

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

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

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

#### Where Must Information Be Provided?

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

#### How Quickly Must Organizations Reply?

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

### Written Requests

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

#### What Can an Organization Charge?

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

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

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

#### Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

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

### Using the Internet

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

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

#### What if the Requests Are a Form of Harassment?

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

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

BKD TAX506 9-11

**Public Disclosure Rules** 

# Form **990**

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service 07/01. 2020, and ending 06/30, 20 21 A For the 2020 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable WABASH COLLEGE 35-0868202 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change P. O. BOX 352 (765) 361-6011Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended CRAWFORDSVILLE, IN 47933 G Gross receipts \$ 238,189,311. Application pending SCOTT FELLER F Name and address of principal officer: H(a) Is this a group return for Yes Χ Nο subordinates' PO BOX 352, CRAWFORDSVILLE, IN 47933 No H(b) Are all subordinates included? Yes X 501(c)(3) If "No," attach a list. See instructions Tax-exempt status: 501(c) ( 4947(a)(1) or Website: ► WWW.WABASH.EDU H(c) Group exemption number Form of organization: | X | Corporation L Year of formation: 1832 M State of legal domicile: TN Association Other > Part I Summary 1 Briefly describe the organization's mission or most significant activities: WABASH COLLEGE IS A LIBERAL ARTS COLLEGE FOR MEN THAT EDUCATES THEM TO THINK CRITICALLY, ACT RESPONSIBLY, LEAD Governance EFFECTIVELY, AND LIVE HUMANELY. 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 40. Activities & 39. Number of independent voting members of the governing body (Part VI, line 1b) 951. 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 39. Total number of volunteers (estimate if necessary) 6 -421,812. 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . . . . 7a Ο. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 33,720,126. 17,388,643. 48,465,369. 46,402,448. Program service revenue (Part VIII, line 2g) 19,326,622. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,559,079. 10 64,110. 213,718. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 89,745,763. 85,394,352. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . . 12 25,830,592. 28,682,804. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 27,916,417. 27,418,711. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 299,703. 199,550. **b** Total fundraising expenses (Part IX, column (D), line 25) 27,092,023. 26,436,839. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 82,737,904. 81,138,735. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,656,448. 8,607,028. Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year** End of Year 622,033,627. 537,122,152. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 68,640,756. 64,202,057. 21 468,481,396. 557,831,570. 22 Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

05/16/2022 Sign Signature of officer Date

Here KENDRA COOKS CFO, TREASURER Type or print name and title Print/Type preparer's name Date Preparer's signature Check Paid NICOLE B FISHBACK 05/16/2022 self-employed P01279475 Preparer Firm's name 

BKD, LLP Firm's EIN  $\triangleright$  44-0160260 Use Only Firm's address ▶201 N. ILLINOIS STREET INDIANAPOLIS, 317-383-4000 IN 46204 May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . X Yes

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

No

35-0868202

WABASH COLLEGE Form 990 (2020)

For	n 990 (2020) Pag
Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	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.
	TOMANELI.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
•	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?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$73,439,141. including grants of \$28,682,804. ) (Revenue \$48,580,671. ) 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. 868 STUDENTS SERVED.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
/A ~J	Other program corvices (Describe on Schedule C.)
40	Other program services (Describe on Schedule O.)  (Expenses \$\frac{1}{2} \text{ including grapts of \$\frac{1}{2}
4-	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 73,439,141.
JSA	Total program service expenses / 73,439,141.
	D20 1.000 TX6855 D310 5/10/2022 10:06:46 PM 33946 PAG

WABASH COLLEGE 35-0868202

Form 990 (2020)
Part IV Page 3

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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
·	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		37	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	425	Х	
	Schedule D, Parts XI and XII.	12a		
D	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	12h		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	Х	21
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.12		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		7.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Part IV Checklist of Required Schedules (continued) Page 4

	(**************************************		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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	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 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
b	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 lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	IAO
	Enter the number of Fernie W 20 molecular line for Enter 6 milet applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1.		
JSA	reportable gaming (gambling) winnings to prize winners?	1c Form	990	(2020)
0E1030	1.000 TX6855 D310 5/10/2022 10:06:46 PM 33946	i OIII)		(2020) AGE (
	300.10			

Form 990 (2020) Page 5

rai	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 951			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
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	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	$See instructions for filing \ requirements for \ FinCEN \ Form \ 114, Report of \ Foreign \ Bank \ and \ Financial \ Accounts \ (FBAR).$	_		3.7
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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	•		v
	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	01		
	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-		Х
	and services provided to the payor?	7a 7b		21
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c	Х	
	required to file Form 8282?	70		
	in res, indicate the number of rollins ozoz filed during the year	7e		Х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 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		
g	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			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	<b>Note:</b> 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			
		14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		-22
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020) WABASH COLLEGE 35-0868202 Page **6** 

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Sect	ion A. Governing Body and Management			
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year			
ıa	If there are material differences in voting rights among members of the governing body, or	-		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent.  1b			
	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	,		Х
_	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			X
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Δ.
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_	v	
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		v
	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:	_	37	
а	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v
01	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	Coae	.) Yes	No
		40-	162	X
	Did the organization have local chapters, branches, or affiliates?	10a		
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	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Ha	21	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	21	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
	describe in Schedule O how this was done	13	X	-
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	21	
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?	150	Х	
a	The organization's CEO, Executive Director, or top management official	15a 15b	X	
b	Other officers or key employees of the organization	130	21	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
	with a taxable entity during the year?	Toa		
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		
Secti	ion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA, IN,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(Sec	tion 5	501(6)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain on Schedule O)	(360	tion 5	)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inte	est p	oolicy,
	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 KENDRA A. COOKS P.O. BOX 352 CRAWFORDSVILLE, IN 47933	ls ▶		

Form **990** (2020)

Form 990 (2020) WABASH COLLEGE 35-0868202 Page **7** 

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer  Institutional trustee  Or director					(do not check more than one box, unless person is both an officer and a director/trustee)		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)HESS, GREGORY	50.00								_	
FORMER PRESIDENT	1.00						Х	358,919.	0.	34,345.
(2) FELLER, SCOTT E.	50.00									
PRESIDENT	1.00	X		Х				316,647.	0.	42,871.
(3) JONES, STEVEN L.	50.00								_	
DEAN FOR PROF. DEVELOPMENT	0.					X		225,106.	0.	31,937.
(4) JANSSEN, MICHELLE L.	50.00									
DEAN FOR ADVANCEMENT	0.					X		192,219.	0.	55,135.
(5) COOKS, KENDRA A.	50.00								_	
CHIEF FINANCIAL OFF/TREASURER	0.			Х				195,300.	0.	45,000.
(6)WESTFIELD, NANCY L.	50.00									
DIRECTOR OF WABASH CENTER	0.					X		189,841.	0.	22,023.
(7) AMIDON JR, JAMES L.	50.00									
SECRETARY/CHIEF OF STAFF	0.			X				152,099.	0.	29,190.
(8) NELSON, DEREK R.	50.00									
PROFESSOR OF RELIGION/DIRECTOR	0.					X		152,759.	0.	23,438.
(9)BLAICH, CHARLES M.	50.00									
DIRECTOR OF INQUIRIES-CILA	0.					X		147,169.	0.	25,544.
(10) ALLEN, JAY R.	1.00									
TRUSTEE	0.	X						0.	0.	0.
(11)BIRD, JEREMIAH C.	1.00									
TRUSTEE	0.	X						0.	0.	0.
(12) BOWEN, STEPHEN S.	1.00									
TRUSTEE	0.	X						0.	0.	0.
(13) BRADY, WILLIAM P.	1.00									
TRUSTEE	0.	X						0.	0.	0.
(14) BRAR, AMAN D.	1.00									
TRUSTEE	0.	X						0.	0.	0.
										Earm <b>QQ</b> ( (2020)

Form **990** (2020)

WABASH COLLEGE 35-0868202

Form 990 (2020) Page **8** 

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	plo	yee	es,	and I	lig	hest Compensat	ed Employees (a	ontinu	ed)	
(A)	(B)			((	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	Po do not check box, unless pofficer and a			is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	а	stimated mount of other npensati	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orç ar	rom the ganization nd relate ganizatio	on d
15) BRAUN, CHRISTOPHER J.	1.00											
TRUSTEE	0.	Х						0	0.			
16) CAMPBELL, STEVEN L. TRUSTEE	1.00	Х						0	0.			C
17) CASTANIAS, GREGORY A.	1.00											
TRUSTEE	0.	Х						0	0.			(
18) CROUSORE, ANDREW P. TRUSTEE	1.00	Х						0	0.			C
19) DAVLIN V, JAMES A.	1.00											
TRUSTEE	0.	X						0	0.			(
20) ESTELL, R. GREGORY	1.00											
TRUSTEE	0.	X						0	0.			(
21) EVANS, JENNIFER	1.00											_
TRUSTEE	0.	Х						0	0.			(
22) EVERSOLE, M. ERIC	1.00											
TRUSTEE	0.	X						0	0.			(
23) FOX JR, JOHN N.	1.00	37							0			,
TRUSTEE	0.	X						0	0.			(
24) GRAND, ROBERT T. TRUSTEE	1.00								0.			(
	1.00	X						0	. 0.			
25) JOVANOVICH, RAY W. TRUSTEE	$\frac{1.00}{0.}$	X						0	0.			
	0.	Λ					_	1,930,059.	0.		309,	
1b Sub-total	0							0.	0.		307,	0
c Total from continuation sheets to Part VII,								1,930,059.	0.		309,	
d Total (add lines 1b and 1c)									- 1		307,	103
reportable compensation from the organizati		18		u aı	JOVE	e) WIIC		ceived more man	\$100,000 di		1	
											Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										3	X	
4 For any individual listed on line 1a, is the organization and related organizations of individual.	greater than	\$15	50,0	00?	lf	"Yes	5,"	complete Schedu	le J for such	4	X	
individual										4	- 25	
5 Did any person listed on line 1a receive of for services rendered to the organization? If										5		Х
ioi services remuered to the organization! II	153, comple	10 001	icuu	ii C J	101	Subil	ρσι	3011	<del> </del>	J	1	

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 22

WABASH COLLEGE 35-0868202

Form 990 (2020)

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	yee	es,	and F	Higl	hest Compensat	ed Employees (d	ontinue	∍d)	
(A) Name and title	(B) Average hours per	(do ı	not ch	Pos	C) sition more	e than c	ne	(D) Reportable compensation	(E) Reportable compensation from		<b>(F)</b> stimated nount of	
	week (list any					is both or/trust		from	related		other	
	hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	α Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensation the anization direlated anization	n d
26) KENNEDY III, PETER M.	1.00											
TRUSTEE	0.	Х						0	. 0.			0
27) KENNEY, PHILLIP G.	1.00									ı		
TRUSTEE	0.	X						0	. 0.			0
28) KILBANE, JAMES J.	1.00									ı		
TRUSTEE	0.	X						0	0.			0
29) KOLISEK, FRANK R.	1.00									ı		
TRUSTEE	0.	X						0	0.			0
30) LADRIERE II, RAYMOND E.	1.00	37								ı		0
TRUSTEE	1.00	X						0	0.			
31) LEWIS, DAVID P. TRUSTEE	$-\frac{1.00}{0.}$	X						0	0.	ı		C
32) MCNAUGHT JR, HARRY F.	1.00	Λ						0	. 0.			
TRUSTEE	$-\frac{1.00}{0.}$	X						0	0.	ı		C
33) OLSON, CORY M.	1.00	Λ.						0	. 0.			
TRUSTEE	$-\frac{1.00}{0.}$	X						0	0.	ı		C
34) PERKINS, JEFFREY M.	1.00							0				
TRUSTEE		Х						0	] 0.	ı		C
35) PFLEDDERER, KELLY D.	1.00							-				
TRUSTEE		Х						0	. 0.	ı		C
36) REAMEY, GARY D.	1.00											
TRUSTEE	0.	Х						0	0.	ı		C
1b Sub-total							<b></b>	0.	0.			0.
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A						<b>&gt;</b>					
2 Total number of individuals (including but no reportable compensation from the organization)				d al	bove	e) who	o re	eceived more than	\$100,000 of			
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3	Yes	No
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	50,0	00?	. If	"Yes	5,"	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive o												
for services rendered to the organization? If "										5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated ii	ndepe	ende	ent o	con	tracto	rs t	hat received more	than \$100,000 c	f		

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	<b>(C)</b> 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 ▶

WABASH COLLEGE 35-0868202

Form 990 (2020) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A)	(B)	(C)				(D)	(E)	Ì	(F)			
Name and title	Average hours per										stimated nount of	
	week (list any	box,	unles	ss pe	erson	is both	an	from	related		other	
	hours for					or/trust		the	organizations		pensatio	n
	related organizations	ndivi r dir	nstit	Officer	ey e	lighe	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		om the anizatior	n
	below dotted	dua	utior	P	mpl	est c	er	(**-2/1099-10130)		_	d related	
	line)	Individual trustee or director	Institutional trustee		Key employee	omp				orga	anization	IS
		stee	ruste		0	ens				ı		
			ě			Highest compensated employee				ı		
37) SCHROEDER, JOHN C.	1.00											
TRUSTEE	0.	Х						0.	0.	ì		0
38) SHELBOURNE, K. DONALD	1.00											
TRUSTEE	0.	Х						0.	0.	ì		0
39) SHERWIN, ROBERT A.	1.00											
TRUSTEE	0.	Х						0.	0.	ì		0
40) SNODELL III, WALTER S.	1.00											
TRUSTEE	0.	Х						0.	0.	ì		0
41) TURK, JOSEPH E.	1.00									·		
TRUSTEE	0.	Х						0.	0.	ì		0
42) WALSH, THOMAS M.	1.00											
TRUSTEE	0.	Х						0.	0.	i		0
43) WHEELER, WILLIAM J.	1.00											
TRUSTEE	0.	Х						0.	0.	ı		0
44) WILLIAMS, JAMES P.	1.00											
TRUSTEE	0.	Х						0 .	0.	i		0
45) WILSON, PETER C.	1.00											
TRUSTEE	0.	Х						0 .	0.	i		0
46) WOOLS, PAUL	1.00											
TRUSTEE	0.	Х						0 .	0.			0
47) WUNDERLICH, KATHLEEN	1.00											
TRUSTEE	0.	X						0 .	0.	1		0
1b Sub-total							<b></b>	0.	0.			0.
c Total from continuation sheets to Part VII,	Section A						<b>&gt;</b>					
d Total (add lines 1b and 1c)							<b>&gt;</b>					
2 Total number of individuals (including but no	ot limited to t	hose	liste	d a	bov	e) who	o re	ceived more than	\$100,000 of			
reportable compensation from the organization	ion 🕨	18	3									
											Yes	No
3 Did the organization list any former of												
employee on line 1a? If "Yes," complete Sche	edule J for su	ch ina	livid	ual						3	Х	
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	satio	n ai	nd other compens	sation from the			
organization and related organizations of	greater than	\$15	50,0	00?	lf.	"Yes	5,"	complete Schedu	le J for such			
individual										4	Х	
5 Did any person listed on line 1a receive of												
for services rendered to the organization? If	"Yes," comple	te Scl	hedu	ıle J	I for	such	per	son		5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	ndepe	ende	ent	con	tracto	rs t	hat received more	than \$100,000 o	f		

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

WABASH COLLEGE 35-0868202

Form 990 (2020) Page **8** 

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	ligl	hest Compensat	ed Employe	es (co	ntinued)	
(A) Name and title	(B) Average hours per week (list any hours for	ge Position (do not check more than one box, unless person is both an officer and a director/trustee		an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organizatior	from	Estima amour othe compen	ated nt of er sation			
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)	from organiz and rel organiz	ation ated
48) YARED, RANA	1.00											
TRUSTEE	0.	Х						0 .		0.		0
								0		0		
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)		  		 		 	<b>&gt;</b>	0.		0.		0.
2 Total number of individuals (including but not reportable compensation from the organization		hose 18		d al	bove	e) who	o re	ceived more than	\$100,000 of			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3 <sup>2</sup>	es No
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	l If	"Yes	5," (	complete Schedu	le J for su	ch	4 2	Σ
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5	X
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>												
(A) Name and business address  (B) Description of services Compensation						on						

2 Total number of independent contractors (including but not limited to those listed above) who received

WABASH COLLEGE 35-0868202 Form 990 (2020) Page 9

# Part VIII Statement of Revenue

Par	t VIII	Statement of Revenue Check if Schedule O contains a respon	co or note to an	v line in this Port \	/111		
		Check if Schedule O contains a respon	se of note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Ä,G	С	Fundraising events 1c					
iifts ar /	d	Related organizations 1d	13,394.				
a,e Hii	е	Government grants (contributions) 1e	2,127,914.				
Sir	f	All other contributions, gifts, grants,					
uti Jer		and similar amounts not included above . 1f	15,247,335.				
g E	g	Noncash contributions included in					
ou		lines 1a-1f 1g \$	3,303,562.				
a C	h	Total. Add lines 1a-1f	<u></u> ▶	17,388,643.			
			Business Code				
Program Service Revenue	2a	TUITION & FEES	611600	37,980,240.	37,980,240.		
er ue	b	FRATERNITY ROOM AND BOARD	611710	5,284,785.	5,284,785.		
n en	С	RESIDENCE HALL ROOM AND BOARD	611710	3,320,370.	3,320,370.		
Irai ≷e\	d	ATHLETIC REVENUE	713940	1,200,914.	1,200,914.		
o J	е	OTHER INCOME	611710	679,060.	679,060.		
<b>д</b>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		48,465,369.			
	3	Investment income (including dividends,		15 400 000		500 000	1.5 010 051
		other similar amounts)		15,489,833.		-520,228.	16,010,061.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	(ii) Personal	0.			
			(ii) i oloonai				
	6a	Gross rental expenses 6h					
	b	Ecos. Territal experises 00					
	ا C	Rental income or (loss) 6c		0.			
	d	Net rental income or (loss)	(ii) Other	0.			
	7a	sales of assets	(ii) Other				
		other than inventory <b>7a</b> 156,540,312.					
ø.	b	Less: cost or other basis					
venue		and sales expenses <b>7b</b> 152,703,523.					
e ve	_	Gain or (loss) 7c 3,836,789.					
Ř	d	Net gain or (loss)		3,836,789.			3,836,789.
Other R							
ŏ	8a	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses 8b	0.				
	C	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities.	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances10a	305,154.				
	b	Less: cost of goods sold	91,436.				
	С	Net income or (loss) from sales of inventory.	▶	213,718.	115,302.	98,416.	
2			Business Code				
eor Ie	11a						
lan	b						
eve	С						
Miscellaneous Revenue	d	All other revenue					
_	е	Total. Add lines 11a-11d	▶	0.			
	12	Total revenue. See instructions	▶	85,394,352.	48,580,671.	-421,812.	19,846,850.

Form 990 (2020) 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,	(A)		(C)	(D)				
	9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses				
	Grants and other assistance to domestic organizations		ехрепзез	general expenses	елрепзез				
•	and domestic governments. See Part IV, line 21	842,064.	842,064.						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	27,819,185.	27,819,185.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and	01 555	01 555						
	foreign individuals. See Part IV, lines 15 and 16	21,555.	21,555.						
	Benefits paid to or for members	0.							
5	Compensation of current officers, directors, trustees, and key employees	781,107.	645,964.	123,268.	11,875.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and	10 400	10 400						
	persons described in section 4958(c)(3)(B)	12,422.	12,422.	2 520 112	011 400				
	Other salaries and wages	20,898,969.	17,557,358.	2,530,113.	811,498.				
8	Pension plan accruals and contributions (include	1,393,574.	1,073,103.	183,124.	137,347.				
_	section 401(k) and 403(b) employer contributions)	2,903,627.	2,589,531.	103,124.	314,096.				
9	Other employee benefits	1,429,012.	1,176,602.	104,538.	147,872.				
10	Payroll taxes	1,420,012.	1,170,002.	104,550.	147,072.				
11	1 - 7 7	69,747.	39,957.		29,790.				
	Management	231,716.	437.	227,161.	4,118.				
	Legal	190,313.	2071	190,313.	1,1101				
	Accounting	0.		,					
	Professional fundraising services. See Part IV, line 17	199,550.			199,550.				
	Investment management fees	1,187,234.		1,187,234.					
	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.).	3,659,617.	2,643,238.	831,414.	184,965.				
12	Advertising and promotion	583,306.	373,613.	3,725.	205,968.				
13	Office expenses	951,446.	837,055.	100,244.	14,147.				
14	Information technology	506,188.	451,368.	54,820.					
15	Royalties	0.							
16	Occupancy	6,389,465.	5,933,086.	392,811.	63,568.				
17	Travel	245,579.	236,999.	5,747.	2,833.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0.	01 501	250					
19	Conferences, conventions, and meetings	22,071.	21,721.	350.					
20	Interest	959,171.	918,615.	40,556.					
21	Payments to affiliates	5,269,056.	5,140,336.	127,141.	1,579.				
22	Depreciation, depletion, and amortization	754,023.	264,387.	489,636.	1,3/9.				
23	Insurance	751,025.	201,307.	100,030.					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
a	STUDENT ROOM & BOARD	3,278,193.	3,278,193.						
-	MEALS	391,072.	357,124.	17,722.	16,226.				
	BOOKS, PERIODICALS, AND MEDI	508,759.	507,831.	708.	220.				
d	OFF CAMPUS EXPENSES	284,660.	88,184.	192,896.	3,580.				
е	All other expenses	955,223.	609,213.	345,390.	620.				
	Total functional expenses. Add lines 1 through 24e	82,737,904.	73,439,141.	7,148,911.	2,149,852.				
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)	0.							
				<u> </u>	= 000 (2222)				

Form **990** (2020)

Form 990 (2020) Page **11** 

# 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	5,291.	1	4,241.
	2	Savings and temporary cash investments	13,145,914.	2	30,639,225.
	3	Pledges and grants receivable, net	25,862,089.	3	15,527,431.
	4	Accounts receivable, net	564,417.	4	1,077,084.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	649,297.	9	679,437.
	-	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 226, 368, 218.			
	b	Less: accumulated depreciation	124,826,930.	10c	129,567,797.
	11	Investments - publicly traded securities	71,775,102.	11	54,689,568.
	12	Investments - other securities. See Part IV, line 11	261,761,610.	12	344,393,861.
	13	Investments - program-related. See Part IV, line 11.	4,594,911.	13	3,876,359.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	33,936,591.	15	41,578,624.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	537,122,152.	16	622,033,627.
	17	Accounts payable and accrued expenses	4,541,739.	17	2,971,647.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	0.	19	0.
	20	Tax-exempt bond liabilities.	39,060,800.	20	36,229,200.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	10,000,000.	23	10,000,000.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	15,038,217.	25	15,001,210.
	26	Total liabilities. Add lines 17 through 25	68,640,756.	26	64,202,057.
Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ano	27	Net assets without donor restrictions	237,759,002.	27	272,685,074.
Bal	28	Net assets with donor restrictions.	230,722,394.	28	285,146,496.
p	20	Organizations that do not follow FASB ASC 958, check here ▶	230,722,351.	20	203,110,130.
r Fu		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	468,481,396.	32	557,831,570.
Z	33	Total liabilities and net assets/fund balances	537,122,152.	33	622,033,627.
					Form <b>990</b> (2020)

Form **990** (2020)

WABASH COLLEGE 35-0868202

Form 990 (2020) Page **12** 

Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			94,3		
2	Total expenses (must equal Part IX, column (A), line 25)	2			37,9		
3	Revenue less expenses. Subtract line 2 from line 1	3			56,4		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4				468,481,396.		
5	5 Net unrealized gains (losses) on investments				86,713,401.		
6					0.		
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9		_	19,6	575.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))					70.	
Part	·						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a				
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_			37		
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e	kplain	on				
	Schedule O.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the		. I		
	Single Audit Act and OMB Circular A-133?			3a	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				Х		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b	Λ		

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization WABASH COLLEGE

Department of the Treasury

Employer identification number 35-0868202

Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	comple	te this p	art.) See instructions	S
The	org	anization is not a private fou	ndation because it	t is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2	Χ	A school described in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	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		A federal, state, or local go	•			•	,,,,,,,	
7		An organization that norma	-	•	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		•				
8		A community trust describe	-		-			
9		An agricultural research or	=			-		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or
		university:						
10	An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11	_	An organization organized	•	•	-			
12		An organization organized	•	•			•	
		of one or more publicly su						
	Г	Check the box in lines 12a t	•	• •			·	· · · · · ·
а		Type I. A supporting orga	•	•				
		the supported organization				ajority of	the directors or truste	es of the
	Г	supporting organization.	-			! 4   -   14   -		(-) hhi
b	L	Type II. A supporting org	•					
		control or management o		<del>-</del>	the sam	e persor	is that control of man	lage the supported
_	Г	organization(s). You must	-		tad in a	annaatia	n with and functions	lly intograted with
С	_	Type III functionally integer its supported organization						ily integrated with,
d	Г	Type III non-functionally	. , .	•				tod organization(s)
u		that is not functionally into			-			
		requirement (see instruct			-		-	an attentiveness
е	Г	Check this box if the orga	•	-				I Type III
·	_	functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	, 1)po
f	Er	iter the number of supported		-	-	-		
g		ovide the following information	•					
		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	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)
				above (see instructions))	Yes	No	matructions)	matructions)
(A)								
(^) —								
(B)								
(C)								
(D)								
(E)								
Tota	al							
. 50								Í.

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

Schedule A (Form 990 or 990-EZ) 2020

35-0868202

WABASH COLLEGE

Page 2 Schedule A (Form 990 or 990-EZ) 2020

Par	Support Schedule for Orga (Complete only if you checked Part III. If the organization fail	d the box on	line 5, 7, or 8	of Part I or if t	he organization	on failed to qua	
Sec	tion A. Public Support			, p		,	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)		(0) = 0.10	(4) 2010	(9) 2020	(7)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5 6	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						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
_		(a) 2010	(b) 2017	(6) 2010	(u) 2019	(e) 2020	(i) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp	<u> </u>					
	•			o 44 ook (f)	<u> </u>	14	%
14	Public support percentage for 2020 (lin		-				
15	Public support percentage from 2019 \$						%
ıoa	331/3% support test - 2020. If the org box and stop here. The organization qu						
<b>L</b>	331/3% support test - 2019. If the org	•		•			
D	-						
172	this box and <b>stop here</b> . The organization 10%-facts-and-circumstances test - 2	•		•			
ı ı a			_				
	10% or more, and if the organization Part VI how the organization meets t					-	-
	organization			_	•	-	
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz	ation meets th	ne facts-and-circ	cumstances test	, check this bo	x and stop here	e. Explain
	in Part VI how the organization meets			_		-	
18	organization						
	inetructions						<b>▶</b>

35-0868202

Schedule A (Form 990 or 990-EZ) 2020 Page 3

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

WABASH COLLEGE

(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			/1	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		<u> </u>				<u> </u>
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(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 Supp						
15	Public support percentage for 2020 (line 8,					15	%
16	Public support percentage from 2019 Sche					16	%_
	tion D. Computation of Investment					T T	
17	Investment income percentage for 2020 (lin					17	<u>%</u>
18	Investment income percentage from 2019 S					18	<u>%</u>
19 a	331/3% support tests - 2020. If the or	-					
	17 is not more than 331/3%, check this		_				
b	331/3% support tests - 2019. If the orga				•		. —
	line 18 is not more than 331/3%, check		-				<del></del>
20	Private foundation. If the organization d	на пос спеск а	a box on line 1	4, 19a, or 19b,	check this box	. and see instruc	ctions -

Schedule A (Form 990 or 990-EZ) 2020 Page **4** 

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
) V			
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n d			
)	10a		
	10b		

35-0868202

WABASH COLLEGE

Scheau	le A (Form 990 or 990-EZ) 2020		- 1	age 3
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a above? If "Yes" to line 11a, 11b, or 11c, provide	110		
·	detail in <b>Part VI.</b>	11c		
Section	on B. Type I Supporting Organizations			
	- Are express 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5		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 <b>Part VI</b> 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,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		Vaa	Na
_			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	<u> </u>		
	51. 21. 7.11. Typo III oupporting of garinearions		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 in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.	a laat		۵١
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	Yes	
2	Activities Test. Answer lines 2a and 2b below.		169	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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		
-		_u		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

WABASH COLLEGE

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property 6 held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 1e 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **7** 

Part	V Type III Non-Functionally Integrated 509(a)(3)	<b>Supporting Organizat</b>	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - p	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				
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				

Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
C	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

WABASH COLLEGE 35-0868202

Schedule A (Form 990 or 990-EZ) 2020 Page **8** 

Schedule A (Folili 990 of 990-EZ) 2

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

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**2020** 

**Employer identification number** 

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**  $\lfloor exttt{X} 
floor$  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Name of organization Employer identification number

(a) No.	(b) Name, address, and ZIP + 4	(c) Total consess de	<b>877-6402708(-(2)3)37-7-08(0004)39</b> )37-7-01(0)301;d(0)703Pld)(

Employer identification number

			35-0868202
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	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
8	N/A	\$ \$ 30,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$\$	Person 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.)

			35-0868202
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$\$5,089.	Person  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 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WABASH COLLEGE

Employer identification number 35-0868202

Noncash
(Complete Part II for noncash contributions.)

Person Payroll

Noncash
(Complete Part II for noncash contributions.)

(d)

Type of contribution

Χ

11,000.

5,500.

(c)

**Total contributions** 

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

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

noncash contributions.)

(a)

No.

21

N/A

(b)

Name, address, and ZIP + 4

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

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
25	N/A	\$6,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26	N/A	\$5,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
27	N/A	\$10,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
28	N/A	\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
29	N/A	\$6,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
30	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

			35-0868202
Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$\$65,925.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	N/A	\$\$6,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	N/A	\$\$\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	N/A	\$\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	N/A	\$\$	Person Payroll Noncash

noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
37	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
38	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
39	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
40	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
41	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
42	N/A	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

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	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	
44	N/A	\$\$5,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
45	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	
46	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	
47	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	
48	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	N/A	\$ 5,424.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	N/A	\$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
51	N/A	\$105,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	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
53	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
54	N/A	\$11,200.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copi	opies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
55_	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	
56	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	
57	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
58	N/A	\$\$	Person 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	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
60	N/A	\$ \$	Person Payroll Noncash  (Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	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
62	N/A	\$\$,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	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
64	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

			35-0666202
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	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
68	N/A	\$ 29,702.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	N/A	\$ 20,220.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76	N/A	\$\$13,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77	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
78	N/A	\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	N/A	\$ 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
81	N/A	\$50,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	N/A	\$11,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83	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
84	N/A	\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

			35-0868202
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	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
86	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
87	N/A	\$\$,900.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90_	N/A	\$\$	Person X Payroll X Noncash (Complete Part II for

noncash contributions.)

Part I	Contributors (see instructions). Use duplicate cop  (b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
91_	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
92	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
93	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95	N/A	\$\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96_	N/A	\$\$	Person Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
97_	N/A	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
98	N/A	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
99_	N/A	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) 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) (d) Total contributions Type of contribution
101	N/A	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
102	N/A	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
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 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 Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106	N/A	\$\$	Person 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	\$\$	Person 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	\$ \$8,451.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109_	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
110	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
111	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114_	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Employer identification number

			35-0666202
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_115	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_116	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_118	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120	N/A		Person X Payroll

Noncash (Complete Part II for noncash contributions.)

\$

18,500.

			33 0000202
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	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
122	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
123	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
124	N/A	\$\$62,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125	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
126	N/A	\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

			35-0868202
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129_	N/A	\$\$ 8,320.	Person  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	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131	N/A	\$\$	Person 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	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

			35-0868202
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_135_	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_136_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
137	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138_	N/A	\$	Person   X

Employer identification number

			35-0666202
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_144	N/A	\$\$, 1,638,613.	Person X Payroll X Noncash (Complete Part II for

noncash contributions.)

Employer identification number

			35-0666202
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_145	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
_146	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
_147	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
148_	N/A	\$\$	Person   X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149_	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
150	N/A		Person X

Payroll

Noncash (Complete Part II for noncash contributions.)

\$

5,000.

Employer identification number

			35-0868202
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_151_	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
_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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_155_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
156	N/A		Person X Payroll X

(Complete Part II for noncash contributions.)

			35-0000202
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
160	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
161	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
162	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	art 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	\$\$	Person 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	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
165	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
166	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
167	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
168	N/A	\$\$90,065.	Person Payroll Noncash (Complete Part II for noncash contributions.)		

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		
169	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		
170	N/A	\$6,795.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
171	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
172	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
173	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
174_	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)		

			35-0868202
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
176	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_177_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
179	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_180	N/A	\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

(a) (b) (c) Table 1719			
No	Name, address, and ZIP + 4  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
182	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
183	N/A	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
184	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
185	N/A	\$\$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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

**Employer identification number** 35-0868202

	Trondant roporty (edo mondonono). Odo dapnoato dopioc		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
14_	PUBLICLY TRADED SECURITIES	_	
		\$\$,089.	12/22/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
19_	CLOSELY HELD STOCK - \$88,766 PUBLICLY TRADED STOCK - \$20,165		
		\$\$	12/17/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
49	PUBLICLY TRADED SECURITIES		
		\\ \\$ \\ 5,424.	12/31/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
61	PUBLICLY TRADED SECURITIES		
		\$\$,070.	10/14/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
64	LAND/HOUSE	_	
		\$698,015.	07/29/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
66	PUBLICLY TRADED SECURITIES	_	
		\$ \$10,326.	12/10/2020

**Employer identification number** 35-0868202

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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
68	PUBLICLY TRADED SECURITIES		
		\\$\$	10/16/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
70_	PUBLICLY TRADED SECURITIES		
		\$\$	09/01/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
79	PUBLICLY TRADED SECURITIES	_	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	12/14/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
86	PUBLICLY TRADED SECURITIES		
		\$ \$8,464.	05/18/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
90	PUBLICLY TRADED SECURITIES	_	
			01/12/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
95_	PUBLICLY TRADED SECURITIES	_	
			11/16/2020
	l .	1	

**Employer identification number** 35-0868202

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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
98	PUBLICLY TRADED SECURITIES		
		\$\$	11/11/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
99	PUBLICLY TRADED SECURITIES		
		\$\$1,468.	12/11/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
108	PUBLICLY TRADED SECURITIES		
		\$8,451.	09/03/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_110_	PUBLICLY TRADED SECURITIES		
		\\ \\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	08/03/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
116	PUBLICLY TRADED SECURITIES	_	
		\\$52,717.	12/11/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
132	PUBLICLY TRADED SECURITIES		
		\\$16,833.	05/03/2021
	I .		

**Employer identification number** 35-0868202

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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
138_	PUBLICLY TRADED SECURITIES	_	
		\$105,164.	01/25/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
140_	LAND/HOUSE		
		\$83,000.	12/22/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
144_	PUBLICLY TRADED SECURITIES		
		\$1,638,613.	09/28/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
148_	PUBLICLY TRADED SECURITIES		
		\$\$	06/02/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
156	PUBLICLY TRADED SECURITIES		
		\\ \\$ \\ \\$ \\ 49,881.	01/15/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
161_	PUBLICLY TRADED SECURITIES		
_		\\ \\$16,623.	11/11/2020

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization WABASH COLLEGE **Employer identification number** 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. 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

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

# 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.

2020
Open to Public

OMB No. 1545-0047

► Attach to Form 990.

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

Open to Pulnspection

Internal Revenue Service Name of the organization Employer identification number 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 Nο 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 Protection of natural habitat Preservation of a certified historic structure 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 а 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 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 Yes 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 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: 

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

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

Schedule D (Form 990) 2020

▶ \$

Schedule D (Form 990) 2020 Page **2** 

Pa	rt    Organizations Maintai	ning Collections of	f Art, Histo	rical Tre	easures,	or Other	Similar A	ssets (c	ontinu	ıed)	
3	Using the organization's acquisit	tion, accession, and	other recor	ds, checl	k any of t	he follow	ing that m	ake sign	ificant	use of it	is
	collection items (check all that ap	pply):		_							
а	Public exhibition		d								
b	Scholarly research		e								_
С	Preservation for future ger										
4	Provide a description of the org	anization's collection	s and expla	in how	they furth	er the or	ganization's	exempt	purpo	se in Pa	ırt
	XIII.										
5									_		
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		•				•					_

35-0868202 WABASH COLLEGE

Schedule D (F	-orm 990) 2020			Page 3
Part VII	Investments - Other Securities. Complete if the organization answered	"Ves" on Form 990	Part IV line 11h See Form 990	Part Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuati	
	(including name of security)	, ,	Cost or end-of-year marke	et value
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(3) Other_		244 202 061		
	ERNATIVE INVESTMENTS	344,393,861.	FMV	
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	344,393,861.		
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 valuati	
	(4, 2 222.1, 1.22.1.2.1.1.2.1.1.1.1.1.1.1.1.1.1.1.1.	(, = = =	Cost or end-of-year marke	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
I alt ix	Complete if the organization answered	"Yes" on Form 990	. Part IV. line 11d. See Form 990.	Part X. line 15.
		scription	,	(b) Book value
(1) CSV	LIFE INSURANCE	·		2,598,737.
	REST IN PERPETUAL TRUSTS			10,134,485.
(3) REC-	CHARITABLE REMAINDER TRUST			28,845,402.
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	umn (h) must squal Form 000 Port V sol (P) l	ino 15 \		41,578,624
Part X	umn (b) must equal Form 990, Part X, col. (B) la Other Liabilities.	me 15.)	· · · · · · · · · · · · · · · · · · ·	41,570,024
Taltx	Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Forr	n 990, Part X,
1.		tion of liability		(b) Book value
	ral income taxes	tion of hability		(b) Book value
_ ` '	-RETIREMENT BENEFIT OBLIG.			7,916,058.
(3) ANNU	ITIES AND TRUSTS PAYABLE			6,362,675.
(4) SWAP	TERMINATION			192,392.
(5) CAPI	TAL LEASE			530,085.
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u></u>	15,001,210.

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 WABASH COLLEGE 35-0868202

Schedule D (Form 990) 2020 Page 4

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.	۱.	
1	Total revenue, gains, and other support per audited financial statements	1	144,474,326.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
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	86,804,837.
3	Subtract line 2e from line 1	3	57,669,489.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		00 004 060
С	Add lines 4a and 4b	4c	27,724,863.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	85,394,352.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		FF 104 4FF
1	Total expenses and losses per audited financial statements	1	55,104,477.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	•	01 426
е	Add lines 2a through 2d	2e	91,436. 55,013,041.
3	Subtract line 2e from line 1	3	55,015,041.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  4a 1,187,234.		
а	investment expenses not included on Form 990, Fait Vill, line 701.		
b	Other (Describe in Late Ain.)	4.5	27,724,863.
C	Add lines 4a and 4b	4c 5	82,737,904.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	3	02,737,704.
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	art V,	line 4; Part X, line .

Schedule D (Form 990) 2020 WABASH COLLEGE 35-0868202 Page **5** 

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A

FOOTNOTES TO FINANCIAL STATEMENTS:

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

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

SCHEDULE D, PART III, LINE 4

FURTHERANCE OF EXEMPT PURPOSE:

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 WABASH COLLEGE 35-0868202 Page **5** 

#### Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS:

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

SCHEDULE D, PARTS X, LINE 2

ASC 740 DISCLOSURE:

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

SCHEDULE D, PARTS XI, LINE 2D

OTHER RECONCILING ITEMS:

\$91,436 COST OF GOODS SOLD

SCHEDULE D, PART XI, LINE 4B

OTHER RECONCILING ITEMS:

\$26,537,629 GRANTS AND SCHOLARSHIPS

SCHEDULE D, PART XII, LINE 2D

OTHER RECONCILING ITEMS:

\$91,436 COST OF GOODS SOLD

Schedule D (Form 990) 2020 WABASH COLLEGE 35-0868202 Page **5** 

## Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 4B

OTHER RECONCILING ITEMS:

\$26,537,629 GRANTS AND SCHOLARSHIPS

Schedule D (Form 990) 2020

#### **SCHEDULE E** (Form 990 or 990-EZ)

#### **Schools**

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

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization WABASH COLLEGE

Employer identification number

35-0868202

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy on its primarily publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	X	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially	u		
~	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
_	Does the organization discriminate by race in any way with respect to:			
5	Students' rights or privileges?	5a		Х
а	Students rights of privileges:	Ja		- 21
b	Admissions policies?	5b		Х
	Freedom and all feed to an administrative at all 0	_		Х
С	Employment of faculty or administrative staff?	5c		Δ.
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		Х
••	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	<u> </u>		
6a		6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
_	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial pondiscrimination? If "No " explain on Part II	7	X	I

WABASH COLLEGE

Schedule E (Form 990 or 990-EZ) (2020)
Page 2

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

SCHEDULE E, PART I, LINE 3

PUBLICATION OF THE ORGANIZATION'S RACIALLY NONDISCRIMINATORY POLICY:

WABASH HAS IT POSTED ON ITS WEBSITE.

SCHEDULE E, PART I, LINE 6A

AND SCHOLARLY ACTIVITIES.

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

#### **SCHEDULE F** (Form 990)

### Statement of Activities Outside the United States

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

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

35-0868202 WABASH COLLEGE General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Par	General Information of Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization	answered "Yes" on		
1	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or	assistance, and the selec	tion criteria used to	X Yes No		
2	For grantmakers. Describe in outside the United States.	Part V the org	anization's pro	ocedures for monitoring the use of its grants and other assistance				
3	Activities per Region. (The follow (a) Region	wing Part I, line  (b) Number of offices in the region	3 table can be (c) Number of employees, agents, and independent contractors in the region	e duplicated if additional sp (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	ace is needed.)  (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region		
(1)	CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		2,838,639.		
(2)	NORTH AMERICA	0.	0.	INVESTMENTS		11,918,555.		
(3)	EUROPE	0.	0.	INVESTMENTS		446,291.		
(4)								
(5) (6)								
(7)								
(8)								
(9)								
<u>(10)</u>								
<u>(11)</u>								
(12)								
<u>(13)</u>								
<u>(14)</u>								
<u>(15)</u>								
<u>(16)</u>								
<u>(17)</u>								
3a b	Total from continuation sheets to Part I					15,203,485.		
С	Totals (add lines 3a and 3b)	1				15,203,485.		

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

JSA

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Page 2 Schedule F (Form 990) 2020

Part II	Grants and Other Assis							red "Yes" on	Form 990,			
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.											
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
(1)			NORTH AMERICA	EDUCATIONAL	14,055.	CHECK						
(1)			NORTH AMERICA	EDUCATIONAL	14,055.	CHECK						
(2)			NORTH AMERICA	EDUCATIONAL	7,500.	CHECK						
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(12)												
(13)												
(14)												
(15)												
(16)												
2 Ente	er total number of recipient or mpt 501(c)(3) organization by the	he IRS, or for which	the grantee or counsel has	provided a sec					2.			

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

## 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)							

Schedule F (Form 990) 2020 Page **4** 

0000	200 1 (1 01111 000) 2020			. ago .
Part	V Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	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) 2020

Schedule F (Form 990) 2020 Page 5

Part V

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

SCHEDULE F, PART I, LINE 2

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

GRANTS ARE MADE TO ACCREDITED SCHOOLS AND SEMINARIES. BOTH FINANCIAL

AND NARRATIVE REPORTS OF GRANT ACTIVITIES ARE REQUIRED.

### SCHEDULE G (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

WABASH COLLEGE					35-0868202	
Part I Fundraising Activities. Comp	•			Yes" on Form 99	90, Part IV, line 1	7.
Form 990-EZ filers are not re						
1 Indicate whether the organization rais	sed funds through a		_			
a X Mail solicitations	е			non-government g		
<b>b</b> X Internet and email solicitations	f			government grant	S	
c X Phone solicitations	g	X Spec	cial fundra	ising events		
d X In-person solicitations						
2a Did the organization have a written o						X Yes No
or key employees listed in Form 990 <b>b</b> If "Yes," list the 10 highest paid indi					•	
compensated at least \$5,000 by the		(Turiuraise	is) puisua	in to agreements	under willen the	iuliulaisel is to be
	g					
		(iii) Did fun	drainer have		(v) Amount paid to	(vi) Amount poid to
(i) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
or entity (fundraiser)		contrib	utions?	nom activity	col. (i)	organization
		Yes	No			
1						
MCALLISTER AND QUINN, LLC	CONSULTING		X		97,200.	-97,200.
2						
JOHNSON, GROSSNICKLE	CONSULTING		X		66,850.	-66,850.
3	CONCLUS MENIC				20.000	20.000
MINDPOWER INCORPORATED	CONSULTING		X		30,000.	-30,000.
4 CRESCENDO INTERACTIVE, IN	CONSULTING		X		5,500.	-5,500.
5	CONSULTING		Λ		3,300.	3,300.
6						
7						
8						
_						
9						
10						
10						
Fotal			•		199,550.	-199,550.
3 List all states in which the organiza	tion is registered o	r licensed	I to solicit	contributions or		
registration or licensing.	Ū					·
AK,AR,CT,DC,MD,MA,MI,MS,MO,NV	,NH,ND,VA,WA,					

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts ...... 2 Less: Contributions 3 Gross income (line 1 minus 4 Cash prizes 5 Noncash prizes ..... Direct Expenses 6 Rent/facility costs 7 Food and beverages . . . . . . . 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Direct Expenses 2 Cash prizes 3 Noncash prizes . . . . . . . . . . 4 Rent/facility costs 5 Other direct expenses... Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? а No If "No," explain: b 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:

Page 2

Sched	ule G (Form 990 or 990-EZ) 2020	ge <b>3</b>
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	
		No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	An outside facility	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	records.	
	Nama N	
	Name ►	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address	
	Address >	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer	
17	Mandatory distributions:	
ı,	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
u		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year ▶ \$	
Par		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	
	(see instructions).	
SCH	EDULE G, PART 1, LINE 2B	
DRO	FESSIONAL FUNDRAISING SERVICES:	
FICO	FESSIONAL FUNDRAISING SERVICES.	
SIN	CE WABASH COLLEGE'S FUNDRAISING CONSULTANTS DO NOT PARTICIPATE IN GIFT	
REQ	UEST MEETINGS OR LETTERS, WABASH COLLEGE DOES NOT ANTICIPATE	
GEN	ERATING ANY REVENUE FROM THESE CONSULTING ACTIVITIES.	
	Schedule G (Form 990 or 990-EZ)	2020

### SCHEDULE I (Form 990)

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

OMB No. 1545-0047
20**20** 

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						35-086820	)2
Part I General Information on Grants an	d Assistanc	e				'	
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proces</li> </ol>	ts or assistand dures for mo	ce?	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to Deart IV, line 21, for any recipient t		_					es" on Form 990,
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AUSTIN PRESBYTERIAN THEOLOGY							EDUCATIONAL
100 EAST 27TH STREET AUSTIN, TX 78705-5797	74-1143056	501(C)(3)	85,000.				ASSISTANCE
(2) KANKAKEE VALLEY SCHOOL CORP							EDUCATIONAL
PO BOX 278 WHEATFIELD, IN 46392	35-1105539	501(C)(3)	41,189.				ASSISTANCE
(3) CHICAGO THEOLOGICAL SEMINARY							EDUCATIONAL
5757 SOUTH UNIVERSITY AVENUE	36-2167014	501(C)(3)	34,400.				ASSISTANCE
(4) PRINCETON THEOLOGICAL SEMINARY							EDUCATIONAL
64 MERCER STREET PRINCETON, NJ 08540	21-0635010	501(C)(3)	30,000.				ASSISTANCE
(5) BAYLOR UNIVERSITY							EDUCATIONAL
700 S. UNIVERSITY PARKS DR. WACO, TX 76706	74-1159753	501(C)(3)	30,000.				ASSISTANCE
(6) UNIV OF NORTH CAROLINA-CHARLOTTE							EDUCATIONAL
9201 UNIVERSITY CITY BLVD.	56-0791228	501(C)(3)	30,000.				ASSISTANCE
(7) BOSTON UNIVERSITY							EDUCATIONAL
745 COMMONWEALTH AVE. BOSTON, MA 02215	04-2103547	501(C)(3)	29,976.				ASSISTANCE
(8) COLLEGE OF ST. BENEDICT & ST JOHN UNIV.							EDUCATIONAL
2850 ABBEY PLAZA COLLEGEVILLE, MN 56321	45-3656162	501(C)(3)	29,425.				ASSISTANCE
(9) JOHNS HOPKINS UNIVERSITY							EDUCATIONAL
3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501(C)(3)	29,398.				ASSISTANCE
(10) HOLY WOMEN ICONS PROJECT							EDUCATIONAL
PO BOX 1411 HILO, HI 96721	81-5210629	501(C)(3)	29,200.				ASSISTANCE
(11) LUTHER COLLEGE							EDUCATIONAL
700 COLLEGE DRIVE DECORAH, IA 52101	42-0680466	501(C)(3)	28,000.				ASSISTANCE
(12) GEORGE FOX UNIVERSITY							EDUCATIONAL
414 N. MERIDIAN NEWBERG, OR 97132	93-0386839	501(C)(3)	27,450.				ASSISTANCE
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations lis</li></ul>	•	J					

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

Schedule I (Form 990) 2020

### **SCHEDULE I** (Form 990)

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

OMB No. 1545-0047

2020

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

Schedule I (Form 990) 2020

Employer identification number

WABASH COLLEGE						35-086820	02
Part I General Information on Grants and	d Assistanc	е				•	
1 Does the organization maintain records to s	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	s' eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant			-	_			X Yes No
2 Describe in Part IV the organization's proced							
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments. Con	nplete if the organiz	ation answered "Y	es" on Form 990.
Part IV, line 21, for any recipient the		_					
		T	1	· ·	·		4)5
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1) WILLAMETTE UNIVERSITY							EDUCATIONAL
900 STATE STREET SALEM, OR 97301	93-0386972	501(C)(3)	27,179.				ASSISTANCE
(2) COLUMBIA THEOLOGICAL SEMINARY							EDUCATIONAL
701 COLUMBIA DRIVE DECATUR, GA 30031	58-0566165	501(C)(3)	26,388.				ASSISTANCE
(3) EMORY UNIVERSITY-CANDLER SCHOOL OF THEOLOGY							EDUCATIONAL
1531 DICKEY DRIVE ATLANTA, GA 30322	58-0566256	501(C)(3)	19,000.				ASSISTANCE
(4) THE SEATTLE SCHOOL OF THEOLOGY AND PSYCH.							EDUCATIONAL
2501 ELLIOTT AVENUE SEATTLE, WA 98121	91-2037146	501(C)(3)	15,000.				ASSISTANCE
(5) ILIFF SCHOOL OF THEOLOGY							EDUCATIONAL
2201 SOUTH UNIVERSITY BLVD.	84-0404244	501(C)(3)	15,000.				ASSISTANCE
(6) UNIVERSITY OF DENVER							EDUCATIONAL
2199 S. UNIVERSITY BOULEVARD	84-0404231	501(C)(3)	15,000.				ASSISTANCE
(7) SEATTLE UNIVERSITY							EDUCATIONAL
901 12TH AVENUE SEATTLE, WA 98122	91-0565006	501(C)(3)	14,000.				ASSISTANCE
(8) LOUISVILLE PRESBYTERIAN							EDUCATIONAL
1044 ALTA VISTA ROAD	61-0444768	501(C)(3)	12,493.				ASSISTANCE
(9) UNIVERSITY OF GEORGIA RESEARCH FOUNDATION							EDUCATIONAL
240A RIVERBEND ROAD BOX 5333	58-1353149	501(C)(3)	7,500.				ASSISTANCE
(10) UNIVERSITY OF DELAWARE							EDUCATIONAL
220 HULLIHEN HALL NEWARK, DE 19716	51-6000297	501(C)(3)	7,500.				ASSISTANCE
(11) HOWARD UNIVERSITY							EDUCATIONAL
1400 SHEPHERD STREET NE	53-0204707	501(C)(3)	7,500.				ASSISTANCE
(12) COLGATE ROCHESTER CROZER DIV SCHOOL							EDUCATIONAL
1100 SOUTH GOODMAN STREET	16-0743916	501(C)(3)	7,500.				ASSISTANCE
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble		<del>. •</del>	
3 Enter total number of other organizations lis-	ted in the line	1 table	<u> </u>	<u> </u>	<u> </u>	<u>.</u> . <b>&gt;</b>	

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

### SCHEDULE I (Form 990)

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

OMB No. 1545-0047
20**20** 

Department of the Treasury Internal Revenue Service

Part I General Information on Grants and Assistance

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

► Attach to Form 990.

Open to Public

Solution of the latest information.

Open to Public Inspection

Name of the organization
WABASH COLLEGE
35-0868202

Does the organization maintain records the selection criteria used to award the			•				X Yes No
2 Describe in Part IV the organization's p	rocedures for mor	itoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance	to Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipie	ent that received	more than \$5	,000. Part II can I	be duplicated if	additional space is r	needed.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WASHINGTON UNIVERSITY							EDUCATIONAL
700 ROSEDALE AVE CB 1034	43-0653611	501(C)(3)	7,500.				ASSISTANCE
(2) COLLEGE OF THE HOLY CROSS							EDUCATIONAL
1 COLLEGE STREET WORCESTER, MA 01610	04-2103558	501(C)(3)	7,000.				ASSISTANCE
(3) PHILLIPS THEOLOGICAL SEMINARY							EDUCATIONAL
4242 SOUTH SHERIDAN ROAD TULSA, OK 7414	73-1303821	501(C)(3)	7,000.				ASSISTANCE
(4) BUSHNELL UNIVERSITY							EDUCATIONAL
828 E. 11TH AVENUE EUGENE, OR 97401	93-0433696	501(C)(3)	7,000.				ASSISTANCE
(5) VANDERBILT UNIVERSITY							EDUCATIONAL
411 21ST AVENUE SOUTH #113	62-0476822	501(C)(3)	7,000.				ASSISTANCE
(6) UNIVERSITY OF SAN DIEGO							EDUCATIONAL
5998 ALCALA PK SAN DIEGO, CA 92110	95-2544535	501(C)(3)	7,000.				ASSISTANCE
(7) BAYLOR'S GEORGE W. TRUETT							EDUCATIONAL
ONE BEAR PLACE #97126 WACO, TX 76798	74-1159753	501(C)(3)	7,000.				ASSISTANCE
(8) UNION PRESBYTERIAN SEMINARY							EDUCATIONAL
3401 BROOK ROAD RICHMOND, VA 23227	54-0506428	501(C)(3)	7,000.				ASSISTANCE
(9) YALE DIVINITY SCHOOL							EDUCATIONAL
409 PROSPECT STREET	13-1678636	501(C)(3)	7,000.				ASSISTANCE
(10) NAZARENE THEOLOGICAL SEMINARY							EDUCATIONAL
1700 EAST MEYER BOULEVARD	44-0552055	501(C)(3)	7,000.				ASSISTANCE
(11) MONTCLAIR STATE UNIVERSITY							EDUCATIONAL
1 NORMAL AVENUE MONTCLAIR, NJ 07043	22-6017209	501(C)(3)	6,570.				ASSISTANCE
(12) GREAT LAKES COLLEGES ASSOCIATION, INC.							EDUCATIONAL
535 WEST WILLIAM NO 301 ANN ARBOR, MI 4	3103 38-1678376	501(C)(3)	166,896.				ASSISTANCE
2 Enter total number of section 501(c)(3)	and government of	organizations lis	ted in the line 1 tal	ole			36.
3 Enter total number of other organization	•	•					
For Paperwork Reduction Act Notice, see the Ins	structions for Form 9	90.				Sc	hedule I (Form 990) 2020

Schedule I (Form 990) (2020)

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	868.	26,537,629.			
STODENT GRANTS AND SCHOLLARSHIPS	800.	20,337,029.			
2 STUDENT PRIZES	162.	58,854.			
3 WABASH CENTER/PASTORAL LEADERSHIP PROGRAM	72.	114,190.			
4 STUDENT AWARDS NON FA	193.		55,025.	COST	PLAQUES AND APPAREL
5 DAVIS SCHOLARSHIPS	15.	37,908.			
6 EMPLOYEE SERVICE AWARDS	310.	278,350.			
7 COVID RELIEF	1,243.	720,929.			

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

Schedule I (Form 990) (2020)

## 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
FACULTY AND STAFF SUPPORT	19.	1,300.			
_					
2 STUDY ABROAD GRANTS	3.	15,000.			
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

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

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

NARRATIVE REPORTS OF GRANT ACTIVITIES ARE REQUIRED.

### **SCHEDULE J** (Form 990)

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

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

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

OMB No. 1545-0047 Open to Public Inspection

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

Employer identification number

35-0868202

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel  X  Housing allowance or residence for personal use Payments for business use of personal residence  Tax indemnification and gross-up payments  X  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	Х	
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			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
а	organization or a related organization:  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
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>		
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Officers, Directors, Tru		 		 	
	$\perp$				
	+				
	+				
	+				
			1		

Schedule J (Form 990) 2020 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

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

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

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

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

IN HIS RESPECTIVE RESIDENCE AS A CONDITION OF HIS EMPLOYMENT.

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

REGULARLY USED TO CONDUCT BUSINESS.

DR SCOTT FELLER, PRESIDENT OF WABASH COLLEGE, IS OCCASIONALLY PROVIDED

NON-TAXABLE REIMBURSEMENT FOR COMPANION TRAVEL TO FURTHER BUSINESS

ACTIVITIES CONDUCTED ON BEHALF OF THE COLLEGE. PERSONAL USE OF

AUTOMOBILES AND THE PERSONAL PORTION OF SOCIAL CLUB DUES PROVIDED TO

PRESIDENT FELLER ARE INCLUDED IN TAXABLE INCOME.

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

SCHEDULE J, PART I, LINE 7

THE PRESIDENT RECEIVED A ONE TIME PAYMENT BASED OFF PRIOR PERFORMANCE

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

### Part | Supplemental Information

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

THAT WAS APPROVED BY THE BOARD.

SCHEDULE J, PART II, COLUMN D

NONTAXABLE BENEFITS:

THE AMOUNT OF NONTAXABLE BENEFITS REPORTED FOR KENDRA COOKS AND MICHELLE

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

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

### SCHEDULE K (Form 990)

### **Supplemental Information on Tax-Exempt Bonds**

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization WABASH COLLEGE

**Bond Issues** 

Department of the Treasury

Internal Revenue Service

Part I

Employer identification number 35-0868202

(a) Issuer name		(b) Issuer EIN	(c) CUSIP#	(d) Date issu	ied (	(e) Issue price	(f) D	escription of p	ırpose	<b>(g)</b> De	feased	ed (h) On behalf of issuer		(i) Poo financ	
										Yes	No	Yes	No	Yes	No
<b>A</b> IN	DIANA FINANCE AUTHORITY	35-1602316		08/30/20	19	41,632,000	. REFINANCE 2	2001, 2003,	& 2013 BONDS		Х		Х		Х
<b>B</b> IN	DIANA FINANCE AUTHORITY	35-1602316		11/05/20	15	15,000,000	. STUDENT HOU	JSING			Х		Х		Х
													İ		
С															
													İ		
D															
Part	Proceeds								1						
						Α		В	С				D		
1	Amount of bonds retired				1	6,652,800	3,	750,000.							
2	Amount of bonds legally defeased														
3	Total proceeds of issue				4	1,632,000	). 15,	000,000.							
4	Gross proceeds in reserve funds														
_ 5	Capitalized interest from proceeds														
6	Proceeds in refunding escrows			4	7,547,891	14,	882,000.								
_ 7	Issuance costs from proceeds					84,019	9.	118,000.							
8	Credit enhancement from proceeds														
9	Working capital expenditures from proceeds														
10	Capital expenditures from proceeds														
11	Other spent proceeds														
12	Other unspent proceeds														
13	Year of substantial completion														
					Yes	No No	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part of a refundi														
	if issued prior to 2018, a current refunding issue)	?			Х			X							
15	Were the bonds issued as part of a refund	ing issue of ta	axable bon	ds (or, if											
	issued prior to 2018, an advance refunding issue	?				X		X							
16	Has the final allocation of proceeds been made?				Х		Х								
17	Does the organization maintain adequate be	ooks and reco	rds to sup	port the											
	final allocation of proceeds?				X		X								

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

Schedule K (Form 990) 2020

Schedule K (Form 990) 2020

Pa	art III Private Business Use									
`			Α		В		C	I	D	
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	
	which owned property financed by tax-exempt bonds?		X		X					
2	Are there any lease arrangements that may result in private business use of									
	bond-financed property?		X		Х					
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										
	other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%	
5	Enter the percentage of financed property used in a private business use as a									
	result of unrelated trade or business activity carried on by your organization,									
	another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%	
6	Total of lines 4 and 5		%		%		%		%	
7	Does the bond issue meet the private security or payment test?		Х		X					
8a	Has there been a sale or disposition of any of the bond-financed property to a									
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		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	İ	В		C	l	D	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No	
	Penalty in Lieu of Arbitrage Rebate?		X		X					
	If "No" to line 1, did the following apply?									
a	Rebate not due yet?	X		X						
	Exception to rebate?		X		X					
c	No rebate due?		X		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was									
	performed									
3	Is the bond issue a variable rate issue?		X		X					

Schedule K (Form 990) 2020

Schedule K (Form 990) 2020 Page 3

Pa	rt IV Arbitrage (continued)									
			Α	I	3	С		I	)	
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?		X							
е	Was the hedge terminated?	X								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X					
b	Name of provider									
	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6	Were any gross proceeds invested beyond an available temporary period?		X		X					
7	Has the organization established written procedures to monitor the									
	requirements of section 148?	X		X						
Pa	rt V Procedures To Undertake Corrective Action									
			A	I	3	(	C	I	D	
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No	
	of federal tax requirements are timely identified and corrected through the									
	voluntary closing agreement program if self-remediation isn't available under									
	applicable regulations?	X		X						
Pa	Supplemental Information. Provide additional information for responses to	o questior	ns on Sche	edule K. Se	ee instruct	ions.				

35-0868202 WABASH COLLEGE

Page 4 Schedule K (Form 990) 2020

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

JSA 0E1511 1.000 TX6855 D310 5/10/2022 Schedule K (Form 990) 2020

### SCHEDULE L

Department of the Treasury

Internal Revenue Service

### Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered

► 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

2020

Open To Public Inspection

**Employer identification number** Name of the organization WABASH COLLEGE 35-0868202 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (g) In default? (h) Approved (b) Relationship (f) Balance due (i) Written (a) Name of interested person (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No Yes No (1) (2) (3)(4) (5)(6) (7)(8)(9)(10)Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2) (3)(4)(5) (6) (7) (8) (9)

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

Schedule L (Form 990 or 990-EZ) 2020

(10)

35-0868202 WABASH COLLEGE

Schedule L (Form 990 or 990-EZ) 2020 Page 2

#### **Business Transactions Involving Interested Persons.** Part IV

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	organi	naring of ization's nues?
				Yes	No
(1) LORA HESS	SPOUSE OF PRESIDENT	12,422.	COMPENSATED EMPLOYEE		Х
_(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

#### Part V **Supplemental Information**

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

### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Noncash Contributions**

► Attach to Form 990.

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

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

Inspection

OMB No. 1545-0047

WABASH COLLEGE

Employer identification number 35-0868202

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art	Х	3.	0.				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	44.	3,863,450.	MARKET VA	LUE		
10	Securities - Closely held stock	X	1.	88,766.	REPURCHAS	E PLA	NΑ	
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential	X	2.	781,015.	APPRAISAL	ı		
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	X	1.	0.				
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►(							
29	Number of Forms 8283 received	-	-					2
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29			3.
	B : 4					)	Yes	No
30a	During the year, did the organizat			• •	-			
	28, that it must hold for at least the					200		Х
L	to be used for exempt purposes for		ording period?			30a		71
	If "Yes," describe the arrangement i Does the organization have a		tongo noligy that re-	o the region of and	nonotondord			
31	-	•		•		21	Х	
220	contributions?  Does the organization hire or use					31	21	
s∠ä	_	-		•		32a		Х
<b>ل</b>	contributions?					JŁa		
	If the organization didn't report an	amount in a	column (c) for a type of pro	nerty for which column (a)	) is chacked			
	describe in Part II.	amount in C	ordining (c) for a type of pro	porty for willon column (a	, is criecked,			

Schedule M (Form 990) (2020) Page 2

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

SCHEDULE M, PART I, LINE 33

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

SCHEDULE M, PART I, COLUMN (B)

NUMBER OF CONTRIBUTORS:

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

SCHEDULE M, PART I, LINE 8

SECURITIES - PUBLICLY TRADED:

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

PUBLICLY TRADED SECURITIES IN THE AMOUNT OF \$1,429,669 RECEIVED WERE

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

990 IN A PREVIOUS YEAR.

Schedule M (Form 990) (2020)

JSA

### 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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WABASH COLLEGE

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

Employer identification number 35-0868202

FORM 990, PART VI, SECTION A, LINE 7A CLASSES OF MEMBER OR STOCKHOLDERS:

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

FORM 990, PART VI, SECTION B, LINE 11B PROCESS TO REVIEW THE FORM 990:

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

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

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

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

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

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

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

OF THE BOARD MEETING.

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

REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION:

Name of the organization

WABASH COLLEGE

35-0868202

THE PRESIDENT'S COMPENSATION IS REVIEWED AND DETERMINED ANNUALLY BY A COMPENSATION COMMITTEE CONSISTING OF THE CHAIRMAN OF THE BOARD OF TRUSTEES AND THE CHAIRMAN OF THE EXECUTIVE COMMITTEE. THE COMMITTEE CONSIDERS DATA FROM OTHER SCHOOLS, NATIONAL SURVEYS AND TRENDS, AND PERFORMANCE AGAINST GOALS AS PART OF THE REVIEW PROCESS. THE PRESIDENT REVIEWS AND DETERMINES THE COMPENSATION OF THE DEANS AND THE OTHER MEMBERS OF THE PRESIDENT'S STAFF ON AN ANNUAL BASIS, WITH THE ADVICE AND CONSENT OF THE COMPENSATION COMMITTEE. ALL COMPENSATION DECISIONS ARE NOTED IN THE COLLEGE'S BOOKS AND RECORDS. OFFICER COMPENSATION WAS LAST REVIEWED IN JULY 2021.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INT. POLICY, AND FINANCIAL STATEMENTS:

WABASH COLLEGE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE

FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON WABASH'S WEBSITE.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

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

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

Name of the organization Employer identification number WABASH COLLEGE 35-0868202 ATTACHMENT 1

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

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

### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
WABASH COLLEGE
35-0868202

Parti	identification of Disregarded Entitles. Complete if the organization	answered tes on	roilli 990, Pait i	v, iiile 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)		-				
(4)						
(5)						
(6)						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	12(b)(13) rolled
						Yes	No
(1) GREAT LAKES COLLEGES ASSOCIATION INC 38-1678376							
535 W WILLIAM NO 301 ANN ARBOR, MI 48103	EDUC. SUPPORT	MI	501(C)3	12 TYPE 1	N/A		X
(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		X
(3)							
(4)							l
							<u> </u>
_(5)							l
							<u> </u>
(6)							
(7)							
							İ

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

Schedule R (Form 990) 2020

JSA

Schedule R (Form 990) 2020

Part III	<b>Identification of Rela</b> because it had one or	•			•	0	inswered "Yes"	on Form	990, Part IV,	line 34,	
Nar	(a) ne, address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct controlling	<b>(e)</b> Predominant	(f) Share of total	(g) Share of end-of-	(h) Disproportionate	(i) Code V - UBI	(j) General or	Pero

(a) Name, address, and EIN of related organization	<b>(b)</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	Dispropo	ortionate Code V - UBI		oisproportionate allocations? Code V - amount in of Schedu		Gene	eral or aging tner?	(k) Percentage ownership
		, ,		,			Yes	No		Yes	No			
<u>(1)</u>														
(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.

into 6 i, 2000ado i i ilad ente el mere related el gamzadore il catod de d'esperation el det daring ine tax year.											
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(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)	mpy on		27/2	mpriom.							
	TRUST		N/A	TRUST							
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											

Yes No

Schedule R (Form 990) 2020

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		_X
b	Gift, grant, or capital contribution to related organization(s)				1b	X	
С	Gift, grant, or capital contribution from related organization(s)				1c	X	
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
·	Estatio of four guarantees by folded organization(s)						
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		X
g h					1h		X
	Purchase of assets from related organization(s)				1i		X
	Exchange of assets with related organization(s).				1j		X
J	Lease of facilities, equipment, or other assets to related organization(s)				',		
_					41.		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	-+	X
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		_ <u>x</u>
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		
n	3 3 (-) - 1				1n		X
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r	Х	
s	Other transfer of cash or property from related organization(s)				1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including cove	ered relationships and transa	action thre	shold	s.	
	(a)	_ (b)	(c)		(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method	of dete int invo		j
		, spo (a o)				nvou	
(1)							
(2)							
(3)							
<u> </u>							
(4)							
(+)							
(5)							
(3)							—
(6)							
(6)			C-L	andula B (	Eor	000) 0	020
JSA			Scr	nedule R (F	rorm	990) 2	.020

Schedule R (Form 990) 2020

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	Primary activity  Primary activity  Legal domicile (state or foreign country)		(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)  (e) Are all partners section 501(c)(3) organizations?  Yes No		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(40)													
(16)													

Schedule R (Form 990) 2020

Page 4

Schedule R (Form 990) 2020 Page 5

### Part VII Supplemental Information

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

Form **990-T** 

### Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

 $07 \, / \, 01$  , 2020, and ending  $\_$ For calendar year 2020 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection for 501(c)(3) Organizations Only 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 Check box if name changed and see instructions.) Name of organization ( address changed WABASH COLLEGE 35-0868202 Print Group exemption number **B** Exempt under section Number, street, and room or suite no. If a P.O. box, see instructions. or (see instructions) C/O KENDRA A. COOKS P. O. BOX 352 X | 501( C )( 3 ) Type City or town, state or province, country, and ZIP or foreign postal code 408(e) 220(e) CRAWFORDSVILLE, IN 47933 Check box it 408A 530(a) an amended return 529(a) Book value of all assets at end of year 529A X | 501(c) corporation **G** Check organization type 501(c) trust 401(a) trust Other trust Applicable reinsurance entity 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 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 Telephone number  $\triangleright$  765-361-6212 The books are in care of ▶ KENDRA A. COOKS P.O. BOX 352 CRAWFORDSVILLE IN 47933 **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 3 Add lines 1 and 2 3 Charitable contributions (see instructions for limitation rules) 4 0. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 Subtract line 6 from line 5 7 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 Trusts. Section 199A deduction. See instructions 9 9 10 Total deductions. Add lines 8 and 9 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 0. Part | Tax Computation Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 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 Alternative minimum tax (trusts only) 5 Tax on noncompliant facility income. See instructions 6 6

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

7

OMB No. 1545-0047

Form 990-T (2020) WABASH COLLEGE 35-0868202 Page **2** 

FOIIII	990-1 (ZI	(MIDINET CODDICE			33	0000202		raye Z
Par	t III	Tax and Payments						
1 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116).	1a					
b	Other o	redits (see instructions)	1b					
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 c	redits. Add lines 1a through 1d			1e			
2	Subtrac	ct line 1e from Part II, line 7			2			
3	Other ta	xes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	866					
		Other (attach statement)			3			
4	Total ta	ax. Add lines 2 and 3 (see instructions). Lag Check if includes tax previously	deferr	ed under				
	section	1294. Enter tax amount here	<b>&gt;</b> _		. 4			0.
5	2020 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line	e 4	,	5			
	-	nts: A 2019 overpayment credited to 2020	6a					
b	2020 e	stimated tax payments. Check if section 643(g) election applies 🕨	6b					
		posited with Form 8868	6с					
d	Foreign	organizations: Tax paid or withheld at source (see instructions)	6d					
е	Backup	withholding (see instructions)	6e					
f		or small employer health insurance premiums (attach Form 8941)	6f					
g		redits, adjustments, and payments: Form 2439						
		orm 4136 Other Total ▶						
7		ayments. Add lines 6a through 6g						
8		ted tax penalty (see instructions). Check if Form 2220 is attached		_	8			
9		e. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed						
10	-	yment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpose.	aid		. —			
11		e amount of line 10 you want: Credited to 2021 estimated tax	orm	Refunded				
	t IV	Statements Regarding Certain Activities and Other Inf		· · · · · · · · · · · · · · · · · · ·		outhority.	Yes	No
1		time during the 2020 calendar year, did the organization have an infinancial account (bank, securities, or other) in a foreign country?					163	
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes						
	here		3, 611	itel the hame of t	ne roreig	ii country		Х
2		the tax year, did the organization receive a distribution from, or	was i	t the grantor of o	or transfe	eror to a		
_	-	trust?		-				Х
		" see instructions for other forms the organization may have to file.						
3		ne amount of tax-exempt interest received or accrued during the tax year		▶\$				
_		organization change its method of accounting? (see instructions)						Х
		is "Yes," has the organization described the change on Form 990,						
		in Part V						
Par		Supplemental Information						
Provi	de the ex	kplanation required by Part IV, line 4b. Also, provide any other additional inform	nation.	See instructions.				
		, ,						
		SUPPLEMENTAL INFORMATION ATTACHED						
	tr	nder penalties of perjury, I declare that I have examined this return, including accompanying si ue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh			he best of r	ny knowledge a	nd beli	ief, it is
Sign	ו ו				May the	IRS discuss	this r	return
Her		XENDRA COOKS 05/16/2022 CFO	, TR	EASURER	with the	preparer sho		
	S	ignature of officer Date Title	-		(see instruc		s	No
Paid	l	Print/Type preparer's name Preparer's signature			heck L	f PTIN		. –
Preparer		NICOLE B FISHBACK   Year 9 Yeshback	,		elf-employe	11 01 60		
	Only	Firm's name  BKD , LLP			irm's EIN			
JSA		Firm's address ▶ 201 N. ILLINOIS STREET, INDIANAPOLIS	i, Il	N 46204 P	hone no. 3	17-383-4		
0X274	1 1.000					Form 99	/U- Ι	(2020)

### SUPPLEMENTAL INFORMATION DETAIL

PART NUMBER: PART I LINE NUMBER: LINE 6

### EXPLANATION:

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

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

FOOTNOTE: ADJUSTED AMOUNT OF 05/31/2018 NOL TO REFLECT THE REPEALING OF TAXABLE QUALIFIED TRANSPORTATION FRINGE BENEFITS UNDER  $\S512(A)(7)$ .

### SUPPLEMENTAL INFORMATION DETAIL

PART NUMBER: SCHEDULE A, PART II

LINE NUMBER: LINE 17

### EXPLANATION:

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

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

WABASH COLLEGE 35-0868202

### SUPPLEMENTAL INFORMATION DETAIL

PART NUMBER: SCHEDULE A, PART II

LINE NUMBER: LINE 17

#### EXPLANATION:

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

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

### **SCHEDULE A** (Form 990-T)

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

OMB No. 1545-0074

of 2

**D** Sequence: 1

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

Open to Public Inspection for

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). 501(c)(3) Organizations Only B Employer identification number A Name of the organization 35-0868202 WABASH COLLEGE

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

C Unrelated business activity code (see instructions) ▶ 451211

Pai	Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
1a	Gross receipts or sales 140,522.					
b	Less returns and allowances c Balance ▶	1c	140,522.			
2	Cost of goods sold (Part III, line 8)	2	42,106.			
3	Gross profit. Subtract line 2 from line 1c	3	98,416.			98,416.
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)					
13	Total. Combine lines 3 through 12		98,416.			98,416.
Pai	Deductions Not Taken Elsewhere (See instructions	for I	imitations on dedu	ctions) Dedu	ctions	must be directly
	connected with the unrelated business income					
1	Compensation of officers, directors, and trustees (Part X) $\dots$				1	
2	Salaries and wages				2	93,074.
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement) (see instructions)				5	
6	Taxes and licenses		1 1		6	
7	Depreciation (attach Form 4562) (see instructions)					
8	Less depreciation claimed in Part III and elsewhere on return .				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	30,673.
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	7,515.
15	Total deductions. Add lines 1 through 14				15	131,262.
16	Unrelated business income before net operating loss deduction	. Sub	tract line 15 from Pa	art I, line 13,		22 046

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

16

17

18

17

Unrelated business taxable income. Subtract line 17 from line 16.

Deduction for net operating loss (see instructions).....

-32,846.

-32,846.

Schedule A (Form 990-T) 2020 WABASH COLLEGE 35-0868202 Page **2** 

Part	Cost of Goods Sold	Enter method of inver	ntory valuation >		Ü
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. I	Enter here and in Part I, lir	ne 2	8	
9	Do the rules of section 263A (with respect to pro	operty produced or acqui	red for resale) apply to the	organization?	Yes No
Part	IV Rent Income (From Real Property	and Personal Prop	erty Leased with Re	eal Property)	
1	Description of property (property street address,	city, state, ZIP code). Che	eck if a dual-use (see instru	uctions)	
	Α				
	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 colu	ımns A through D. Enter h	nere and on Part I, line 6, o	column (A)	
	٦				
4	Deductions directly connected with the income				
_	in lines 2(a) and 2(b) (attach statement)	55.1	(5)		
5	<b>Total deductions.</b> Add line 4 columns A through	D. Enter here and on Par	t I, line 6, column (B)	· · · · · · · · · · · · · · · · · · ·	
<b></b> Par	V Unrelated Debt-Financed Income	(eac instructions)			
1	Description of debt-financed property (street add		Chook if a dual was (ass	inatruationa)	
'	A Street add	ress, city, state, ZIP code,	i. Crieck ii a dual-use (see	instructions)	
	В —				
	c				
	D —				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
_	property				
3	Deductions directly connected with or allocable				
•	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	,,		,,	
8	<b>Total gross income</b> (add line 7, columns A throu	igh D). Enter here and on	Part I, line 7, column (A)		
	_ , , , , , , , , , , , , , , , , , , ,				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns		and on Part I, line 7, colun	nn (B)	
11	Total dividends-received deductions included in	line 10		▶ _	

JSA 0X2751 2.000 Schedule A (Form 990-T) 2020 Page **3** 

Part VI Interest, Ann	nuities Poval	tips and Pont	s from Controlled Organi	izations (see instructions)	r age <b>e</b>
miterest, Am	idities, Royal	and Nem		ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions	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	ns	
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
1. Description of income		nount of income	3. Deductions	4. Set-asides	5. Total deductions
			directly connected (attach statement)	(attach statement)	and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter h line	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		v Income. Oth	er Than Advertising Inco	me (see instructions)	
1 Description of exploited a	•	,, our		(550 111011 40110110)	
•	· —	trade or busin	ness. Enter here and on Pa	art I. line 10, column (A)	2
			related business income. En	, , , , , , , , , , , , , , , , , , , ,	_
line 10, column (B)	•				3
, , , ,		ade or business	. Subtract line 3 from line	e 2. If a gain, complete	
lines 5 through 7					4
5 Gross income from activi			ome		5
6 Expenses attributable to	•				6
•			6, but do not enter more	than the amount on line	
4. Enter here and on Part	II, line 12				7

Schedule A (Form 990-T) 2020

WABASH COLLEGE 35-0868202

Schedule A (Form 990-T) 2020 Page 4

Na	me(s) of periodical(s). Check box if	reporting two or more periodicals on a	consolidated basis	i.	
Α					
В					
С					
D					
r amo	ounts for each periodical listed abov	re in the corresponding column.			
		A	В	С	D
Gr	oss advertising income				
		and on Part I, line 11, column (A)			<b>•</b>
	-				
Dir	ect advertising costs by periodical				
Ad	d columns A through D. Enter here	and on Part I, line 11, column (B)			<b>&gt;</b>
	-	. ,			
Ad	vertising gain (loss). Subtract line 3 t	from line			
	For any column in line 4 showing				
	mplete lines 5 through 8. For any co				
	e 4 showing a loss or zero, do not o				
	es 5 through 7, and enter zero on line				
	adership costs				
	culation income				
	cess readership costs. If line 6 is le				
	e 5, subtract line 6 from line 5. If				
les	s than line 6, enter zero				
Exc	cess readership costs allowed	as a			
	duction. For each column showing a				
	e 4, enter the lesser of line 4 or line 7	-			
		Enter the greater of the line 8a	a. columns total	or zero here and on	
					_
	<u> </u>				
art Y	Componention of Officers	Directors and Trustons (co.			
art X	Compensation of Officers	s, Directors, and Trustees (see	instructions)		
art X			e instructions)	3. Percentage	4. Compensation
art X	Compensation of Officers  1. Name	2. Title	e instructions)	of time devoted	attributable to
art X			e instructions)	-	
irt X			e instructions)	of time devoted	attributable to
rt X			e instructions)	of time devoted to business	attributable to
nrt X			e instructions)	of time devoted to business %	attributable to
rt X			e instructions)	of time devoted to business %	attributable to
rt X			e instructions)	of time devoted to business % % %	attributable to
	1. Name			of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to

# **SCHEDULE A** (Form 990-T)

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only A Name of the organization B Employer identification number 35-0868202 WABASH COLLEGE <u>C</u> Unrelated business activity code (see instructions) ▶ 901101 of 2**D** Sequence: 2

<u>C</u> 01	related business activity code (see instructions)			sequence. 2		01 2
F De	scribe the unrelated trade or business ► INCOME FROM K-1	INVE	STMENTS			
Par			(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b	-51,169.			-51,169.
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) ATCH 2	5	-469,059.			-469,059.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12		-520,228.			-520,228.
Par	t II Deductions Not Taken Elsewhere (See instructions	for l	imitations on dedu	ctions) Dedu	ctions r	nust be directly
	connected with the unrelated business income					
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement) (see instructions)				5	
6	Taxes and licenses				6	8,984.
7	Depreciation (attach Form 4562) (see instructions)		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)			ATCH 3	14	39,347.
15	Total deductions. Add lines 1 through 14				15	48,331.
16	Unrelated business income before net operating loss deduction	. Subt	tract line 15 from P	art I, line 13,		
	column (C)				16	-568,559.
17	Deduction for net operating loss (see instructions)				17	
18	Unrelated business taxable income. Subtract line 17 from line	۱6			18	-568,559.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

<u>Schedule A (Form 990-T) 2020</u> WABASH COLLEGE 35-0868202 Page **2** 

Par	t IIIE Cost of Goods Sold	Enter method of inven	tory valuation >		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement	t)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Part I, lin	ne 2	8	
9	Do the rules of section 263A (with respect to p				Yes No
Par	t IV Rent Income (From Real Propert	y and Personal Prop	erty Leased with Re	eal Property)	
1	Description of property (property street address	, city, state, ZIP code). Che	ck if a dual-use (see instru	ictions)	
	A				
	В				
	C				
	D	Δ	В	С	D
_		A	В	C	<del>ن</del>
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				
	·				
С	income)  Total rents received or accrued by property.				
C	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c col	•	nere and on Part I line 6 o	rolumn (A)	
ŭ	Total Tellis Teodived of decreed. Add line 20 och	annis 7 tinoagn D. Enter 1	iore and orri arti, inte o, e	Joidinii (71)	
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		t I, line 6, column (B)		
			. , , , , , , , , , , , , , , , , , , ,		
Par	t V Unrelated Debt-Financed Income	e (see instructions)			
1	Description of debt-financed property (street ad	dress, city, state, ZIP code)	. Check if a dual-use (see	instructions)	
	Α				
	В				
	С				
	D	T			
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
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)	24	6.1	2/	
6	Divide line 4 by line 5		%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6		Dort Line 7 Line (A)		
8	Total gross income (add line 7, columns A thro	ougn שן. Enter here and on	rart I, line /, column (A)	· · · · · · · · • .	
9	Allocable deductions. Multiply line 3c by line 6				
9 10	Total allocable deductions. Add line 9, columns		and on Part Lline 7, colum	nn (R) ►	
11	Total dividends-received deductions included in				
	The state of the s				

JSA 0X2751 2.000 Schedule A (Form 990-T) 2020 Page **3** 

Part VI Interest, Ann	nuities Poval	tips and Pont	s from Controlled Organi	izations (see instructions)	r age <b>e</b>
miterest, Am	idities, Royal	and Nem		ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions	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	ns	
7. Taxable income	in	Net unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
1. Description of income		nount of income	3. Deductions	4. Set-asides	5. Total deductions
			directly connected (attach statement)	(attach statement)	and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter h line	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		v Income. Oth	er Than Advertising Inco	me (see instructions)	
1 Description of exploited a	•	,, our		(550 111011 40110110)	
•	· —	trade or busin	ness. Enter here and on Pa	art I. line 10, column (A)	2
			related business income. En	, , , , , , , , , , , , , , , , , , , ,	_
line 10, column (B)	•				3
, , , ,		ade or business	. Subtract line 3 from line	e 2. If a gain, complete	
lines 5 through 7					4
5 Gross income from activi			ome		5
6 Expenses attributable to	•				6
•			6, but do not enter more	than the amount on line	
4. Enter here and on Part	II, line 12				7

Schedule A (Form 990-T) 2020

WABASH COLLEGE 35-0868202

Schedule A (Form 990-T) 2020 Page 4

Na	me(s) of periodical(s). Check box if	reporting two or more periodicals on a	consolidated basis	i.	
Α					
В					
С					
D					
r amo	ounts for each periodical listed abov	re in the corresponding column.			
		A	В	С	D
Gr	oss advertising income				
		and on Part I, line 11, column (A)			<b>•</b>
	-				
Dir	ect advertising costs by periodical				
Ad	d columns A through D. Enter here	and on Part I, line 11, column (B)			<b>&gt;</b>
	-	. ,			
Ad	vertising gain (loss). Subtract line 3 t	from line			
	For any column in line 4 showing				
	mplete lines 5 through 8. For any co				
	e 4 showing a loss or zero, do not o				
	es 5 through 7, and enter zero on line				
	adership costs				
	culation income				
	cess readership costs. If line 6 is le				
	e 5, subtract line 6 from line 5. If				
les	s than line 6, enter zero				
Exc	cess readership costs allowed	as a			
	duction. For each column showing a				
	e 4, enter the lesser of line 4 or line 7	-			
		Enter the greater of the line 8a	a. columns total	or zero here and on	
					_
	<u> </u>				
art Y	Componention of Officers	Directors and Trustons (co.			
art X	Compensation of Officers	s, Directors, and Trustees (see	instructions)		
art X			e instructions)	3. Percentage	4. Compensation
art X	Compensation of Officers  1. Name	2. Title	e instructions)	of time devoted	attributable to
art X			e instructions)	-	
irt X			e instructions)	of time devoted	attributable to
rt X			e instructions)	of time devoted to business	attributable to
nrt X			e instructions)	of time devoted to business %	attributable to
rt X			e instructions)	of time devoted to business %	attributable to
rt X			e instructions)	of time devoted to business % % %	attributable to
	1. Name			of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to
al. Er	1. Name  1. Name  The standard on Part II, line 1  Supplemental Information	2. Title		of time devoted to business  %  %  %  %	attributable to

33946

### ATTACHMENT 1

#### SCHEDULE A: WEEKEND AND INTERNET BOOKSTORE SALES

#### PART II LINE 14 - OTHER DEDUCTIONS DETAIL

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

ATTACHMENT 2

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

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

	SHARE OF	SHARE OF	GAIN OR
	GROSS INCOME	DEDUCTIONS	(LOSS)
AG SUPER FUND - FINAL 2020	345.		345.
AG SF (L) LP	-109.		-109.
KAYNE ANDERSON ENERGY FUND IV	-82.	274.	-356.
KAYNE ANDERSON ENERGY FUND V	83,774.	147,354.	-63,580.
NORTHGATE IV, LP	832.		832.
NORTHGATE VENTURE PARTNERS II	-500.		-500.
RESOURCE LAND FUND V	4,194.		4,194.
RESOURCE LAND FUND IV	-96,033.		-96,033.
ROCKLAND POWER PARTNERS	-228,041.		-228,041.
THE RESOLUTE FUND II	468.		468.
RESOLUTE FUND II MARITIME	6.		6.
ROCKLAND POWER PARTNERS II	-84,767.		-84,767.
TRG FORESTRY FUND 8-B	-1,518.		-1,518.
INCOME (LOSS) FROM PARTNERSHIPS	S AND/OR S CORPORATION	ONS	-469,059.

ATTACHMENT	3	

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

#### PART II LINE 14 - OTHER DEDUCTIONS DETAIL

PART II LINE 14 - OTHER L	EDUCTIONS DETAIL	
ACCOUNTING		7,395.
INVESTMENT MANAGEMENT		31,952.
	TOTAL OTHER DEDUCTIONS	39,347.

# SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

# **Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 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

2020

Name					Employ	er identifica	tion number
WABA	ASH COLLEGE				3	35-0868	202
	ne corporation dispose of any investment(s) in a s," attach Form 8949 and see its instructions fo					Yes	X No
Part	Short-Term Capital Gains and Losses	- Assets Held Or	ne Year or Less				
1a	See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.  Totals for all short-term transactions reported on Form	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Fo 8949, Part I, lir column (g)	rm(s)	column (d)	olumn (e) from and combine with column (g)
	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 <b>Box A</b> checked						
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked						
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked						
4	Short-term capital gain from installment sales from F	orm 6252, line 26 or 3	7		. 4		
5	Short-term capital gain or (loss) from like-kind exchan	nges from Form 8824			. 5		
6	Unused capital loss carryover (attach computation)				. 6	(	
	Net short-term capital gain or (loss). Combine lines 1				. 7		
Part		- Assets Held Mo	ore Than One Yea				
	See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to	(d) Proceeds	(e) Cost	(g) Adjustments or loss from Fo 8949, Part II, li	rm(s)		(loss) olumn (e) from and combine
	whole dollars.	(sales price)	(or other basis)	column (g)		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 <b>Box D</b> checked						
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked						
10	Totals for all transactions reported on Form(s) 8949						
	with Box F checked	217.	278.				-61
11	Enter gain from Form 4797, line 7 or 9				. 11		
12	Long-term capital gain from installment sales from F	orm 6252, line 26 or 3	7		. 12		
13	Long-term capital gain or (loss) from like-kind exchan	ges from Form 8824			. 13		
14	Capital gain distributions (see instructions)				. 14		
15 Part	Net long-term capital gain or (loss). Combine lines 88	a through 14 in column	h		. 15		-61
16	Enter excess of net short-term capital gain (line 7) ov	ver net long-term capita	al loss (line 15)		. 16		
17	Net capital gain. Enter excess of net long-term capital				. 17		
18	Add lines 16 and 17. Enter here and on Form 1120,	. •	applicable line on othe	r returns	. 18		
	Note: If losses exceed rains see Canital Losses in the	instructions					

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

Schedule D (Form 1120) 2020

Form 8949 (2020) 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

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 rep	orted on Fo	orm(s) 1099	-B showing basis	was reported to	the IRS (see <b>Note</b> above)			
	(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS								
Х	(F) Long-term transactions not reported to you on Form 1099-B								

(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column</i> (e)	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)	
AG SF (L) LP	VARIOUS	VARIOUS		278.			-278.	
RESOURCE LAND FUND IV	VARIOUS	VARIOUS	217.				217.	
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	217.	278.			-61.			

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

Form **8949** (2020)

# Form **4797**

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

OMB No. 1545-0184

► Attach to your tax return.

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Sequence No. 27 Identifying number

12 Gain, if any, from line 7 or amount from line 8, if applicable	WA	BASH COLLEGE						35-	0868202
Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)	1	Enter the gross proceeds from sa	les or exchange	s reported to y	ou for 2020 on Fo	rm(s) 1099-B or 1	099-S (or		
Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)		substitute statement) that you are in	ncluding on line 2	2, 10, or 20. See	instructions			1	
Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)  2	Pa							ns Fro	om Other
a) Description of property (b) Date acquired (mo. day, yi.) (c) Date sold (mo. day, yi.) (compared to sales price sales price sales price allowable since improvements and expense of sale and (e) and									
ATTACHMENT 1  Section 1231 gain from installment sales from Form 6252, line 26 or 37  Section 1231 gain or (loss) from like-kind exchanges from Form 824  Gain, if any, from line 32, from other than casualty or theft.  Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows  Torm 1120-S, Section 1231 gain or (loss) from like-kind exchanges from Form 824  Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows  Torm 1120-S, Section 1231 gain or (loss) from like-kind exchanges from Form 824  Combine lines 2 through 6. Enter the gain or (loss) following the instructions for Form 1055, Schedule K, line 10, or Form 1120-S, schedule K, line 10, or Form 1120-S, schedule K, line 10, or Form 1120-S, schedule									(a) Gain or (loss)
ATTACHMENT 1	2								Subtract (f) from the
3 Gain, if any, from Form 4684, line 39		5. p. op 5. ty	(, aay, y)	(, aay, y)	Calob price				sum of (d) and (e)
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	A	TTACHMENT 1							-51,169.
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37									
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37									
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37									
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	3	Gain, if any, from Form 4684, line 3	9					3	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	4	Section 1231 gain from installment	sales from Forn	n 6252, line 26 oı	r 37			4	
6 Gain, if any, from line 32, from other than casualty or theft. 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows. 7 -51, 169.  Partnerships and \$ corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, \$ corporations shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.  8 Nonrecaptured net section 1231 losses from prior years. See instructions.  9 Subtract line 8 from line 7. If zero or less, enter -0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions.  9 Subtract line 8 from line 7. If zero or less, enter -0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 9 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions.  9 Subtract line 8 from line 7. If zero or line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions.  9 Subtract line 8 from line 7 in line 9 in line 17 in line 9 is zero, enter the gain from line 7 or amount from line 8, if applicable.  11 Loss, if any, from line 7 or amount from line 8, if applicable.  12 Sain, if any, from line 7 or amount from line 8, if applicable.  12 In line 9 in line 12 below.  13 Gain, if any, from line 7 or amount from line 8, if applica	5							5	
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 10, or Form 1120-S, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.  Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses from they were receptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.  8 Nonrecaptured net section 1231 losses from prior years. See instructions.  9 Subtract line 8 from line 7. If zero or less, enter 0 If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions  9 Part II Ordinary Gains and Losses (see instructions)  10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):  11 Loss, if any, from line 7	6		-					6	
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, j. 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were receptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.  8 Nonrecaptured net section 1231 losses from prior years. See instructions.  9 Subtract line 8 from line 7. If zero or less, enter -0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions  10 Ordinary Gains and Losses (see instructions)  11 Loss, if any, from line 7 or amount from line 8, if applicable.  12 Gain, if any, from line 7 or amount from line 8, if applicable.  13 Gain, if any, from line 7  14 Net gain or (loss) from Form 4684, lines 31 and 38a.  15 Ordinary gain from installment sales from Form 6252, line 25 or 36  15 Ordinary gain from installment sales from Form 6252, line 25 or 36  16 Ordinary gain from installment sales from Form 8284  17 Combine lines 10 through 16  18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.  18 If the loss on line 11 includes a loss from Form 6484, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee) (Jehnity as from "Form 4797, line 18a." See instructions  18 Pedetermine the gain or (l									-51,169.
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12 Gain, if any, from line 7 or amount from line 8, if applicable	10				ude property held 1 ye	ear or less):			
12 Gain, if any, from line 7 or amount from line 8, if applicable									
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12 Gain, if any, from line 7 or amount from line 8, if applicable									
13 Gain, if any, from line 31	11	Loss, if any, from line 7						11	(51,169)
14 Net gain or (loss) from Form 4684, lines 31 and 38a	12	Gain, if any, from line 7 or amount	from line 8, if app	licable				12	
14 Net gain or (loss) from Form 4684, lines 31 and 38a	13	-						13	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	14							14	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	15	• , ,						15	
17 Combine lines 10 through 16	16							16	
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loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	а		•		n (b)(ii) enter that p	art of the loss here	Enter the		
an employee.) Identify as from "Form 4797, line 18a." See instructions	ű								
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1  (Form 1040), Part I, line 4								18a	
(Form 1040), Part I, line 4	b	, , ,	,						
For Paperwork Reduction Act Notice, see separate instructions.		- , ,		-	•			18b	
	For	Paperwork Reduction Act Notice, s	ee separate instr	ructions.					Form <b>4797</b> (2020)
			-						

35-0868202 Form 4797 (2020) Page 2

Pa	It III Gain From Disposition of Property (see instructions)	Un	der Sections 124	5, 1250, 1252, 12	54, and 1255	
19	(a) Description of section 1245, 1250, 1252, 1254, or	or 12	55 property:		(b) Date acquired	(c) Date sold
					(mo., day, yr.)	(mo., day, yr.)
	,					
	These columns relate to the properties on lines 19A through 19D		Property A	Property B	Property C	Property D
20	Gross sales price ( <b>Note</b> : See line 1 before completing.)					
21		21				
22	Depreciation (or depletion) allowed or allowable	22				
	Adjusted basis. Subtract line 22 from line 21	23				
	Adjusted basis. Subtract line 22 from line 21					
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	26a				
	Applicable percentage multiplied by the smaller of					
	line 24 or line 26a. See instructions	26b				
c	Subtract line 26a from line 24. If residential rental property					
	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
c	Additional depreciation after 1969 and before 1976.	26d				
e	Enter the smaller of line 26c or 26d	26e				
f	Section 291 amount (corporations only)	26f				
	Add lines 26b, 26e, and 26f	26g				
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
а	Soil, water, and land clearing expenses	27a				
k	Line 27a multiplied by applicable percentage. See instructions	27b				
	Enter the <b>smaller</b> of line 24 or 27b	27c				
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
k	Enter the smaller of line 24 or 28a	28b				
29	If section 1255 property:					
а	Applicable percentage of payments excluded from					
	income under section 126. See instructions	29a				
	Enter the smaller of line 24 or 29a. See instructions.					
Su	mmary of Part III Gains. Complete propert	у сс	lumns A through	D through line 29b	before going to li	ne 30.
	Total gains for all properties. Add property columns A					
	Add property columns A through D, lines 25b, 26g, 2					
32	Subtract line 31 from line 30. Enter the portion from		,	*	'	
_	other than casualty or theft on Form 4797, line 6		70 1 0005(1)(0)		32	•
Pai	Recapture Amounts Under Section (see instructions)	S 1	79 and 280F(b)(2)	When Business	Use Drops to 50%	or Less
					(a) Section	(b) Section
					179	280F(b)(2)
	Section 179 expense deduction or depreciation allow		•			
	Recomputed depreciation. See instructions					
35	Recapture amount. Subtract line 34 from line 33. Se	e the	instructions for where t	o report 35		- 4707 (222)

Form **4797** (2020)

### ATTACHMENT 1

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
RESOURCE LAND FUND V	VARIOUS	VARIOUS	43,745.			43,745.
RESOURCE LAND FND IV	VARIOUS	VARIOUS	1,740.			1,740.
ROCKLAND PWR PTRS II	VARIOUS	VARIOUS	,		96,654.	43,745. 1,740. -96,654.
					•	,
Totals						-51,169.