,	column (a	i) Helu as	•			
b	Permanent endowment 54.32		, -							
	Term endowment 0.2100 %	<u> </u>								
_	The percentages on lines 2a, 2b, a	and 2c should equal:	100%.							
3a	Are there endowment funds not in	-		ation that	are held a	nd admir	istered for the			
	organization by:							Y	es No	
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations							3a(ii)	X	
b	If "Yes" on line 3a(ii), are the relate									
4	Describe in Part XIII the intended u	•	•							
_	rt VI Land, Buildings, and Equ	ipment.								
	Complete if the organiza	ation answered "Y								
	Description of property		other basis		or other basis ther)		cumulated eciation	(d) Book valu	е	
1a	Land	,	amont)	·	22,209.	ч	ociation	13,522	209	
b	Buildings						28,634.	106,091		
C	Leasehold improvements			170,1	,	51,5		±00,001	,,,,,,,,,	
d	Equipment.			24 4	81,585.	22 5.	49,658.	1 921	,927.	
<u>م</u>	Other				54,861.	22,5			,861.	
Tota	al. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					125,700,955.				

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 WABASH COLLEGE 35-0868202 Page **3**

Part VII	Investments -	- Other	Securities.
rait vii	mivesiments.	· Other	Securities.

Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	335,189,261.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	335,189,261.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
<u>(3)</u>		
_(4)		
<u>(5)</u>		
<u>(6)</u>		
<u>(7)</u>		
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)CSV LIFE INSURANCE	2,498,006.
(2)INTEREST IN PERPETUAL TRUSTS	9,510,937.
(3)REC-CHARITABLE REMAINDER TRUST	23,300,603.
(4)RIGHT OF USE ASSETS	291,547.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	35,601,093.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)POST-RETIREMENT BENEFIT OBLIG.	4,616,125.
(3)ANNUITIES AND TRUSTS PAYABLE	4,874,399.
(4)FINANCE LEASE LIABILITIES	322,320.
(5)CAPITAL LEASE	NONE
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,812,844.

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

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Part :	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	58,223,050.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		, ,
- а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	10,821,620.
3	Subtract line 2e from line 1	3	47,401,430.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,152,111.		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	28,935,250.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		76,336,680.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	60,400,957.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments		
С	Other losses	-	
d	Other (Describe in Part XIII.)	.	205 740
	Add lines 2a through 2d	2e 3	295,740.
3	Subtract line 2e from line 1	3	60,105,217.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Investment expenses not included on Form 990, Part VIII, line 7b		
	Add lines 4a and 4b	4c	28,935,250.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	$\overline{}$	89,040,467.
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

Schedule D (Form 990) 2022 WABASH COLLEGE 35-0868202 Page **5**

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A

FOOTNOTES TO FINANCIAL STATEMENTS:

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

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

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Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4

FURTHERANCE OF EXEMPT PURPOSE:

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

SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS:

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

SCHEDULE D, PARTS X, LINE 2

ASC 740 DISCLOSURE:

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

 Schedule D (Form 990) 2022
 WABASH COLLEGE
 35-0868202
 Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PARTS XI, LINE 2D

OTHER RECONCILING ITEMS:

\$295,740 COST OF GOODS SOLD

SCHEDULE D, PART XI, LINE 4B

OTHER RECONCILING ITEMS:

\$27,783,139 GRANTS AND SCHOLARSHIPS

SCHEDULE D, PART XII, LINE 2D

OTHER RECONCILING ITEMS:

\$295,740 COST OF GOODS SOLD

SCHEDULE D, PART XII, LINE 4B

OTHER RECONCILING ITEMS:

\$27,783,139 GRANTS AND SCHOLARSHIPS

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SCHEDULE E (Form 990)

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number WABASH COLLEGE 35-0868202 Part I

		YES	١
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
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,		3.7	
programs, and scholarships?	2	X	
homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	X	
SEE SUPPLEMENTAL PAGE			
Does the organization maintain the following?			
Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
basis?	4b	X	L
Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	4.0	V	
with student admissions, programs, and scholarships?	4c 4d	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.	74	- 11	
Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		
Admissions policies?	5b		
Employment of faculty or administrative staff?	5c		
Scholarships or other financial assistance?	5d		
Educational policies?	5e		
Use of facilities?	5f		
Athletic programs?	5g		
Other extracurricular activities?	5h		
Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
Does the organization receive any financial aid or assistance from a governmental agency?	6a 6b	Х	

Schedule E (Form 990 or 990-EZ) (2022)

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

SCHEDULE E, PART I, LINE 3

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

SCHEDULE E, PART I, LINE 6A

FINANCIAL AID OR ASSISTANCE RECEIVED FROM A GOVERNMENTAL AGENCY:

WABASH COLLEGE RECEIVES FEDERAL FINANCIAL AID INCLUDING PELL GRANTS,

STAFFORD LOANS, PARENT PLUS LOANS, SUPPLEMENTAL EMPLOYMENT OPPORTUNITY

GRANTS (SEOG), AND FEDERAL WORK STUDY ON BEHALF OF ITS STUDENTS. THE

COLLEGE HAS RECEIVED GRANTS FROM THE NATIONAL SCIENCE FOUNDATION TO

SUPPORT FACULTY SPONSORED RESEARCH AND INSTRUCTION AND THE DEPARTMENT OF

HOMELAND SECURITY UNDER ITS FEMA DISASTER GRANT PROGRAM FOR THE

MITIGATION OF COVID -19.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Open to Public Inspection

Name of the organization **Employer identification number** WABASH COLLEGE 35-0868202 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total émployees, expenditures for of offices in region (by type) (such as, a program service, agents, and the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) CENTRAL AMERICA/CARIBBEAN NONE NONE INVESTMENTS 7,280,654. (2) NORTH AMERICA NONE NONE INVESTMENTS 11,906,816. (3) EUROPE NONE NONE INVESTMENTS 602,486. (4) NORTH AMERICA NONE NONE GRANTMAKING 39,480. (5) (6) (7) (8) (9) (10) (11) (12) (13)(14)(15)(16)(17)Subtotal NONE NONE 19,829,436. 3a Total from continuation sheets to Part I

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

NONE

Schedule F (Form 990) 2022

Totals (add lines 3a and 3b)

19,829,436.

Schedule F (Form 990) 2022 WABASH COLLEGE 35-0868202 Page **2**

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.											
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
(1)			NORTH AMERICA	EDUCATIONAL	10,000.	CHECK						
(2)			NORTH AMERICA	EDUCATIONAL	30,384.	CHECK						
(3)												
(4)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(12)												
(13)												
(14)												
(15)												
(16)												
exe	er total number of recipient organization by the total number of other organization by the total number of other organization.	ne IRS, or for which	the grantee or counsel ha	as provided a sec	ction 501(c)(3) equi	valency letter	▶		2			

Schedule F (Form 990) 2022 WABASH COLLEGE 35-0868202 Page **3**

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes		No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X	Yes		No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X	Yes		No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X	Yes		No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		Yes	X	No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 WABASH COLLEGE 35-0868202 Page **5**

Part V Suppleme

Supplemental Information

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

SCHEDULE F, PART I, LINE 2

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

GRANTS ARE MADE TO ACCREDITED SCHOOLS AND SEMINARIES. BOTH FINANCIAL

AND NARRATIVE REPORTS OF GRANT ACTIVITIES ARE REQUIRED.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

WABASH COLLEGE					35-086820	
Part I Fundraising Activities. Comp				I "Yes" on Form 9	90, Part IV, line 1	7.
Form 990-EZ filers are not re	·			a activities Charle	all that apply	
1 Indicate whether the organization raisa X Mail solicitations	sea runas inrougn a e			g activities. Check of non-government (* * *	
a X Mail solicitations b X Internet and email solicitations	f			of government grant		
c X Phone solicitations	g			raising events	.5	
d X In-person solicitations	9		Opoolal rana	raiding events		
2a Did the organization have a written or	r oral agreement w	ith ar	ny individual	(including officers of	directors trustees	
or key employees listed in Form 990						X Yes No
b If "Yes," list the 10 highest paid indi-		(fund	raisers) purs	uant to agreements	under which the	fundraiser is to be
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)				(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SEE SUPPLEMENT INFORMATION		Y	es No		33 (4)	
1						
2						
3						
4						
5						
·						
6						
7						
8						
9						
,						
10						
			<u> </u>			
Total					223,002.	
3 List all states in which the organizate	tion is registered of	r lice	ensed to soli	cit contributions or	has been notified	it is exempt from
registration or licensing.						
AK, AR, CT, DC, MD, MA, MI, MS, MO, NV	,NH,ND,VA,WA,					

Schedule G (Form 990) 2022 WABASH COLLEGE 35-0868202 Page **2**

Pa	rt II	Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,000	ent contributions and g			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
<u>~</u>	3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lir Net income summary. Subtract I	nes 4 through 9 in colo ine 10 from line 3, col	umn (d) lumn (d)		
Pa	rt III		anization answered "			reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No)
	7	Direct expense summary. Add lir	nes 2 through 5 in col	umn (d)		
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)		
9 a	ı İ	Enter the state(s) in which the organization licensed to conform f "No," explain:		in each of these state		Yes No
10 a		Vere any of the organization's gaminon for "Yes," explain:				Yes No

Schedule G (Form 990) 2022

Sched	odule G (Form 990 or 990-EZ) 2022 WABASH COLLEGE 35-	0868202	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		<u>%</u>
b	,		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b			
	amount of gaming revenue retained by the third party ▶ \$		
С			
	Name ►		
	Address ▶		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
ı,		to	
u	retain the state gaming license?		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization	ີ ກຣ	
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info (see instructions).		
SCII.	HEDULE G, PART 1, LINE 2B		
DCII.	DEDULE G, FART I, DINE 25		
PRO:	OFESSIONAL FUNDRAISING SERVICES:		
_	NCE WABASH COLLEGE'S FUNDRAISING CONSULTANTS DO NOT PARTICIPATE IN GIFT		
	QUEST MEETINGS OR LETTERS, WABASH COLLEGE DOES NOT ANTICIPATE		
	NERATING ANY REVENUE FROM THESE CONSULTING ACTIVITIES.		

Schedule G (Form 990 or 990-EZ) 2022

WABASH COLLEGE 35-0868202

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

NAME:

MCALLISTER AND QUINN, LLC

ACTIVITY : CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 16,200.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -16,200.

NAME:

JOHNSON, GROSSNICKLE

ACTIVITY:
CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 64,602.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -64,602.

NAME:

MINDPOWER INCORPORATED

ACTIVITY : CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 136,700.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -136,700.

WABASH COLLEGE 35-0868202

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

NAME:

CRESCENDO INTERACTIVE, INC.

ACTIVITY:
CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION? NO

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

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

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

Attach to Form 990.

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

Open to Public Inspection

Employer identification number Name of the organization WABASH COLLEGE 35-0868202 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (if applicable) or government grant noncash assistance noncash assistance or assistance (1) GREAT LAKES COLLEGES ASSOCIATION, INC. EDITCATIONAL 535 WEST WILLIAM NO 301 ANN ARBOR, MI 48103 38-1678376 501(C)(3) 141,933. ASSISTANCE (2) BOSTON UNIVERSITY 745 COMMONWEALTH AVE. BOSTON, MA 02215 34.971. 04-2103547 501(C)(3) EDUCATIONAL ASSISTAN (3) CENTRE COLLEGE 600 WEST WALNUT STREET DANVILLE, KY 40422 61-0444671 501(C)(3) 30,000. EDUCATIONAL ASSISTAN (4) COLORADO STATE UNIVERSITY 84-6000545 501(C)(3) 19,935. 2002 CAMPUS DELIVERY FT. COLLINS, CO 80523 EDUCATIONAL ASSISTAN (5) COLUMBIA THEOLOGICAL SEMINARY 701 COLUMBIA DRIVE DECATUR, GA 30031 58-0566165 501(C)(3) 109,586 EDUCATIONAL ASSISTAN (6) FULLER THEOLOGICAL SEMINARY 135 N. OAKLAND AVENUE PASADENA, CA 91182 35-1699394 501(C)(3) 15,000. EDUCATIONAL ASSISTAN (7) GUSTAVUS ADOLPHUS COLLEGE 501(C)(3) 800 WEST COLLEGE AVENUE ST. PETER, MN 56082 41-0695524 42,250. EDUCATIONAL ASSISTAN (8) HANOVER COLLEGE PO BOX 108 HANOVER, IN 47243 35-0868096 501(C)(3) 27,868. EDUCATIONAL ASSISTAN (9) INTERDENOMINATIONAL THEOLOGICAL CENTER 700 MARTIN LUTHER KING JR DR. 58-0814544 501(C)(3) 34,810. EDUCATIONAL ASSISTAN (10) KANKAKEE VALLEY SCHOOL CORPORATION PO BOX 278 WHEATFIELD, IN 46392 35-1105539 501(C)(3) 41,192. EDUCATIONAL ASSISTAN (11) LOYOLA UNIVERSITY OF CHICAGO 820 N. MICHIGAN AVENUE CHICAGO, IL 60611 36-1408475 501(C)(3) 29,673. EDUCATIONAL ASSISTAN (12) METHODIST THEOLOGICAL SCHOOL IN OHIO 3081 COLUMBUS PIKE DELAWARE, OH 43015 31-4421101 501(C)(3) 30,000. EDUCATIONAL ASSISTAN

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2022

Schedule I (Form 990) 2022

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

WABASH COLLEGE						35-0868202	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced 	ts or assistand	e?					Yes No
Part IV, line 21, for any recipient to		_					'es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PACIFIC SCHOOL OF RELIGION							
1798 SCENIC AVENUE BERKELEY, CA 94709	94-1186179	501(C)(3)	10,000.				EDUCATIONAL ASSISTAN
(2) RECONSTRUCTIONAL RABBINICAL COLLEGE							
1299 CHURCH ROAD WYNCOTE, PA 19095	23-1710675	501(C)(3)	30,000.				EDUCATIONAL ASSISTAN
(3) SAINT ANSELM COLLEGE							
100 SAINT ANSELM COLLEGE	02-0222182	501(C)(3)	50,000.				EDUCATIONAL ASSISTAN
(4) SANTA CLARA UNIVERSITY							
500 EL CAMINO REAL SANTA CLARA, CA 95053	94-1156617	501(C)(3)	15,000.				EDUCATIONAL ASSISTAN
(5) THE ILIFF SCHOOL OF THEOLOGY							
2323 E ILIFF AVENUE DENVER, CO 80210	84-0404244	501(C)(3)	10,000.				EDUCATIONAL ASSISTAN
(6) ASOCIACION PARA LA EDUCACION TEOLOGICA HISP							EDUCATIONAL
8401 VALENCIA COLLEGE LANE	58-2022462	501(C)(3)	50,000.				ASSISTANCE
(7) SEATTLE PACIFIC UNIVERSITY							EDUCATIONAL
3307 THIRD AVENUE WEST SEATTLE, WA 98119	91-0565553	501(C)(3)	10,000.				ASSISTANCE
(8) SOCIETY OF BIBLICAL LITERATURE							EDUCATIONAL
825 HOUSTON MILL ROAD, STE 350	23-6390716	501(C)(3)	25,960.				ASSISTANCE
(9) ST. LOUIS COMMUNITY COLLEGE							EDUCATIONAL
3221 MCKELVEY, SUITE 100	43-0786590	501(C)(3)	8,807.				ASSISTANCE
(10) VANDERBILT UNIVERSITY							EDUCATIONAL
411 21ST AVENUE SOUTH #113	62-0476822	501(C)(3)	15,000.				ASSISTANCE
(11)							
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis	-	-					

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

Schedule I (Form 990) (2022) WABASH COLLEGE 35-0868202 Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STUDENT GRANTS AND SCHOLARSHIPS	835	27,783,139.			
2 STUDENT PRIZES	130	65,878.			
3 STUDY ABROAD GRANTS	6	15,000.			
4 PARTICIPANT FELLOWSHIPS	103	257,448.			
5 INTERNSHIPS	34	103,940.			
6 STUDENT AWARDS NON-FA	224		35,708.	COST	PLAQUES AND APPAREL
7 DAVIS/MOTHER'S FUND SCHOLARSHIPS	20	37,367.			

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 employee service awards	37	17,605.			
2 FACULTY AND STAFF SUPPORT	4	5,500.			
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

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

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

NARRATIVE REPORTS OF GRANT ACTIVITIES ARE REQUIRED.

WABASH COLLEGE HAS WRITTEN QUALIFICATION CRITERIA FOR STUDENT FINANCIAL

AID AND FOLLOWS A WRITTEN APPROVAL POLICY.

SCHEDULE J (Form 990)

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

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

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

Department of the Treasury Internal Revenue Service Name of the organization

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

WAB	ASH COLLEGE 35-0868202	2							
Part									
			Yes	No					
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.								
	First-class or charter travel X Housing allowance or residence for personal use								
	X Travel for companions Payments for business use of personal residence								
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees								
	Discretionary spending account Personal services (such as maid, chauffeur, chef)								
	Discretionary spending account Personal services (such as maid, chauleur, cher)								
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1.0	21						
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line								
	1a?	2	x						
_			Λ						
3	Indicate which, if any, of the following the organization used to establish the compensation of the								
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.								
	X Compensation committee X Written employment contract								
	Independent compensation consultant X Compensation survey or study								
	Form 990 of other organizations X Approval by the board or compensation committee								
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:								
а	Receive a severance payment or change-of-control payment?	4a		Х					
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х					
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х					
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any								
	compensation contingent on the revenues of:								
а	The organization?	5a		Х					
	Any related organization?	5b		Х					
	If "Yes" on line 5a or 5b, describe in Part III.								
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any								
-	compensation contingent on the net earnings of:								
а	The organization?	6a		Х					
h	Any related organization?	6b		X					
5	If "Yes" on line 6a or 6b, describe in Part III.			21					
_									
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7	X						
0	payments not described on lines 5 and 6? If "Yes," describe in Part III	–	Λ						
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject								
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			3.5					
_	in Part III	8		X					
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in								

Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 WABASH COLLEGE 35-0868202 Page **2**

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
AMIDON JR, JAMES L.	(i)	159,948.	NONE	NONE	16,906.	11,437.	188,291.	
1 SECRETARY/CHIEF OF STAFF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
COOKS, KENDRA A.	(i)	201,798.	NONE	NONE	20,576.	9,233.	231,607.	
2 CFO/TREASURER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
FELLER, SCOTT E.	(i)	437,360.	52,275.	26,060.	30,500.	14,278.	560,473.	
3 PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JONES, STEVEN L.	(i)	233,585.	NONE	NONE	23,540.	9,307.	266,432.	
4 DEAN FOR PROF. DEVELOPMENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JANSSEN, MICHELLE L.	(i)	199,906.	NONE	12,096.	21,288.	14,120.	247,410.	
5 DEAN FOR ADVANCEMENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
WESTFIELD, N. LYNNE	(i)	149,086.	NONE	24,000.	15,375.	9,092.	197,553.	
6 DIRECTOR OF WABASH CENTER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
MCDORMAN, TODD F.	(i)	168,137.	NONE	NONE	18,085.	13,870.	200,092.	
7 DEAN OF THE COLLEGE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
BLAICH, CHARLES F.	(i)	148,943.	NONE	NONE	15,920.	10,582.	175,445.	
8 DIRECTOR OF INQUIRIES-CILA	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022 WABASH COLLEGE 35-0868202 Page **3**

Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

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

PERSONAL RESIDENCE WAS PROVIDED TO N. LYNNE WESTFIELD AND MICHELLE JANSSEN AS TAXABLE INCOME IN LIEU OF ADDITIONAL SALARY.

SCHEDULE J, PART I, LINE 7

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

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

APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES.

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

WABASH COLLEGE

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

35-0868202

Part I **Bond Issues** (i) Pooled (h) On (g) Defeased (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (a) Issuer name (e) Issue price behalf of financing issuer Yes Nο Yes Nο Yes No A INDIANA FINANCE AUTHORITY 35-1602316 08/30/2019 41,632,000. REFINANCE 2001, 2003, & 2013 BONDS Х Х B INDIANA FINANCE AUTHORITY 35-1602316 06/17/2022 15,500,000. STUDENT HOUSING x Х Х С D Part II **Proceeds** Α В C D 20,816,000. 750,000 41,632,000. 15,500,000 5 6 47,547,891. 7 84,019 8 9 10 11 Other spent proceeds....... 13 Yes Yes No 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Χ Χ

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Were the bonds issued as part of a refunding issue of taxable bonds (or, if

issued prior to 2018, an advance refunding issue)?...........

Schedule K (Form 990) 2022

15

Χ

Χ

Χ

Χ

Χ

Schedule K (Form 990) 2022

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

Schedule K (Form 990) 2022

Schedule K (Form 990) 2022

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

SCHEDULE L (Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

WABA	ASH COLLEGE								35-	-086	8202			
Part	Excess Benefit Complete if the												Ob.	
1	(a) Name of disqualified	nerson	(b) Relatio	nship l	between	disqualified pers	on and	(c) D	escription	of trans	action		(d)	Corrected
	(a) Name of disqualified	person			organiz	zation		(6) 5	escription	OI tialis	action		Υe	s No
(1)														
(2)														
(3)														
(4)														
(5) (6)														
2	Enter the amount of tunder section 4958. Enter the amount of ta										\$_ \$_			
Part	Loans to and/or Complete if the organization rep	organization a	answered "Ye	es" oı				e 38a or Form 9	990, Pari	t IV, lir	ne 26;	or if th	ne	
(a) Name of interested person		(b) Relationship with organization	(c) Purpose of loan	froi	om the principal amount principal amount		(f) Balance due	(g) In	default?	lefault? (h) Approved by board or committee?		(i) W agreer		
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)								<u> </u>						
Total Part		tance Benefit	ing Interest	ed Pe	rsons	•		\$ ·.						
(a)	Name of interested person		p between intere			Amount of ssistance	(0	d) Type of assistance	е	(e)	Purpos	se of as	sistance)
(1)	NOT REQUIRED	NOT REQUIRE	D			41,300.	SCHOLAR	RSHIP/FINANCIAL	AID E	DUCATI	ONAL	ASSIST	TANCE	
(2)														
(3)														
(4) (5)														
(5)														
(6)														
(7)														
(8)														

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

Schedule L (Form 990) 2022

(9) (10) WABASH COLLEGE

Schedule L (Form 990 or 990-EZ) 2022 Page 2

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 interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?		
				Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
<u>(7)</u>						
(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

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 35-0868202

WABASH COLLEGE

Part I Types of Property

		(a)	(b)	(c)		(d)		
		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont	detern		
1	Art - Works of art	X	65	NONE				
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		39	5,307,878.	MARKET VA	LUE		
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	X	1	50,000.	APPRAISAL			
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	X	1	NONE				
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(EQUIPMENT)	X	1	NONE				
26	Other ►()							
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received		•					_
	which the organization completed f	orm 8283,	Part V, Donee Acknowledge	ement	29	,	V	1
00-	Burton the committee the committee		h	ate and a description of the Death I. Pers	. 4. (1		Yes	No
30a	During the year, did the organizat				_			
	28, that it must hold for at least the	-			•	30a		v
L	to be used for exempt purposes for If "Yes," describe the arrangement i		ording period?			Jua		X
	Does the organization have a		tance noticy that require	ne the review of any	nonetandard			
31	=					31	Х	
322	contributions? Does the organization hire or use					51	27	
JZd	contributions?	, umu paru	os or related organization	s to solicit, process, or s	ou noncasii	32a		Х

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

b If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) 2022

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2022)

Part II Supplement

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

SCHEDULE M, PART I, LINE 33

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

SCHEDULE M, PART I, COLUMN (B)

NUMBER OF CONTRIBUTORS:

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

SCHEDULE M, PART I, LINE 9

SECURITIES - PUBLICLY TRADED:

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

PUBLICLY TRADED SECURITIES IN THE AMOUNT OF \$5,108,933 RECEIVED WERE

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

990 IN A PREVIOUS YEAR.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 35-0868202

Name of the organization WABASH COLLEGE

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

CLASSES OF MEMBER OR STOCKHOLDERS:

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

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

PROCESS TO REVIEW THE FORM 990:

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

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

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

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

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

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

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

OF THE BOARD MEETING.

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

REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION:

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number
WABASH COLLEGE 35-0868202

CONSIDERS DATA FROM OTHER SCHOOLS, NATIONAL SURVEYS AND TRENDS, AND PERFORMANCE AGAINST GOALS AS PART OF THE REVIEW PROCESS. THE PRESIDENT REVIEWS AND DETERMINES THE COMPENSATION OF THE DEANS AND THE OTHER MEMBERS OF THE PRESIDENT'S STAFF ON AN ANNUAL BASIS, WITH THE ADVICE AND CONSENT OF THE COMPENSATION COMMITTEE. ALL COMPENSATION DECISIONS ARE NOTED IN THE COLLEGE'S BOOKS AND RECORDS. OFFICER COMPENSATION WAS LAST REVIEWED IN JULY 2023.

FORM 990, PART VI, SECTION C, LINE 19

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

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

\$ (76,952)	AMORTIZATION OF NET GAIN - NET PERIODIC PENSION COSTS
659,191	DEFINED-BENEFIT POSTRETIREMENT HEALTH PLAN
(1,144,590)	PRIOR SERVICE CREDIT RECOGNIZED IN CURRENT YEAR

\$ (562,351) TOTAL CHANGE IN NET ASSETS

Name of the organization	Employer identification number
WARASH COLLEGE	35-0868202

FORM 990, PART VII-COMPENSATION OF THE 5	HIGHEST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SODEXO AND AFFILIATES		
4880 PAYSPHERE CIRCLE		
CHICAGO, IL 60674	CAMPUS SERVICES	3,029,614.
COMPASS GROUP USA, INC.		
301 W WABASH AVE		
CRAWFORDSVILLE, IN 47933	FOOD SERVICE	2,628,876.
SHEPLEY BULFINCH RICHARDSON & ABBOTT,	IN	
2 SEAPORT LANE		
BOSTON, MA 02210	ARCHITECTURE	1,255,111.
KORT BUILDERS INC		
8709 CASTLE PARK DR.		
INDIANAPOLIS, IN 46256	CONSTRUCTION	1,175,033.
CAMPUS COOKS LLC		
1400 S WOLF RD, STE. 400		
WHEELING, IL 60090	FOOD SERVICE	1,121,662.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Go to $\emph{www.irs.gov/Form990}$ for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

WABASH COLLEGE

35-0868202

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

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

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

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 WABASH COLLEGE 35-0868202 Page **2**

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

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

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

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

Schedule R (Form 990) 2022 WABASH COLLEGE 35-0868202 Page **3**

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

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

1	During the tax year, did the organization engage in any of the following transactions with one or more related	ed organizations liste	ed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Χ
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		Χ
е	Loans or loan guarantees by related organization(s)				1e		Χ
f	Dividends from related organization(s)				1f		Χ
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		Χ
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
0	Sharing of paid employees with related organization(s)				10		X
	Reimbursement paid to related organization(s) for expenses				1p	_	X
q	Reimbursement paid by related organization(s) for expenses				1q		X
					4	7.7	
	Other transfer of cash or property to related organization(s)				1r 1s	X	
2	Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete this li	ine including cover	ad ralationships and transact	ion thro			_
	(a)	(b)	(c)		(d)	·.	
	Name of related organization	Transaction	Amount involved	Method	of dete		j
		type (a - s)		amou	nt invo	lved	
							_
(1)							
(- /							_
(2)							
<u>, , </u>							_
(3)							
(4)							
(5)							
(6)							
SA			Sche	dule R (I	orm 9	990) 2	022

Yes No

Schedule R (Form 990) 2022 WABASH COLLEGE 35-0868202 Page **4**

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

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

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

 Schedule R (Form 990) 2022
 WABASH COLLEGE
 35-0868202
 Page 5

Part VII

Supplemental Information

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

33946

Exempt Organization Business Income Tax Return Form 990-T OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning 07/01, 2022, and ending 06/30, 2023 Open to Public Inspection for 501(c)(3) Organizations Only Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). D Employer identification number Check box if Name of organization (Check box if name changed and see instructions.) address changed WABASH COLLEGE 35-0868202 **Print B** Exempt under section Number, street, and room or suite no. If a P.O. box, see instructions. Group exemption number (see instructions) or X 501(C)(3) P.O. BOX 352 **Type** City or town, state or province, country, and ZIP or foreign postal code 408(e) 220(e) Check box it CRAWFORDSVILLE, IN 47933 408A 530(a) an amended return. Book value of all assets at end of year 529A 579551315 529(a) G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation The books are in care of KENDRA A. COOKS Telephone number 765-361-6212 P.O. BOX 352 CRAWFORDSVILLE, IN 47933 Part I Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see 270,249. 1 270,249. 3 3 Charitable contributions (see instructions for limitation rules) SEE STATEMENT 1 . . 4 8,899. 261,350. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 6 Deduction for net operating loss. See instructions 6 181,264. Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 80,086. 7 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 NONE Trusts, Section 199A deduction. See instructions. 9 9 Total deductions. Add lines 8 and 9 NONE 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 11 80,086. Part | Tax Computation Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 16,818. 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041). Part I, line 11 from: 2 3 Proxy tax. See instructions 3 4 Other tax amounts. See instructions 4

5

6

Alternative minimum tax (trusts only)......

For Paperwork Reduction Act Notice, see instructions.

Tax on noncompliant facility income. See instructions . .

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

16,818

Form **990-T** (2022)

5

6

7

Form 990-T (2022) 35-0868202 Page **2**

Part		Tax and Payments							
1a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a						
b	Other c	redits (see instructions)	1b						
С	Genera	I business credit. Attach Form 3800 (see instructions)	1c						
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	1d						
е	Total cr	redits. Add lines 1a through 1d				1e			
2	Subtrac	t line 1e from Part II, line 7				2		16,8	18.
3	Other an	nounts due. Check if from: Form 4255 Form 8611 Form 8697 F	Form	8866					
		Other (attach statement)				3			
		x. Add lines 2 and 3 (see instructions). Land Check if includes tax previously defined by the contraction of							
	section	1294. Enter tax amount here				4		16,8	<u> 18.</u>
5	Current	net 965 tax liability paid from Form 965-A, Part II, column (k)				5			
6a	Paymer	nts: A 2021 overpayment credited to 2022	6a						
		stimated tax payments. Check if section 643(g) election applies	6b						
		osited with Form 8868	6c	50,0	00.				
	_	organizations: Tax paid or withheld at source (see instructions)	6d						
	•	withholding (see instructions)	6e						
		or small employer health insurance premiums (attach Form 8941)	6f						
g		redits, adjustments, and payments: Form 2439	_						
_			6g					- 0 0	0.0
		ayments. Add lines 6a through 6g				7 8		50,0	00.
		ed tax penalty (see instructions). Check if Form 2220 is attached				-			
		e. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed				9 10		22 1	0.2
	-	yment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpain				11		33,1	82.
11 Pari		e amount of line 10 you want: Credited to 2023 estimated tax Statements Regarding Certain Activities and Other Info		Refun					
		time during the 2022 calendar year, did the organization have an in-		·			outhority.	Yes	No
	•	financial account (bank, securities, or other) in a foreign country? If		-			•	100	
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes,"		-					
	here	Tomi 114, Report of Foreign Bank and Financial Accounts. If 165,	CI	itel the hame of	uie	ioi c igii	Country		Х
		the tax year, did the organization receive a distribution from, or was it the	ora	entor of or transfer	ror to	a forei	ian trust?		X
	_	see instructions for other forms the organization may have to file.	y git	artor or, or transfer	101 10,	u loici	igii tiust.		21
		ne amount of tax-exempt interest received or accrued during the tax year		\$					
		vailable pre-2018 NOL carryovers here \$ 181,264. Do not inclu		_	carryov	/er			
		on Schedule A (Form 990-T). Don't reduce the NOL carryover sho					orted on		
	Part I, li		JVVII	nere by any de	Jaactio	и тер	orted on		
		17 NOL carryovers. Enter the Business Activity Code and available	pos	t-2017 NOL carr	vovers.	. Don't	t reduce		
		ounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for th			-				
		Business Activity Code		Available post-2		OL carr	yover		
		451211	\$_	331,339.					
		901101	_ \$ _	649,163.					
			_						
			\$						
		organization change its method of accounting? (see instructions)							_X_
b		is "Yes," has the organization described the change on Form 990,					-		
		in Part V							
Part		Supplemental Information	. 4	0					
Provid	e me ex	rplanation required by Part IV, line 6b. Also, provide any other additional information	ation.	. See instructions.					
		SUPPLEMENTAL INFORMATION ATTACHED							
	Und	er penalties of perjury, I declare that I have examined this return, including accompanying	na sa	hadules and statemen	te and	to the h	neet of my	knowled	lae and
Qian	helie	ef, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on						owieu	yo anu
Sign Here		ENDDA GOOKS 05/15/2024 GBO	шъ.	E V CIID ED			RS discuss		
Here		ENDRA COOKS 05/15/2024 CFO, nature of officer Date Title	T.K.	FASUKEK	— With	n the einstructio	preparer s	nown b	No No
	J	Print/Type preparer's name Preparer's signature		Date			DTIN	69	140
Paid		Ulade 42 4: When	1	05/13/2024	Check	if mployed		7947	5
Prep		Firm's name FORVIS, LLP		05/13/2024			44-016		
Use	Only	Firm's address 201 N. ILLINOIS STREET, INDIANAPOLIS,	TN	N 46204	Firm's		7-383-		
JSA	1.000	1 Sasiooo ZOI N. IDDINOID DINEEI, INDIANAPOLIS,		N TUZUT	i none	, 11U. JI		90-T	(2022)
2X2741	1.000								/

TX6855 D310 05/10/2024 10:14:39

SUPPLEMENTAL INFORMATION

PART NUMBER: SCHEDULE A, PART II

LINE NUMBER: LINE 17

EXPLANATION:

FORM 990-T, SCHEDULE A

INCOME FROM K-1 INVESTMENTS

NOL CARRYFORWARD

06/30/2023

YEAR END	GENERATED	AVAILABLE	UTILIZED	CARRYOVER
6/30/2019	(80,604)	(80,604)	(80,604)	_
6/30/2020	_	-	_	_
6/30/2021	(568,559)	(568,559)	(275,334)	(293,225)
6/30/2022	-	-	_	_
6/30/2023	_	-	-	-

SUPPLEMENTAL INFORMATION

PART NUMBER: SCHEDULE A, PART II

LINE NUMBER: LINE 17

EXPLANATION:

FORM 990-T, SCHEDULE A

BOOKSTORE

NOL CARRYFORWARD

06/30/2023

YEAR END	GENERATED	AVAILABLE	UTILIZED	CARRYOVER
6/30/2019	(54,100)	(54,100)	_	(54,100)
6/30/2020	(123,724)	(123,724)	_	(123,724)
6/30/2021	(32,846)	(32,846)	_	(32,846)
6/30/2022	(120,669)	(120,669)	_	(120,669)
6/30/2023	(72,031)	(72,031)	_	(72,031)

WABASH COLLEGE 35-0868202

FORM 990-T, PAGE 1, PART I, LINE 4 DETAIL ______ CASH CONTRIBUTION CASH CONTRIBUTION CONTRIBUTION DEDUCTION (CURRENT YEAR) ______ 06/30/2023 782,889. SUBTOTAL CHARITABLE CONTRIBUTIONS 782,889. _____ TOTAL CHARITABLE CONTRIBUTIONS 782,889. ========= TAXABLE INCOME FOR CHARITABLE CONTRIBUTION LIMITATION 88,985. CHARITABLE CONTRIBUTION DEDUCTION LIMIT (10%) 8,899.

8,899.

STATEMENT 1

=========

CHARITABLE CONTRIBUTION DEDUCTION

TX6855 D310 33946 113

WABASH COLLEGE 35-0868202

FORM 990T, PART I, LINE 6 DETAIL

LOSS YEAR ENDING	ORGINAL LOSS	LOSS AVAILABLE IN CURRENT YEAR	LOSS CLAIMED IN CURRENT YEAR
06/30/2003		NONE	NONE
06/30/2004		NONE	NONE
06/30/2005		NONE	NONE
06/30/2006		NONE	NONE
06/30/2007		NONE	NONE
06/30/2008		NONE	NONE
06/30/2009		NONE	NONE
06/30/2010		NONE	NONE
06/30/2011		NONE	NONE
06/30/2012		NONE	NONE
06/30/2013		NONE	NONE
06/30/2014	157,845.	NONE	NONE
06/30/2015		NONE	NONE
06/30/2016	820,726.	NONE	NONE
06/30/2017	853,118.	NONE	NONE
06/30/2018	484,385.	181,264.	181,264.
TOTAL:	2,316,074.	181,264.	181,264.
	=======	=======	=======
NET OPERATING LOSS A	VAILABLE FROM PRIOR YEA	ARS BEFORE 2018	181,264.
TAXABLE INCOME (LINE	5 ON PAGE 1, 990-T) .		261,350.
NET OPERATING LOSS D	EDUCTION		181,264.
			=======

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

B Employer identification number

35-0868202

Department of the Treasury Internal Revenue Service

WABASH COLLEGE

A Name of the organization

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

Open to Public Inspection for 501(c)(3) Organizations Only

OMB No. 1545-0047

E Describe the unrelated trade or business WEEKEND AND INTERNET BOOKSTORE SALES Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Note that the statement is a substant of the statement income (Part IV). Less returns and allowances c Balance 256,872. 2 Cost of goods sold (Part III, line 8). 2 158,530. 3 Gross profit. Subtract line 2 from line 1c. 3 98,342. 98 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions. 4a b Net gain (loss) (Form 4797) (attach Form 4797). See instructions c Capital loss deduction for trusts. 5 6 Rent income (Part IV). 66	}
1a Gross receipts or sales 256,872. b Less returns and allowances c Balance 2 Cost of goods sold (Part III, line 8). 2 158,530. 3 Gross profit. Subtract line 2 from line 1c. 3 98,342. 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions. 4a b Net gain (loss) (Form 4797) (attach Form 4797). See instructions 4b c Capital loss deduction for trusts. 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5	
b Less returns and allowances	et
b Less returns and allowances	
2 158,530. 3 Gross profit. Subtract line 2 from line 1c	
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	
Form 1120)). See instructions	,342.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions c Capital loss deduction for trusts	
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions c Capital loss deduction for trusts	
c Capital loss deduction for trusts	
5 Income (loss) from a partnership or an S corporation (attach statement)	
statement)	
7 Unrelated debt-financed income (Part V)	
8 Interest, annuities, royalties, and rents from a controlled	
organization (Part VI)	
9 Investment income of section 501(c)(7), (9), or (17)	
organizations (Part VII)	
10 Exploited exempt activity income (Part VIII)	
11 Advertising income (Part IX)	
12 Other income (see instructions; attach statement)	
	,342.
Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be	, , , , , , ,
directly connected with the unrelated business income.	
1 Compensation of officers, directors, and trustees (Part X)	
	,661.
3 Repairs and maintenance	7
4 Bad debts	
5 Interest (attach statement). See instructions	
6 Taxes and licenses	
7 Depreciation (attach Form 4562). See instructions	
8 Less depreciation claimed in Part III and elsewhere on return 8a 8b	
9 Depletion	
10 Contributions to deferred compensation plans	
· · · · · · · · · · · · · · · · · · ·	,412.
12 Excess exempt expenses (Part VIII)	, 112.
	200
,	,300.
· · · · · · · · · · · · · · · · · · ·	,373.
Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,	021
	,031.
17 Deduction for net operating loss. See instructions	0.2.1
18 Unrelated business taxable income. Subtract line 17 from line 16	,031.

	ule A (Form 990-1) 2022		1 0		Page Z
Par		Enter method of invento			
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)		4	150 500
5	Other costs (attach statement)				158,530.
6	Total. Add lines 1 through 5				158,530.
7	Inventory at end of year				150 500
8	Cost of goods sold. Subtract line 7 from line 6.				158,530.
9	Do the rules of section 263A (with respect t				Yes No
	t IV Rent Income (From Real Property	<u> </u>		<u></u>	
1	Description of property (property street address,	city, state, ZIP code). Check	if a dual-use. See insti	ructions.	
	A				
	В				
	С				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c of	olumns A through D. Ente	er here and on Part I,	line 6, column (A)	
	1				
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and on Part I,	line 6, column (B)		
_	AVE 11 14 15 14 5				
Par		,	251. 1411 O-	- !	
1	Description of debt-financed property (street add	iless, city, state, ZIP code). (Sheck ii a dual-use. Sei	e instructions.	
	A				
	B				
	<u>c</u>				
	D	A	В	С	
_	Cross in some from or allocable to debt financed		В .	•	
2	Gross income from or allocable to debt-financed				
•	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through	ugh D). Enter here and on Pa	art I, line 7, column (A)		
	1	I	Т	I	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colu				
11	Total dividends - received deductions included i	n line 10			

Schedule A (Form 990-T) 2022 Page 3

Part VI Interest Apr	nuitios Povalt	ios and Ponte	s from Controlled Organ	vizations (coo instructions)	Page 3
Part VI Interest, Am	Noyali	ies, and Kent		introlled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
	•	Nonexe	empt Controlled Organization	ons	
7. Taxable income	ine	let unrelated come (loss) a instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals Investment I			(7), (9), or (17) Organiza	ation (see instructions)	
Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals					
Part VIII Exploited Ex	cempt Activity	/ Income, Oth	er Than Advertising Inco	me (see instructions)	
1 Description of exploit	ed activity:				
2 Gross unrelated bus	iness income fro	om trade or bus	iness. Enter here and on Pa	art I, line 10, column (A)	2
3 Expenses directly contains a second of the second of	onnected with p	production of ur	nrelated business income. E	inter here and on Part I,	
line 10, column (B) .					3
4 Net income (loss)	from unrelated t	rade or busines	s. Subtract line 3 from lin	ne 2. If a gain, complete	
lines 5 through 7					4
5 Gross income from a	ctivity that is not	unrelated business	s income		5
6 Expenses attributable	e to income entere	ed on line 5			6
' '			6, but do not enter more	than the amount on line	
4. Enter here and on I	Part II, line 12				7

Page 4 Schedule A (Form 990-T) 2022

Par	t IX Advertising Income					
1	Name(s) of periodical(s). Check box if	reporting	g two or more periodicals o	n a consolidated basis.		
	Α					
	В					
	c					
	D	- ! 41				
⊨nter	amounts for each periodical listed above	e in the c				
			A	В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here	and on P	art I, line 11, column (A)			
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here		art I. line 11. column (B).			
			, , , , , , , , , , , , , , , , , , , ,			
4	Advertising gain (loss). Subtract line 3	from line				
-	- · · ·					
	2. For any column in line 4 showing	_				
	complete lines 5 through 8. For any constant and constant					
	line 4 showing a loss or zero, do not o					
	lines 5 through 7, and enter zero on line	e8				
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is le	ess than				
	line 5, subtract line 6 from line 5. If line	5 is less				
	than line 6, enter zero					
8	Excess readership costs allowed					
Ü	deduction. For each column showing a					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D		-			
	Part II, line 13					• •
Par	t X Compensation of Officers	, Direc	tors, and Trustees (s	see instructions)		
	•	ĺ	,		3. Percentage	4. Compensation
	4. Nome		2 Title		ŭ	
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					0/_	
(-)					70	
Tata	L Enter here and an Bort II line 1					
	I. Enter here and on Part II, line 1					
Par	t XI Supplemental Information	n (see ir	nstructions)			

35-0868202 WABASH COLLEGE

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

SUPPLIES	2,227.
PURCHASED SERVICES	479.
ACCOUNTING FEES	1,673.
MISCELLANEOUS EXPENSE	15,921.
TOTAL OTHER DEDUCTIONS	20,300.
	=========

TX6855 D310 33946 119

WABASH COLLEGE 35-0868202

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

COST OF GOODS SOLD 158,530.

TX6855 D310 33946 120

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

B Employer identification number

35-0868202

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

WABASH COLLEGE

A Name of the organization

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

Open to Public Inspection for 501(c)(3) Organizations Only

C Un	related business activity code (see instructions) 901101	D S	equence:	2	of 2		
E Describe the unrelated trade or business INCOME FROM K-1 INVESTMENTS							
Par	Unrelated Trade or Business Income		(A) Income		(B) Expens	ses	(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Schedule D (Form 1041 or						
	Form 1120)). See instructions	4a	243,78	37.			243,787.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement) SEE. STATEMENT. 1	5	433,42	26.			433,426.
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	677,21	.3.			677,213.
Par	t II Deductions Not Taken Elsewhere See instructions f	for lin	nitations on de	ducti	ons. Deduct	tions m	nust be
	directly connected with the unrelated business incom	e.					
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses					6	24,441.
7	Depreciation (attach Form 4562). See instructions		7				
8	Less depreciation claimed in Part III and elsewhere on return		8a			8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	
14	Other deductions (attach statement)					14	26,585.
15	Total deductions. Add lines 1 through 14					15	51,026.
16	Unrelated business income before net operating loss deduction						
	column (C)					16	626,187.
17	Deduction for net operating loss. See instructions					17	355,938.
18	Unrelated business taxable income. Subtract line 17 from line					18	270,249.
For Pa	perwork Reduction Act Notice, see instructions.					hedule	A (Form 990-T) 2022

	ule A (Form 990-1) 2022		1 /		Page Z
		Enter method of invento			
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Part I, line	2		
9	Do the rules of section 263A (with respect t	o property produced or a	cquired for resale) ap	ply to the organization?	Yes No
Par	t IV Rent Income (From Real Property	y and Personal Prope	rty Leased with R	eal Property)	
1	Description of property (property street address,				
	Α				
	В				
	С				
	D				
		Α	В	С	
2	Rent received or accrued			-	
	From personal property (if the percentage of				
а	rent for personal property is more than 10%				
b	but not more than 50%)				
b					
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c of	olumns A through D. Ente	er here and on Part I,	line 6, column (A)	
	,				
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and on Part I,	line 6, column (B)		
Paı	t V Unrelated Debt-Financed Income	(see instructions)			
1	Description of debt-financed property (street add	dress, city, state, ZIP code). (Check if a dual-use. See	e instructions.	
	A				
	В				
	С				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
-					
2	property Deductions directly connected with or allocable				
3	-				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6		7	,	
8	Total gross income (add line 7, columns A through	ugh D). Enter here and on P	art I, line 7, column (A)		
-	g. 222 mesine (add mio 1, oblamilo A tillo	-gjor noro and off f	, r , oo.umm (A).		
9	Allocable deductions. Multiply line 3c by line 6				
9 10	Total allocable deductions. Add line 9, column	mne A through D Enter	here and on Part I	line 7 column (R)	
10	Total dividends - received deductions included i				
	i otal alviucilus - receiveu ueuucilolis illoluded l				

Schedule A (Form 990-T) 2022 Page 3

Part VI Interest Apr	nuitios Povalt	ios and Ponte	s from Controlled Organ	vizations (coo instructions)	Page 3
Part VI Interest, Am	Noyali	ies, and Kent		introlled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelate income (loss) (see instruction	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
	•	Nonexe	empt Controlled Organization	ons	
7. Taxable income	ine	let unrelated come (loss) a instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals Investment I			(7), (9), or (17) Organiza	ation (see instructions)	
Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals					
Part VIII Exploited Ex	cempt Activity	/ Income, Oth	er Than Advertising Inco	me (see instructions)	
1 Description of exploit	ed activity:				
2 Gross unrelated bus	iness income fro	om trade or bus	iness. Enter here and on Pa	art I, line 10, column (A)	2
3 Expenses directly contains a second of the second of	onnected with p	production of ur	nrelated business income. E	inter here and on Part I,	
line 10, column (B) .					3
4 Net income (loss)	from unrelated t	rade or busines	s. Subtract line 3 from lin	ne 2. If a gain, complete	
lines 5 through 7					4
5 Gross income from a	ctivity that is not	unrelated business	s income		5
6 Expenses attributable	e to income entere	ed on line 5			6
' '			6, but do not enter more	than the amount on line	
4. Enter here and on I	Part II, line 12				7

Page 4 Schedule A (Form 990-T) 2022

	X					
١	lame(s	s) of periodical(s). Check box	if reporting two or more periodic	als on a consolidated ba	sis.	
A	\ \	7				
E						
		-				
-		-				
er ar	nounts	s for each periodical listed abo	ove in the corresponding column.			_
			A	В	С	D
(Gross a	advertising income				
a A	Add col	lumns A through D. Enter her	re and on Part I, line 11, column ((A)		
		_				
г	Direct a	advertising costs by periodical				
			re and on Part I, line 11, column (
	ruu coi	idiliiis A tillough D. Enter her	e and on r art i, line 11, column (٠)		
		sing gain (loss). Subtract line 3				
		any column in line 4 showir				
		ete lines 5 through 8. For any				
li	ine 4 s	showing a loss or zero, do not	t complete			
li	ines 5	through 7, and enter zero on li	ine 8			
F	Reader	ship costs				
C	Circula	tion income				
		readership costs. If line 6 is				
		subtract line 6 from line 5. If lir				
		ne 6, enter zero				
		,				
		readership costs allowe				
		ion. For each column showing	· -			
		enter the lesser of line 4 or line	•			
a A	Add lii	ne 8, columns A through	D. Enter the greater of the	line 8a, columns to	otal or zero here and	on
F	Part II, I	line 13				·
_						
art `	X C	Compensation of Office	rs. Directors, and Truste	es (see instructions)		
art)	X C	Compensation of Office	rs, Directors, and Truste	es (see instructions)		
art)	X C	•			3. Percentage	4. Compensation
art)	X C	Compensation of Office 1. Name	rs, Directors, and Truste		3. Percentage of time devoted	4. Compensation attributable to
art	X C	•			ŭ	
art)	X C	•			of time devoted to business	attributable to
art)	X C	•			of time devoted to business	attributable to
art)	X C	•			of time devoted to business %	attributable to
art	X C	•			of time devoted to business % %	attributable to
art.	X C	•			of time devoted to business %	attributable to
		1. Name	2. Title	9	of time devoted to business % % % %	attributable to
al.	Enter	1. Name here and on Part II, line 1.	2. Title	9	of time devoted to business % % % %	attributable to
al.	Enter	1. Name	2. Title	9	of time devoted to business % % % %	attributable to
al.	Enter	1. Name here and on Part II, line 1.	2. Title	9	of time devoted to business % % % %	attributable to
al.	Enter	1. Name here and on Part II, line 1.	2. Title	9	of time devoted to business % % % %	attributable to
al.	Enter	1. Name here and on Part II, line 1.	2. Title	9	of time devoted to business % % % %	attributable to
al.	Enter	1. Name here and on Part II, line 1.	2. Title	9	of time devoted to business % % % %	attributable to
al.	Enter	1. Name here and on Part II, line 1.	2. Title	9	of time devoted to business % % % %	attributable to
al.	Enter	1. Name here and on Part II, line 1.	2. Title	9	of time devoted to business % % % %	attributable to
al.	Enter	1. Name here and on Part II, line 1.	2. Title	9	of time devoted to business % % % %	attributable to
al.	Enter	1. Name here and on Part II, line 1.	2. Title	9	of time devoted to business % % % %	attributable to
al.	Enter	1. Name here and on Part II, line 1.	2. Title	9	of time devoted to business % % % %	attributable to
al.	Enter	1. Name here and on Part II, line 1.	2. Title	9	of time devoted to business % % % %	attributable to
al.	Enter	1. Name here and on Part II, line 1.	2. Title	9	of time devoted to business % % % %	attributable to
al.	Enter	1. Name here and on Part II, line 1.	2. Title	9	of time devoted to business % % % %	attributable to
al.	Enter	1. Name here and on Part II, line 1.	2. Title	9	of time devoted to business % % % %	attributable to
:al.	Enter	1. Name here and on Part II, line 1.	2. Title	9	of time devoted to business % % % %	attributable to
al.	Enter	1. Name here and on Part II, line 1.	2. Title	9	of time devoted to business % % % %	attributable to
al.	Enter	1. Name here and on Part II, line 1.	2. Title	9	of time devoted to business % % % %	attributable to
al.	Enter	1. Name here and on Part II, line 1.	2. Title	9	of time devoted to business % % % %	attributable to
:al.	Enter	1. Name here and on Part II, line 1.	2. Title	9	of time devoted to business % % % %	attributable to

WABASH COLLEGE 35-0868202

SCHEDULE A: INCOME FROM K-1 INVESTMENTS

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
KAYNE ANDERSON ENERGY FUND IV KAYNE ANDERSON ENERGY FUND V NORTHGATE VENTURE PARTNERS II RESOURCE LAND FUND V RESOURCE LAND FUND IV ROCKLAND POWER PARTNERS ROCKLAND POWER PARTNERS	-56. 207,695. -331. -2,812. 41,054. 303,719. 60,766.	176,609.	-56. 31,0863312,812. 41,054. 303,719. 60,766.
TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/	OR S CORPORATIONS		433,426.

35-0868202 WABASH COLLEGE

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

ACCOUNTING 9,478. INVESTMENT MANAGEMENT 17,107.

TOTAL OTHER DEDUCTIONS 26,585. =========

TX6855 D310 33946 126

SCHEDULE D (Form 1120)

Department of the Treasury

Capital Gains and Losses

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

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

OMB No. 1545-0123

Internal Revenue Service Name Employer identification number WABASH COLLEGE 35-0868202 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes X No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (d) (e) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses - Assets Held More Than One Year (h) Gain or (loss) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (d) (e) or loss from Form(s) Subtract column (e) from Proceeds Cost This form may be easier to complete if you round off cents to 8949. Part II. line 2. column (d) and combine (sales price) (or other basis) whole dollars column (a) the result with column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked 604. 604. Enter gain from Form 4797, line 7 or 9 243,183. Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 243,787. Part III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 243,787 243,787 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

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

Note: If losses exceed gains, see Capital Losses in the instructions

.ISA

2E1801 1.000

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Form 8949 (2022) 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
WABASH COLLEGE	35-0868202

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

Part II

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

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

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

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

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

x (F) Long-term transactions	not reported t	o you on For	m 1099-B				
(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and	
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
NORTHGATE VENTURE PARTNERS II	VARIOUS	VARIOUS	327.				327.
RESOURCE LAND FUND V	VARIOUS	VARIOUS	155.				155.
RESOURCE LAND FUND IV	VARIOUS	VARIOUS	122.				122.
	+		-	1			

above is checked), or line 10 (if Box F above is checked) . . . 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.

604

Form 8949 (2022)

604.

JSA 2X2616 1.000

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E Form **4797**

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

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information. Sequence No. 27

Nam	ne(s) shown on return						ldentify	ing number
WA]	BASH COLLEGE						35-0	868202
1a	Enter the gross proceeds from s	ales or exchanges	s reported to y	ou for 2022 on F	orm(s) 1099-B or	1099-S (or		
	substitute statement) that you are it	including on line 2	, 10, or 20. See	instructions			1a	
b	Enter the total amount of gain the							
	MACRS assets						1b	
С	Enter the total amount of loss that	at you are includir	ng on lines 2 a	nd 10 due to the p	partial dispositions	of MACRS		
	assets						1c	
Pa	rt I Sales or Exchanges o						ns Fro	m Other
	Than Casualty or The	ft - Most Prop	erty Held Mo	re Than 1 Year	(see instruction	s)		
2	(a) Description	(b) Date acquired	(c) Date sold	(d) Gross	(e) Depreciation allowed or	(f) Cost or basis, p		(g) Gain or (loss)
_	of property	(mo., day, yr.)	(mo., day, yr.)	sales price	allowable since	improveme	nts and	Subtract (f) from the sum of (d) and (e)
					acquisition	expense o	f sale	Sum of (a) and (e)
	SEE STATEMENT 1							243,183.
3	Gain, if any, from Form 4684, line						3	
4	Section 1231 gain from installmen		•				4	
5	Section 1231 gain or (loss) from I						5	
6	Gain, if any, from line 32, from oth						6	0.40, 1.00
7	Combine lines 2 through 6. Enter	• ,					7	243,183.
	Partnerships and S corporations. line 10, or Form 1120-S, Schedule				s for Form 1065, S	chedule K,		
	Individuals, partners, S corporat				oraloss enterti	ne amount		
	from line 7 on line 11 below and							
	1231 losses, or they were recaptu				long-term capital g	ain on the		
_	Schedule D filed with your return a		•					
8	Nonrecaptured net section 1231 le						8	
9	Subtract line 8 from line 7. If zero	·		. •				
	line 9 is more than zero, enter the capital gain on the Schedule D file			•	•	Ū	9	
Pa	rt Ordinary Gains and L							
	Ordinary gains and losses not incl			ide property held 1 v	/ear or less):			
11	Loss, if any, from line 7						11	()
	Gain, if any, from line 7 or amoun						12	,
	Gain, if any, from line 31						13	
14	•						14	
	0	•					15	
	Ordinary gain or (loss) from like-ki						16	
17	Combine lines 10 through 16	~					17	
	For all except individual returns, e							
10	a and b below. For individual return			пе арргорпате пп	e or your return and	skip iiiies		
•	If the loss on line 11 includes a los	•		n (h)(ii) enter that	nart of the loss here	Enter the		
а	loss from income-producing proper							
	an employee.) Identify as from "For	•	•	,		-	18a	
b	Redetermine the gain or (loss) or							
	(Form 1040), Part I, line 4		-				18b	
or	Paperwork Reduction Act Notice,						,	Form 4797 (2022)

Form 4797 (2022) 35-0868202 Page **2**

Pa	rt III Gain From Disposition of Property (see instructions)	' Un	der Sections 124	5, 1250, 1252, 12	254, and 1255		
19	(a) Description of section 1245, 1250, 1252, 1254, ((b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)				
Α		(IIIO., day, yr.)	(IIIo., day, yr.)				
	These columns relate to the properties on lines 19A through 19E).	Property A	Property B	Property C	Property D	
20	Gross sales price (Note: See line 1 before completing.)	20					
21	Cost or other basis plus expense of sale	21					
	Depreciation (or depletion) allowed or allowable	22					
23	Adjusted basis. Subtract line 22 from line 21	23					
24	Total gain. Subtract line 23 from line 20	24					
	If section 1245 property:						
	Depreciation allowed or allowable from line 22	25a					
	·	25b					
	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
а	Additional depreciation after 1975. See instructions $\mbox{.}$	26a					
b	Applicable percentage multiplied by the smaller of						
	line 24 or line 26a. See instructions	26b					
С	Subtract line 26a from line 24. If residential rental property						
	or line 24 isn't more than line 26a, skip lines 26d and 26e .	26c					
d	Additional depreciation after 1969 and before 1976 $\mbox{.}$	26d					
е	Enter the smaller of line 26c or 26d	26e					
f	Section 291 amount (corporations only)	26f					
g	Add lines 26b, 26e, and 26f	26g					
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
а	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					
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
b	Enter the smaller of line 24 or 28a	28b					
	If section 1255 property:						
а	Applicable percentage of payments excluded from						
	income under section 126. See instructions	29a					
b	Enter the smaller of line 24 or 29a. See instructions .	29b					
Sur	mmary of Part III Gains. Complete propert	у сс	lumns A through	D through line 29	b before going to li	ne 30.	
30	Total gains for all properties. Add property columns A	\ thro	ugh D. line 24				
	Total gains for all properties. Add property columns A through D, line 24 30 4 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 4						
	Subtract line 31 from line 30. Enter the portion from						
	other than casualty or theft on Form 4797, line 6		•	•			
Pa	rt IV Recapture Amounts Under Section (see instructions)					or Less	
					(a) Section	(b) Section	
					179	280F(b)(2)	
33	Section 179 expense deduction or depreciation allow	able	in prior years				
	Recomputed depreciation. See instructions		•				
	Recapture amount. Subtract line 34 from line 33. Se						
						- 4707 (2000)	

Form **4797** (2022)

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
RESOURCE LAND FND V	VARIOUS	VARIOUS	153,696.			153,696.
RESOURCE LAND FND V RESOURCE LAND FND IV	VARIOUS	VARIOUS	153,696. 89,487.			153,696. 89,487.
			·			·
Totals						243,183