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DLN: 93493136038332

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Doing Business As ge		5-08682	Λ 2
90			
Number and street (or B.O. how if mail is not delivered to street address)		lephone n	
Number and street (or P O box if mail is not delivered to street address) PO Box 352		65)361-	
eturn City or town, state or country, and ZIP + 4 Crawfordsville, IN 47933 pending	——— G Gr	oss receipts	s \$ 316,759,257
F Name and address of principal officer	H(a) Is this a group ret	urn for affilia	tes? Yes V No
PO BOX 352			
ot status			
:► WWW WABASH EDU			
anization	L Year of formation	1832 M	State of legal domicile IN
Summary	•		
,	S THEM TO THINE	(CRITIC	CALLY, ACT
heck this box দ if the organization discontinued its operations or disposed of i	more than 25% of	ıts net as	ssets
umber of voting members of the governing body (Part VI, line 1a)		з	3
umber of independent voting members of the governing body (Part VI, line 1b)		4	3.
otal number of individuals employed in calendar year 2010 (Part V, line 2a) .		5	1,17
otal number of volunteers (estimate if necessary)		6	
otal unrelated business revenue from Part VIII, column (C), line 12		7a	83,36
et unrelated business taxable income from Form 990-T, line 34		7b	
	Prior Year		Current Year
Contributions and grants (Part VIII, line 1h)			22,962,38
Program service revenue (Part VIII, line 2g)	29,99	4,536	30,443,91
Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,61	9,822	23,758,30
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27	3,603	270,29
	68 41	8 44 1	77,434,89
			14,234,13!
	14,73		14,234,13
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	21,03		22,446,14
Professional fundraising fees (Part IX, column (A), line 11e)		0	(
Total fundraising expenses (Part IX. column (D), line 25) 1,736,765			
- · · · · · · · · · · · · · · · · · · ·	26,12	7,735	22,438,689
			59,118,96
	· · · · · · · · · · · · · · · · · · ·		18,315,92
			End of Year
Total assets (Part X, line 16)	435,47	7,566	493,874,533
Total liabilities (Part X, line 26)	73,11	2,667	83,346,218
Net assets or fund balances Subtract line 21 from line 20	362,36	4,899	410,528,315
Signature Block			
ies of perjury, I declare that I have examined this return, including accompanying school belief, it is true, correct, and complete. Declaration of preparer (other than officer)	is based on all infor	mation of	
Signature of officer	Date		
LARRY GRIFFITH TREASURER AND CFO			
Type or print name and title			
Print/Type Preparer's signature Date	Check if		PTIN
<u></u>	Check if employe	d • [
Print/Type Preparer's signature Preparer's signature NICOLE B FISHBACK Date		d • [PTIN Firm's EIN Phone no (317) 383-
	F Name and address of principal officer PATRICK E WHITE PRESIDENT PO BOX 352 CRAWFORDSVILLE, IN 47933 pt status	Cry trium, sale to usually all 2PF - Contributions and grants (Part VIII, column (A), lines 12 of the revenue (Part VIII, column (A), lines 3, 4, and 7d)	F Name and address of principal officer PATRICKE WHITE PRESIDENT PO BOX 352 CRAWFORDSVILLE, IN 47933 Int status

Form	990	(2010)

age 2	
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Par	t III	Statement of Pr Check if Schedule O				rt III			
1	Briefly	y describe the organi	zatıon's mıssıon						
		OLLEGE IS A LIBERA CTIVELY, AND LIVE		GE FOR MEN	THAT EDUCATI	ES THEM TO TH	HINK CRITICALL	Y, ACT RESP	ONSIBLY,
2		e organization undert ior Form 990 or 990-						┌ Yes ┌ N	lo
	If "Yes	s," describe these ne	w services on Sc	hedule O					
3		e organization cease es?	σ,	~	_	vit conducts, ar	y program	┌ Yes ┌ N	lo
	If "Yes	s," describe these ch	anges on Schedu	le O					
4	Sectio	the the exempt purpo on 501(c)(3) and 501 tions to others, the to	(c)(4) organizati	ons and section	on 4947(a)(1) tr	usts are require	d to report the am		and
4a	(Code)	(Expenses \$	37,078,657	ıncludıng grants of	\$ 12,84	5,140) (Revenue \$	30,652	2,681)
	INSTR	UCTION - INSTITUTION'S	ACADEMIC INSTRUC	TION PROGRAM	870 STUDENTS SER	VED			
4b	(Code)	(Expenses \$	9,781,987	ıncludıng grants of	\$ 41	.6,290) (Revenue \$)
		ENT SERVICES AND ATHLE FELLECTUAL, CULTURAL, A				BUTE TO THE STUD	ENT'S EMOTIONAL AN	D PHYSICAL WELI	L-BEING AS WELL
4c	(Code	.)	(Expenses \$	4,834,084	ıncludıng grants of	\$ 94	2,705) (Revenue \$)
	ACADE	EMIC SUPPORT AND LIBRA	RY - SUPPORT SERV	ICES FOR INSTR	UCTION, RESEARCH	, AND PUBLIC SERV	ICE INCLUDES LIBRA	ARY AND COMPUT	ER SERVICES
4d		r program services(-	f #) /D	anua #	\	
		enses \$		iding grants o) (Reve	enue \$,	
4e	Total	program service exp	enses ⊩ \$	51,694,72	.8				

art TV	Check	list of	Required	Schedules
	CIICCN	1136 01	IXCUUII CU	Scricadics

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
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		Νο
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? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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	Yes	
c	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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	, , , , ,	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16	Yes	
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		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
C	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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 \bigcirc Yes \checkmark No			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Co	mpliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
L	Tate of the number of Forms W. 2C yearly ded in line 1s. Forter C. If not applicable			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		V	
ı	gaming (gambling) winnings to prize winners?	1c	Yes	
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the		V	
L	year?	3a 3b	Yes Yes	
ט	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	שכ	165	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	,		
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►UK See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	See instructions for fining requirements for Form FD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
l	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
_	Organizations that may receive deductible contributions under section 170(c).			NI -
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			NI -
A	file Form 8282?	7c		No
u	11 Tes, indicate the number of Forms 6262 med during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		NI -
f	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	\vdash		110
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	- 		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a 9b		
D	Did the organization make a distribution to a donor, donor advisor, or related person?	טפ		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	<u> </u>	12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
_	year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
L	Extended amount of many the comment of many the comment of the com			
Ø	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			
c	Enter the amount of reserves on hand			
1-	Did the erganization receive any nayments for indeer tanning convices during the tay year?	1 4 4 -		NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Id	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	103	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	7.5		
	year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
Ne	venue Coue.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No.
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	100		
	Thus the organization provided a copy of this Form 550 to an intelligence of its governing body before mining the forms	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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 with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed►IN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

| Own website | Another's website | ✓ Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization LARRY GRIFFITH
 301 WEST WABASH AVE

CRAWFORDSVILLE,IN 47933 (765) 361-6212

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

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

Check this box if neither the organi		elated o	rganı	zatio	on co	ompen	sate	d any current office	er, director, or trust	ee						
(A) Name and Title	(B) A verage hours	(C) (D) (E) Position (check all that apply) Reportable compensation compensation				Position (check all Reportable Reportable			Position (check all						(E) Reportable compensation	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	employee Key employee Officei Institutional Trustee or director		Highest compensated employee	Former	organization (W- 2/1099-MISC)	organization (W- 2/1099-MISC) (W- 2/1099- MISC)								
See Additional Data Table																
				<u> </u>	<u> </u>											

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

week (describe hours for related roganizations with the for related organizations in Schedule O) See Additional Data Table See Table 1		(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						Rep comp	(D) ortable ensation	(E) Reportable compensation from related		(F) Estima amount o	ated fother
1b Sub-Total .			week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organız	ation (W-	organizations (W- 2/1099-	from the organization ai related		the ion and ed
Total from continuation sheets to Part VII, Section A	See A	dditional Data Table													
Total from continuation sheets to Part VII, Section A					 										
Total from continuation sheets to Part VII, Section A					<u> </u>			-					_		
Total from continuation sheets to Part VII, Section A															
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Total from continuation sheets to Part VII, Section A ▶ 1,744,996					<u> </u>	<u> </u>		-					_		
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Total from continuation sheets to Part VII, Section A ▶ 1,744,996					\vdash	<u> </u>	-	<u> </u>							
Total from continuation sheets to Part VII, Section A ▶ 1,744,996					<u> </u>										
Total from continuation sheets to Part VII, Section A ▶ 1,744,996															
d Total (add lines 1b and 1c)	1b	Sub-Total							F						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶15 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	C	Total from continuation sheets	to Part VII, Sec	tion A		•	•	>							
\$100,000 in reportable compensation from the organization 15 Yes No	d	Total (add lines 1b and 1c) .	<u></u>		•				<u> </u>		1,744,996		0	:	381,002
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2							above) who	receive	d more tha	n			
on line 1a? If "Yes," complete Schedule J for such individual														Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3						ey e	mploy	ee, o	r highes	t compens	ated employee			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual		on line 1a? If "Yes," complete Sci	hedule J for such	ındıvıd	ual		•	•	•				3		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	4	organization and related organiz											4	Yes	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address SHIEL SEXTON CO INC	5	Did any person listed on line 1a	receive or accri	ue comi	oensa	ation	fror	m anv	unrel	ated ord	anızatıon o	r ındıvıdual for		1	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) Compensation SHIEL SEXTON CO INC												•	5		No
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) Compensation SHIEL SEXTON CO INC	Se	ection B. Independent Con	tractors												
Name and business address Description of services Compensation SHIEL SEXTON CO INC	1				ındep	ende	ent o	contra	ctors	that rec	eived more	than			
SHIEL SEXTON CO INC		- Nai	(A) me and business ad	dress							Descr	(B)		(Comper	s) nsation
902 N CAPITOL AVE CONTRACTOR-ATHL FLDS 3,955,070		SEXTON CO INC	u Daomeso da										\dashv		

(A) Name and business address	(B) Description of services	(C) Compensation
SHIEL SEXTON CO INC 902 N CAPITOL AVE INDIANAPOLIS, IN 46204	CONTRACTOR-ATHL FLDS	3,955,070
SODEXO INC AFFILIATES 10 EARHARD DRIVE WILLIAMSVILLE, NY 14221	MAINTENANCE SERVICES	3,076,243
BON APPETIT DINING SERVICES 100 HAMILTON AVE SUITE 300 PALO ALTO, CA 94301	FOOD SERVICE	1,502,588
ACT INC 500 ACT DRIVE IOWA CITY, IA 52243	CONTRACT RESEARCH	219,796
SNYDER CAPITAL MANAGEMENT LP ONE MARKET PLAZA SUITE 1200 SAN FRANCISCO, CA 94105	INVESTING	177,922
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►7	who received more than	

Form 9	•	· ,					Рa	ge 9
Part	VIII	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
\$ \$	1a	Federated campaigns	1a					514
Contributions, gifts, grants and other similar amounts	ь	Membership dues	. 1b					
s,g ∭	c	Fundraising events	1 c					
£ a		Related organizations						
% <u>`</u> E		Government grants (contributions)						
흔		All other contributions, gifts, grants		22,962,380]	
音楽	-	similar amounts not included above	e					
늍	g	Noncash contributions included in l	ines 1a-1f \$	3,694,190				
လွ ¥	h	Total. Add lines 1a-1f			22,962,380			
<u> </u>				Business Code				
veri	2a	TUITION & FEES		611600	25 786 202	25,786,202		
윤	ь	FRATERNITY LEASES		531110	939,910			
و م	С	STUDENT ROOM & BOARD		611710	2,470,911	2,470,911		
Program Serwce Revenue	d	ATHLETIC FACILITY REVENUE		713940	170,040	170,040		
E		STUDY ABROAD PROGRAM		611600	562,077			
Ö	ľ	All other program service re	venue		514,770	514,770		
<u>~</u>	g	Total. Add lines 2a-2f			30,443,910			
	3	Investment income (includir			0.656.520		05.227	0 574 204
		and other similar amounts)			8,656,538 0		85,237	8,571,301
		Income from investment of tax-ex		-	0			
	5	Royalties	(ı) Real	(II) Personal				-
	6a	Gross Rents	(I) Keal	(II) F el solial				
	ь							
	C	expenses Rental income						
	٦	or (loss) Net rental income or (loss)	b -					
	_	Wet rental income of (1033)	(ı) Securities	(II) O ther				
	7a	from sales of assets other	253,859,708	0				
	ь	than inventory Less cost or	238,696,414	61,523				
		other basis and sales expenses						
	С	Gain or (loss)	15,163,294	-61,523				
	d	Net gain or (loss)			15,101,771	-61,523		15,163,294
ë	8a	Gross income from fundraisi (not including	ng events					
Other Revenue		\$						
æ		of contributions reported on See Part IV, line 18						
Jer			а					
₫	ı	Less direct expenses .						
		Net income or (loss) from fu			0			
			ctivities See Part IV, line 19 . a	ь				
		Net income or (loss) from ga		ь	0			
		Gross sales of inventory, les						
		Land and the Control of the Control	a	836,721				
	ı	Less cost of goods sold . Net income or (loss) from sa		566,427	270,294	272,164	-1,870	
		Miscellaneous Revenue		Business Code	,		, -	
	11a							
	ь)						<u> </u>
	c	:						
	d	All other revenue						
	e	Total. Add lines 11a-11d			0			
	4.0	-	*					
	12	Total revenue. See Instructi	ons		77,434,893	20.654.55	83,367	
						30,654,551	rm 990 (20	23,734,595

	990 (2010)				Page 10
Par	Statement of Functional Expenses				
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations must li other organizations must complete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21 $$	345,955	345,955		· ·
2	Grants and other assistance to individuals in the U S See Part IV, line 22	13,807,680	13,807,680		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	80,500	80,500		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,346,585	1,141,411	122,766	82,408
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	14,597,109	12,373,011	1,330,792	893,306
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,317,871	1,088,730	134,470	94,671
9	Other employee benefits	4,090,546	2,625,262	1,223,536	241,748
10	Payroll taxes	1,094,032	933,540	92,149	68,343
а	Fees for services (non-employees) Management	0			· · ·
Ь	Legal	120,707		120,707	
c	Accounting	140,117		140,117	
d	Lobbying	0			_
e	Professional fundraising services See Part IV, line 17	0			_
f	Investment management fees	792,614		792,614	
g	Other	1,696,789	1,517,740	· ·	31,605
12	Advertising and promotion	0	, ,		<u> </u>
13	Office expenses	1,742,156	1,192,870	409,724	139,562
14	Information technology	84,150		 	1,295
15	Royalties	0	,		
16	Occupancy	7,087,035	6,643,639	396,303	47,093
17	Travel	1,791,372		102,234	78,697
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	237,123	235,848	401	874
20	Interest	1,096,696		<u> </u>	
21	Payments to affiliates	0	, ,		
22	Depreciation, depletion, and amortization	4,506,065	4,358,044	137,026	10,995
23	Insurance	488,836	145,055	343,781	_
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	STUDENT ROOM & BOARD	1,450,630	1,425,977	23,972	681
b	BOOKS, PERIODICALS, AND MEDIA	588,966	587,011	642	1,313
c	ENTERTAINMENT	505,817	323,502	138,141	44,174
d	OTHER EXPENSES	109,616	109,540	76	
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	59,118,967	51,724,728	5,657,474	1,736,765
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation			_	000 (2010)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			4,250	1	3,715
	2	Savings and temporary cash investments		16,149,327	2	14,475,392	
	3	Pledges and grants receivable, net			4,807,142	3	15,121,693
	4	Accounts receivable, net			838,493	4	604,897
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	employees, and				
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing esponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	ers, and				
St.		Schedule L			6		
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			299,612	9	307,967
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	162,296,082			
	b	Less accumulated depreciation	10b	49,332,505	111,506,995	10c	112,963,577
	11	Investments—publicly traded securities			180,321,630	11	197,410,160
	12	Investments—other securities See Part IV, line 11			96,742,481	12	124,645,071
	13	Investments—program-related See Part IV, line 11			1,540,038	13	2,758,635
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			23,267,598	15	25,583,426
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			435,477,566	16	493,874,533
	17	Accounts payable and accrued expenses .			3,378,375	17	3,961,159
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			46,155,000	20	46,155,000
es	21	Escrow or custodial account liability Complete Part IV of Schedu				21	_
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	/				
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s.		0	23	3,450,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			23,579,292	25	29,780,059
	26	Total liabilities. Add lines 17 through 25			73,112,667	26	83,346,218
		Organizations that follow SFAS 117, check here ► 🔽 and com	plete	ines 27			
ġ		through 29, and lines 33 and 34.					
lan	27	Unrestricted net assets			193,466,587	27	214,290,999
Balance	28	Temporarily restricted net assets			72,529,378	28	93,134,784
Fund	29	Permanently restricted net assets			96,368,934	29	103,102,532
Fui		Organizations that do not follow SFAS 117, check here 🕨 🦵 a	nd con	nplete			
oř.		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Net	33	Total net assets or fund balances			362,364,899	33	410,528,315
	34	Total liabilities and net assets/fund balances			435,477,566	34	493,874,533

Par	Check if Schedule O contains a response to any question in this Part XI			. 	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		77.4	134,893
2	Total expenses (must equal Part IX, column (A), line 25)	2			18,967
3	Revenue less expenses Subtract line 2 from line 1	3			315,926
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		362,3	364,899
5	Other changes in net assets or fund balances (explain in Schedule O)	5		29,8	347,490
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		410,5	528,315
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its oversight.				
	Schedule O	•	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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DLN: 93493136038332

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Wabash College

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Inspection **Employer identification number**

35-0868202

1	\sqcap	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	굣	A scho	ol described	in section 170(b)(1)(A)(ii). (At	tach Schedı	ule E)					
3	Γ	A hosp	ıtal or a coo	perative hospital sei	rvice organiz	atıon descri	ıbed ın sectio	n 170(b)(1)	(A)(iii).			
4	Γ			al research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the s name, city, and state								
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)							
6	Γ	A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).			
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
	_			A)(vi) (Complete P								
8	<u> </u>			described in section								
9	ı	_		at normally receives							_	SS
				ities related to its ex	•	-			, ,			
			-	oss investment inco				-		ax) from bus	inesses	
	_	-	-	janization after June	-							
10	<u> </u>			ganized and operated								_
11	1	one or the box	more publici	ganized and operated y supported organizations bes the type of supp b Type II	atıons descri ortıng organı	ibed in secti i <u>za</u> tion and d	ion 509(a)(1)	or section 5 s 11e throug	509(a)(2) Se gh 11h	e section 50	9(a)(3).	Check
e f g	Γ	other the section of the ocheck to Since A	han foundati n 509(a)(2) organization this box August 17, 2	ox, I certify that the on managers and oth received a written de 2006, has the organi	etermination	or more pub	olicly support	ed organizat	ions describe	d in section	509(a)(1) or
			ng persons? erson who di	rectly or indirectly c	ontrols, eithe	er alone or to	ogether with i	persons des	cribed in (ii)		Yes	No
				governing body of th						11g(_	110
				er of a person descri		_				11g(i	_	
				led entity of a persoi			ıbove?			11g(i	-	
h				ng information about								<u> </u>
				-		-	. ,					
	Name suppo	(ii) Type of organization (described on lines 1- 9 above or IRC section (see) (iii) Type of organization in col (i) listed in your governing document? (iv) Is the organization in col (i) of your support? (vi) Is the organization in col (i) organization in col (i) organization in the U S? (vii) Is the organization in col (i) organization in the U S?									unt of	
				instructions))	Yes	No	Yes	No	Yes	No		
Tota												

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	ection A. Public Support		and to quanty t			Jaco complete	
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	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 IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-tiC D-l	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+b	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

EIN: 35-0868202 Name: Wabash College

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	Posi t	tion (that a	(che	′)	_		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
PATRICK WHITE PRESIDENT AND TRUSTEE	50 0	Х		х				217,553	0	43,036
JAY R ALLEN TRUSTEE	1 0	X						0	0	0
ALLAN JANDERSON TRUSTEE	1 0	Х						0	0	0
JOSEPH D BARNETTE JR TRUSTEE	1 0	Х						0	0	0
STEPHEN S BOWEN TRUSTEE	1 0	Х						0	0	0
DAVID A BROECKER TRUSTEE	1 0	Х						0	0	0
RICHARD A CALACCI TRUSTEE	1 0	Х						0	0	0
KEVIN G CLIFFORD TRUSTEE	1 0	Х						0	0	0
WILLYERD R COLLIER TRUSTEE	1 0	Х						0	0	0
JAMES R CUMMING TRUSTEE	1 0	X						0	0	0
JAMES A DAVLIN TRUSTEE	1 0	Х						0	0	0
G MICHAEL DILL TRUSTEE	1 0	Х						0	0	0
THOMAS LEMMICK TRUSTEE	1 0	Х						0	0	0
JOHN N FOX JR TRUSTEE	1 0	Х						0	0	0
ROBERT T GRAND TRUSTEE	1 0	X						0	0	0
TED R GROSSNICKLE TRUSTEE	1 0	Х						0	0	0
THOMAS A HAYS TRUSTEE	1 0	Х						0	0	0
LARRY K HUTCHISON TRUSTEE	1 0	Х						0	0	0
DARYL E JOHNSON TRUSTEE	1 0	Х						0	0	0
PETER M KENNEDY III TRUSTEE	1 0	Х						0	0	0
JAMES J KILBANE TRUSTEE	1 0	Х						0	0	0
RADE R KLJAJIC TRUSTEE	1 0	Х						0	0	0
DAVID LEWIS TRUSTEE	1 0	Х						0	0	0
HARRY F MCNAUGHT JR TRUSTEE	1 0	Х						0	0	0
J LEE MCNEELY TRUSTEE	1 0	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Tıtle	(B) Average hours		tion (that a		′)	_		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ALEX MILLER TRUSTEE	1 0	Х						0	0	0
GARY D REAMEY TRUSTEE	1 0	Х						0	0	0
JOHN C SCHROEDER TRUSTEE	1 0	Х						0	0	0
DAVID N SHANE TRUSTEE	1 0	Х						0	0	0
K DONALD SHELBOURNE TRUSTEE	1 0	Х						0	0	0
WALTER S SNODELL III TRUSTEE	1 0	Х						0	0	0
JOSEPH E TURK TRUSTEE	1 0	Х						0	0	0
WILLIAM J WHEELER TRUSTEE	1 0	Х						0	0	0
FREDERICK W WILSON JR TRUSTEE	1 0	Х						0	0	0
PETER C WILSON TRUSTEE	1 0	Х						0	0	0
PAUL WOOLLS TRUSTEE	1 0	Х						0	0	0
FRED RUEBECK CHIEF INVESTMENT OFFICER	20 0	Х		х				50,000	0	0
GARY PHILLIPS DEAN OF COLLEGE	50 0			х				162,869	0	38,104
LARRY GRIFFITH TREASURER AND CFO	50 0			х				152,779	0	24,533
STEVEN KLEIN DEAN OF ADMISSIONS	50 0			х				147,913	0	51,005
JOSEPH EMMICK DEAN OF ADVANCEMENT	50 0			х				118,300	0	23,120
MICHAEL RATERS DEAN OF STUDENTS	50 0			х				98,324	0	21,417
JAMES AMIDON SECRETARY OF COLLEGE	50 0			х				95,575	0	19,122
JOHN CULLEY ASST SECRETARY OF COLLEGE	50 0			х				89,817	0	17,116
THOMAS BAMBREY DIRECTOR OF ATHLETICS	50 0					Х		125,905	0	19,225
CHARLES BLAICH DIRECTOR OF INQUIRIES - CILA	50 0					Х		115,122	0	67,667
MELISSA BUTLER PROFESSOR OF POLITICAL SCIENCE	50 0					Х		135,537	0	18,405
WILLIAM DOEMEL DIRECTOR OF OPERATIONS - CILA	50 0					Х		112,101	0	17,872
TOBEY HERZOG PROFESSOR	50 0					х		123,201	0	20,380

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OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization
Wabash College

Benployer identification number
35-0868202

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	90, Part IV, line 6. (a) Donor advised funds		(b) Funds and		
1	Total number at end of year	(a) Donor davised rands		(b) I dilas alia	other decour	103
	Aggregate contributions to (during year)		+			
	Aggregate contributions to (during year) Aggregate grants from (during year)					
			+			
	Aggregate value at end of year					
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor adv	rised	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beiconferring impermissible private benefit				┌ Yes	┌ No
ar	TIII Conservation Easements. Complete	ıf the organization answered "Yes"	to Forr	m 990, Part I'	V, line 7.	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space				-	1
	Complete lines 2a-2d if the organization held a qua	lified conservation contribution in the form	n of a c	onservation		
	easement on the last day of the tax year			Held at the	End of the	Year
а	Total number of conservation easements		2a	Tield at the	E LIIG OF THE	ı caı
•	Total acreage restricted by conservation easements		2b			
:	Number of conservation easements on a certified his		2c			
ı	Number of conservation easements included in (c) a		2d			
	. ,	• ,				
	Number of conservation easements modified, transfethe taxable year ►	errea, releasea, extinguisnea, or terminat	ea by t	ne organization	auring	
	Number of states where property subject to conserv	ation eacoment is located by				
	Does the organization have a written policy regardin enforcement of the conservation easements it holds	g the periodic monitoring, inspection, hai	ndling o	f violations, and	d \(Yes	┌ No
	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation ease	ments d	luring the year	-	
	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easemen	ts durın	g the year ► \$		
	Does each conservation easement reported on line 170 (h)(4)(B)(i) and 170 (h)(4)(B)(ii)?	2(d) above satisfy the requirements of se	ction		┌ Yes	┌ No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia				
ari	Organizations Maintaining Collection Complete if the organization answered		or Ot	her Similar	Assets.	
a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its file.	l for public exhibition, education or resea	rch ın fı			,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research				
	(i) Revenues included in Form 990, Part VIII, line 1	L		► \$		
	(ii) Assets included in Form 990, Part X			► \$		
	If the organization received or held works of art, hist following amounts required to be reported under SFA		for finar	ncıal gaın, provi	ide the	
3	Revenues included in Form 990, Part VIII, line 1			► \$		
b	Assets included in Form 990, Part X			⊳ - \$		

Par	t 1111 Organizations Maintaining Co	llections of Art,	, His	toric	al Tre	asures, or (Othe	r Similar Ass	sets (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne follo	_	_			on	
а	Public exhibition		d	Г	Loan or	exchange prog	grams	i		
b	▼ Scholarly research		е	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explai	ın hov	w they	further '	the organizatio	n's e	kempt purpose ıı	ı	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as	part o	of the	organıza	tion's collectio	n?	Г	_ Yes	✓ No
Pai	TEXT ESCROW and Custodial Arrang Part IV, line 9, or reported an an						ed "Y	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						sets		– Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the f	follow	/ıng ta	ble					
								Am	ount	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	<i>(</i>								
Pa	rt V Endowment Funds. Complete	ıf the organızatıor	ans	were	d "Yes"	to Form 990), Pai			
		(a)Current Year	(b	Prior \	/ear	(c)Two Years Ba	ıck	(d) Three Years Back	(e)Four Y	ears Back
1a	Beginning of year balance	287,383,239		256,	920,735	351,025	,806			
b	Contributions	4,027,977		5,	.223,943	4,013	,570			
C	Investment earnings or losses	57,542,864		42,	744,515	-76,929,	,235			
d	Grants or scholarships	2,769,877		2,	705,690	3,105,	,066			
e	Other expenditures for facilities and programs	13,466,711			920,484	17,040,	.461			
f	Administrative expenses	792,614			879,780	1,043				
g	End of year balance	331,924,878		287,	.383,239	256,920,	,735			
2	Provide the estimated percentage of the yea	r end balance held a	s							
а	Board designated or quasi-endowment 🕨	55 100 %								
b	Permanent endowment 🕨 44 700 %									
C	Term endowment ► 0 150 %									
За	Are there endowment funds not in the posses	ssion of the organiza	tion	that a	re held a	ınd admınıster	ed for	the		
	organization by								Yes	No
	(i) unrelated organizations			•				3a(i		No No
ь	(ii) related organizations						•	Sa(1		I NO
4	Describe in Part XIV the intended uses of th	•						30		<u> </u>
	rt VI Investments—Land, Buildings					D. Part X. line	10.			
	Description of investment			(a) (Cost or oth	ner (b)Cost or	other	(c) Accumulated depreciation	(d) Bo	ok value
1a	Land					4,74	7,073			4,747,073
b	Buildings					137,76	6,149	38,554,474	9	9,211,675
c	Leasehold improvements									
d	Equipment					14,29	3,702	10,778,031		3,515,671
e	Other					5,48	9,158			5,489,158

112,963,577

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value		d of valuation - year market value
(1)Financial derivatives			·
(2)Closely-held equity interests			
(3)Other	124 645 071		_
(A) ALTERNATIVE INVESTMENTS	124,645,071		<u>F</u> _
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	124,645,071		
Part VIII Investments—Program Related. See	Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-of	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		
(a) Descrip	ption		(b) Book value
(1) CSV LIFE INSURANCE			1,608,971
(2) INTEREST IN PERPETUAL TRUSTS			7,610,655
(3) REC-CHARITABLE REMAINDER TRUST			16,363,800
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		25,583,426
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
PROVISION FOR EARLY RETIREMENT	2,568,580		
POST-RETIREMENT BENEFIT OBLIG	18,974,695		
SWAP TERMINATION	2,741,290		
ANNUITIES AND TRUSTS PAYABLE	5,495,494		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	29,780,059		

Sche	edule D (Form 990) 2010		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	77,434,893
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	59,118,967
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	18,315,926
4	Net unrealized gains (losses) on investments	4	33,756,982
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,939,492
9	Total adjustments (net) Add lines 4 - 8	9	29,817,490
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	48,133,416
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	
1	Total revenue, gains, and other support per audited financial statements	1	97,419,887
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	34,323,409
3	Subtract line 2e from line 1	3	63,096,478
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 792,614		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	14,338,415
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	77,434,893
	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	45,316,979
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	566,427
3	Subtract line 2e from line 1	3	44,750,552
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 792,614		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	14,338,415
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	59,088,967

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

additional information		
Identifier	Return Reference	Explanation
FOOTNOTES TO FINANCIAL STATEMENTS	SCHEDULE D, PART III, LINE 1A	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
FURTHERANCE OF EXEMPT PURPOSE	SCHEDULE D, PART III, LINE 4	WABASH COLLEGE USES THE ART COLLECTION IN TEACHING ART AND ART HISTORY COURSES
INTENDED USES OF ENDOWMENT FUNDS	SCHEDULE PART V, LINE 4	ENDOWED FUNDS SUPPORT THE COLLEGE'S MISSION BY PROVIDING SCHOLARSHIPS FOR STUDENTS, FUNDS FOR SPECIAL PROJECTS, AND GENERAL OPERATING FUNDS FOR THE COLLEGE
FIN 48 DISCLOSURE	SCHEDULE D, PART X, Line 2	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
OTHER ADJUSTMENTS	SCHEDULE D, PARTS XI, LINE 8	PROVISION FOR EARLY RETIREMENT INCENTIVE (\$88,552) DEFINED-BENEFIT POSTRETIREMENT HEALTH PLAN (3,850,940) (\$3,939,492)
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PARTS XII, LINE 2D & LINE 4B	LINE 2D COST OF GOODS SOLD \$566,427 LINE 4B GRANTS AND SCHOLARSHIPS \$13,545,801
RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XIII, LINE 2C & LINE 4B	LINE 2C COST OF GOODS SOLD \$566,427 LINE 4B GRANTS AND SCHOLARSHIPS \$13,545,801

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OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Schools

Name of the organization **Employer identification number** Wabash College 35-0868202 Part I YES NO 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 Yes 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? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? **4c** Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes 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 a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

g Athletic programs?

h Other extracurricular activities?

5g

5h

6a

6b

Yes

Yes

Νo

Νo

Νo

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
PUBLICATION OF THE ORGANIZATION'S RACIALLY NONDISCRIMINATORY POLICY	SCHEDULE E, PART I, LINE 3	WABASH PUBLISHES THE NOTICE ANNUALLY IN THE LOCAL AND INDIANAPOLIS NEWSPAPERS
FINANCIAL AID OR ASSISTANCE RECEIVED FROM A GOVERNMENTAL AGENCY	SCHEDULE E, PART I, LINE 6A	WABASH STUDENTS RECEIVE PELL GRANTS AND STAFFORD LOANS THE COLLEGE HAS RECEIVED GRANTS FROM THE NATIONAL SCIENCE FOUNDATION, USDA, AND NATIONAL INSTITUTES OF HEALTH

Schedule E (Form 990 or 990-EZ) 2010

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DLN: 93493136038332

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Wabash College

Name of the organization

Employer identification number

					35-0868202			
Pa	rt I General Informatio "Yes" to Form 990, Pa			ne United States. C	omplete if the organiz	ation answered		
1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States							
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed))				
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region		
	North America	0	0	Grantmakıng		50,500		
	Central America and the Caribbean			Investments		58,813,336		
	9							
	-							
3a	Sub-total	0	0			58,863,836		
	Total from continuation sheets to Part I					20,000,000		

c Totals (add lines 3a and 3b)

58,863,836

1	(-) No 6	(b) IRS code	space is needed. (c) Region	(d) Purpose of	(e) A mount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
	(a) Name of organization	section and EIN (if applicable)		grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
			North America	PRO GRAM SUPPORT	19,500	CHECK			
			North America	PROGRAM SUPP	15,000	СНЕСК			
			North America	PRO GRAM SUPPORT	15,000	СНЕСК			
	-								
2	Enter total nu	mber of recipie	ent organizations	isted above that are i	recognized as chari	ties by the foreign c	ountry, recognized	as	4

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Г	Yes	▽	Νo
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)	굣	Yes	Г	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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	굣	Yes	Г	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)	✓	Yes	Г	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Γ	Yes	▽	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE US	SCHEDULE F, PART I, LINE 2	GRANTS ARE MADE TO ACCREDITED SCHOOLS AND SEMINARIES BOTH FINANCIAL AND NARRATIVE REPORTS OF GRANT ACTIVITIES ARE REQUIRED REPORTS ARE REVIEWED BY THE GRANT ADVISORY COMMITTEE AND SENIOR STAFF

Schedule F (Form 990) 2010

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OMB No 1545-0047

DLN: 93493136038332

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Employer identification number

wabash College						35-0868202	
Part I General Information	on on Grants and	d Assistance				'	
 Does the organization maintain the selection criteria used to a Describe in Part IV the organiz 	ward the grants or as ation's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite	d States			√ Yes
Part II Grants and Other A Form 990, Part IV, lir duplicated if additional	ne 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
See Additional Data Table							
2 Enter total number of section 5						_	21
3 Enter total number of other orga				Cat No FOOFED			lo I (Form 000) 2010

Part III	Grants and Other Assistance to Individuals in the United States. C	omplete if the organization.	answered "Yes" to	Form 990	Part IV line 22
r arc 111	Use Schedule I-1 (Form 990) if additional space is needed.	omplete il tile organization	answered res to	101111 330,	are iv, into 22.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN		GRANTS ARE MADE TO ACCREDITED SCHOOLS AND SEMINARIES BOTH FINANCIAL AND NARRATIVE REPORTS OF GRANT ACTIVITIES ARE REQUIRED
THE U S		

Software ID:

Software Version: EIN: 35-0868202

Name: Wabash College

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON UNIVERSITY SCHOOL OF THEOLOGY745 COMMONWEALTH AVE BOSTON,MA 02215	04-6061320	501(C)(3)	15,000				PROGRAM SUPPORT
PERKINS SCHOOL OF THEOLOGY SOUTHERN METHODIST UNIVPO BOX 750133 DALLAS,TX 75275	75-0800689	501(C)(3)	15,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCCORMICK THEOLOGICAL SEMINARY 5460 S UNIVERSITY AVE CHICAGO,IL 60615	36-2167802	501(C)(3)	19,690				PROGRAM SUPPORT
SOUTHWESTERN UNIVERSITYPO BOX 770 GOERGETOWN,TX 78627	74-1233796	501(C)(3)	20,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOYOLA UNIVERSITY OF CHICAGO 1032 W SHERIDAN RD CHICAGO,IL 60660	36-1408475	501(C)(3)	15,000				PROGRAM SUPPORT
NAZARENE THEOLOGICAL SEMINARY1700 E MEYER BLVD KANSAS CITY,MO 64131	01-0562514	501(C)(3)	10,000				PROGRAM SUPPORT

	•						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWESTERN COLLEGE 3003 SNELLING AVE NORTH SAINT PAUL, MN 55113	41-0711610	501(C)(3)	20,000				PROGRAM SUPPORT
CHICAGO THEOLOGICAL SEMINARY5757 SOUTH UNIVERSITY AVE CHICAGO,IL 60637	36-2167014	501(C)(3)	22,500				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASOCIACION PARA LA EDUCACION TEOLOGICA HISPANA INC2620 S PARKER RD STE 274 AURORA,CO 80014	58-2022462	501(C)(3)	20,000				PROGRAM SUPPORT
UNION THEOLOGICAL SEMINARY 3041 BROADWAY NEW YORK, NY 10027	13-1624238	501(C)(3)	20,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR UNIVERSITYPO BOX 97294 WACO,TX 76798	74-1159753	501(C)(3)	15,000				PROGRAM SUPPORT
JEWISH THEOLOGICAL SEMINARY OF AMERICA 3080 BROADWAY NEW YORK, NY 10027	13-6167967	501(C)(3)	15,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SYRACUSE UNIVERSITY SYRACUSE UNIVERSITY SYRACUSE, NY 132445040	15-0532081	501(C)(3)	15,000				PROGRAM SUPPORT
GRADUATE THEOLOGICAL UNION2400 RIDGE ROAD BERKLEY,CA 94709	94-1581707	501(C)(3)	15,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF DENVER 2199 S UNIVERSITY BLVD DENVER,CO 80208	84-0404231	501(C)(3)	15,000				PROGRAM SUPPORT
PRINCETON THEOLOGICAL SEMINARY 64 MERCER ST PRINCETON,NJ 08542	21-0635010	501(C)(3)	15,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY1762 CLIFTON ROAD STE 1400 ATLANTA,GA 30322	58-0566256	501(C)(3)	15,000				PROGRAM SUPPORT
SOUTHWESTERN BAPTIST PO BOX 22000 FORT WORTH,TX 76115	75-0891462	501(C)(3)	15,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALLAS THEOLOGICAL SEMINARY 3909 SWISS AVE DALLAS, TX 75275	75-0827421	501(C)(3)	15,000				PROGRAM SUPPORT
MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE,WI 53201	39-0806251	501(C)(3)	15,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANCISCAN SCHOOL OF THEOLOGY1712 EUCLID AVE BERKLEY,CA 94709	94-1745605	501(C)(3)	20,000				PROGRAM SUPPORT

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
		<u> </u>			
SUMMER FELLO WSHIPS	13	65,000			
STUDENT GRANTS & SCHOLARSHIPS	874	13,545,801			
MID-CAREER FELLOWSHIP AWARD	18	18,000			
FACULTY ASSISTANCE	18	18,970			
STUDENT PRIZES & AWARDS	55	56,354			
ALL OTHER PLAQUES, TROPHIES, & AWARDS	12	25,529			
STAFF VACATION AWARDS	15	9,000			
OUTSIDE SCHOLARSHIPS	25	57,407			
PROGRAM SERVICE	15	3,188			
EMPLOYEE SERVICE AWARDS	6	8,431			

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DLN: 93493136038332

OMB No 1545-0047

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Name of the organization Wabash College

Employer identification number

35-0868202

Pa	rt I Questions Regarding Compensation		<u>.</u>			
					Yes	No
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel		Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	~	Health or social club dues or initiation fees			
	Discretionary spending account		Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe			1b	Yes	
2	Did the organization require substantiation prior to reim officers, directors, trustees, and the CEO/Executive Di				.,	
	officers, directors, trustees, and the CEO/Executive Di	iecu	or, regarding the items checked in line 1a.	2	Yes	
3	Indicate which, if any, of the following the organization to organization's CEO/Executive Director Check all that a					
	✓ Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Partor a related organization	t VII	I , Section A , line $1 extstyle{a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	mer	nt from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplemental	lnon	qualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-base	d co	mpensation arrangement?	4 c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	de th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of					
а	The organization?			5a		Νo
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," desc			7		No
8	Were any amounts reported in Form 990, Part VII, paid					
	subject to the initial contract exception described in Re in Part III	egs	section 53 4958-4(a)(3)/ If "Yes," describe			NI =
_		L. 12	abla ana anna ban ann an bana da an	8		No
9	If "Yes" to line 8, did the organization also follow the re section 53 4958-6(c)?	butt	aple presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) PATRICK WHITE	(I) (II)	209,700 0		7,853 0	21,308 0		260,589 0	
(2) GARY PHILLIPS	(I) (II)	162,869 0	0 0	0 0	16,551 0	21,553 0	200,973 0	
(3) LARRY GRIFFITH	(ı) (ıı)	152,779 0	0 0	0	15,592 0	8,941 0	177,312 0	
(4) STEVEN KLEIN	(ı) (ıı)	147,913 0	0 0	0	14,128 0	36,877 0	198,918 0	
(5) CHARLES BLAICH	(ı) (ıı)	115,122 0	0 0	0	12,100 0	55,567 0	182,789 0	
(6) MELISSA BUTLER	(ı) (ıı)	135,537 0	0 0	0	12,224 0	6,181 0	153,942 0	
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
INFORMATION	SCHEDULE J,	WABASH COLLEGE PROVIDES A RESIDENCE FOR PERSONAL USE TO PATRICK E WHITE, THE COLLEGE'S PRESIDENT, AND GARY A PHILLIPS,
REGARDING	PART I,	THE DEAN OF THE COLLEGE THE RESIDENCES ARE NOT INCLUDED IN THEIR TAXABLE COMPENSATION THE RESIDENCES ARE PROVIDED FOR
BENEFTIS	QUESTION	THE CONVENIENCE OF WABASH COLLEGE, THE PRESIDENT AND DEAN WERE REQUIRED TO LIVE IN THEIR RESPECTIVE RESIDENCES AS A
PROVIDED	1A	CONDITION OF THEIR EMPLOYMENT, AND THEIR RESIDENCES ARE CONTIGUOUS TO WABASH'S CAMPUS TRAVEL FOR COMPANIONS WAS
		PROVIDED TO THE PRESIDENT TO FURTHER BUSINESS ACTIVITIES CONDUCTED ON BEHALF OF THE COLLEGE HOUSEHOLD SERVICES,
		PERSONAL USE OF AUTOMOBILE, AND THE PERSONAL PORTION OF SOCIAL CLUB DUES WERE INCLUDED IN TAXABLE INCOME

Schedule J (Form 990) 2010

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493136038332

2010

Open to Public Inspection

Internal Revenue Service
Name of the organization
Wabash College

Department of the Treasury

Employer identification number 35-0868202

Part I **Bond Issues** (h) On (i) Pool (g) Defeased Behalf of financing (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No Yes No INDIANA EDUCATION CONSTRUCTION AND **FACILITIES AUTHORITY** 52-1698917 455048R91 03-01-2003 17,500,000 Χ Χ Χ EXPANSION

Par	rt III Proceeds											D D	
					Α		В			С			
1	Amount of bonds retired				(
2	A mount of bonds legally defeased				(
3	Total proceeds of issue	· · · · · · · · · · · · · · · · · · ·											
4	Gross proceeds in reserve funds		(
5	Capitalized interest from proceeds		()									
6	Proceeds in refunding escrow		()									
7	Issuance costs from proceeds				161,841								
8	Credit enhancement from proceeds				(
9	Working capital expenditures from proceeds				()							
10	Capital expenditures from proceeds				7,338,159								
11	Other spent proceeds				10,000,000								
12	Other unspent proceeds				(
13	Year of substantial completion			2.0	03								
				Yes	No	Yes	No	Yes		No	Yes	No	D
14	Were the bonds issued as part of a current refunding issue?			X									
15	Were the bonds issued as part of an advance refunding issue?				X								
16	Has the final allocation of proceeds been made?			Х									
17	Does the organization maintain adequate books and records allocation of proceeds?	х											

Part IIII Private Business Use

			4		В		С	ı)
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of bond- financed property?		Х						

Pai	Titt Private Business Use (Continued)								
			A		В		С	ı	D
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?		×						
b	Are there any research agreements that may result in private business use of bond-financed property?		×						
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	Х							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
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 5.01 (c)(3) organization, or a state or local government.								

Χ

Part IV	Arbitrage

7

Total of lines 4 and 5

Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?

		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	×							
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х						
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х						
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х						
6	Did the bond issue qualify for an exception to rebate?	X							

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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DLN: 93493136038332

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(Form 990 or 990-EZ)

Schedule L

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name (Wabash	of the organization College										tion numbe	r
Part I	Excess Benefit Tran	aca eti	one /c	action E01	/c\/2\ -	and costion E01	(c)(4)		5-08682			
raiti	Complete if the organizat										ne 40b	
										•		(c)
1	(a) Name of disqu	ualıfıed	person			(b) Desc	ription	of trans	action			ected?
											Yes	No
2 En	ter the amount of tax impos	ed on tl	ne orgar	nization man	agers or	disqualified pers	ons dur	ing the y	ear unde	r		
	ction 4958								. •	\$		
3 En	ter the amount of tax, if any	, on line	2, abo	ve, reimburs	ed by th	ie organization .			•	*		
Part 1	Loans to and/or F	rom	Intere	sted Pers	sons.							
	Complete if the organiz	ation a	nswere	d "Yes" on F	orm 990), Part IV, line 26	, or For	n 990-E		, lıne 38	a	
			oan to				(e) :	In	(f) Approv	/ed	(g)Writt	en
(a) Nar	ne of interested person and purpose	1	m the zation?	(c)Orig principal a		(d)Balance due	defau		by boar	d or	agreeme	
	purpose	To	From	principul c	announc		Yes	No	commit Yes		Yes	No
		10	FIOIII				165	INO	res	No	res	No
Total					▶ \$							
Part I	Grants or Assistar	ice Be	nefitt	ina Intere		Persons.	<u> </u>					
	Complete if the orga	nızatıd	n ansv	wered "Yes	" on Fo	rm 990, Part IV	, line 2	27.				
	(a) Name of interested pers	on	(1	•		een interested per	son	(c) A m	nount of a	rant or tv	pe of assis	tance
			_	an	id the or	ganızatıon				•		
							+					
							+					

Part IV Business Transactions Involving Interested Persons.

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

Complete ii the organization	ii alisweled Tes Oli	i Oilli 330, Pait IV, III	ie 20a, 20b, 01 20c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
	organization			Yes	No
1) AMERICAN FUNDS	SEE PART V	345,265	FINANCIAL SERVICES		Νo

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	,	KEVIN CLIFFORD, A TRUSTEE, IS PRESIDENT AND CEO OF AMERICAN FUNDS WABASH COLLEGE HAS A PORTION OF ITS ENDOWMENT FUND AND 403(B) PLAN WITH AMERICAN FUNDS

Schedule L (Form 990 or 990-EZ) 2010

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DLN: 93493136038332

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service Name of the organization Wabash College

Employer identification number

35-0868202

Pa	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	(d) Method of determining of amounts		ontribut	ion
1	Art—Works of art			1g				
	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
good	_							
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	77	3,219,190	MARKET VALUE			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial	Х	1	475,000	APPRAISAL			
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	O ther ▶ ()							
26	Other ▶()							
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received b for which the organization complet				29			1
30a	During the year, did the organization	on receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		Yes	No
	must hold for at least three years	from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire	holding p	eriod?			30a		No
Ь	If "Yes," describe the arrangemen	t ın Part I	I					
31	Does the organization have a gift a	acceptano	ce policy that requires the r	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use toontributions?	third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
33	If "Yes," describe in Part II If the organization did not report re describe in Part II	evenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
NONCASH CONTRIBUTIONS	32A	JPMORGAN CHASE BANK AND GOELZER INVESTMENT MANAGEMENT ARE WABASH'S CUSTODIANS WHO PROCESS AND SELL GIFTS OF STOCK FC TUCKER CARTER HESS GROUP DISPOSES OF GIFTS OF REAL ESTATE

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE 0**

As Filed Data -

DLN: 93493136038332

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization Wabash College

Employer identification number

35-0868202

ldentifier	Return Reference	Explanation
DIRECTOR, TRUSTEE, OR KEY EMPLOYEE	FORM 990, PART VI, QUESTION 2	GARY REAMEY AND ALLAN ANDERSON HAVE A BUSINESS RELATIONSHIP ROBERT GRAND AND RAY KLJAJIC HAVE A BUSINESS RELATIONSHIP

ldentifier	Return Reference	Explanation
CLASSES OF MEMBERS 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

ldentifier	Return Reference	Explanation
PROCESS TO REVIEW THE FORM 990	FORM 990, PART VI, QUESTION 11B	THE AUDIT COMMITTEE CHAIRMAN, THE CONTROLLER, AND THE TREASURER/CFO DO A DETAILED REVIEW OF THE 990 THE AUDIT COMMITTEE IS GIVEN A CHANCE TO REVIEW THE RETURN BEFORE IT IS GIVEN TO THE FULL BOARD AN ELECTRONIC COPY OF THE FORM IS AVAILABLE TO THE ENTIRE BOARD PRIOR TO FILING AN INDEPENDENT ACCOUNTING FIRM PERFORMS A DETAILED REVIEW OF THE 990 PRIOR TO FILING

ldentifier	Return Reference	Explanation
PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990, PART VI, QUESTION 12C	CONFLICT OF INTEREST QUESTIONNAIRES ARE SENT TO ALL BOARD MEMBERS THE SECRETARY OF THE BOARD REVIEWS THE COMPLETED FORMS THERE HAVE BEEN FEW CONFLICTS ON THE BOARD, BUT WHEN ONE DOES OCCUR, THE BOARD MEMBER RECUSES HIMSELF FROM VOTING THE CONFLICT OF INTEREST AND THE RECUSAL ARE NOTED IN THE MINUTES OF THE BOARD MEETING

ldentifier	Return Reference	Explanation
REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION	FORM 990, PART VI, QUESTION 15A & 15B	ANNUALLY, THE PRESIDENT MAKES RECOMMENDATIONS TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES FOR SALARIES FOR SENIOR STAFF MEMBERS THE PRESIDENT AND THE BOARD OF TRUSTEES REVIEW THE GLCA SALARIED AND STAFF SURVEY WHEN DETERMINING OFFICER OR EMPLOYEE SALARIES IN ADDITION, THE COMPENSATION COMMITTEE SETS THE SALARY LEVEL FOR THE PRESIDENT

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS	FORM 990, PART VI, QUESTION 19	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

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	XI, LINE 5	UNREALIZED GAIN ON INVESTMENTS \$33,756,982 PROVISION FOR EARLY RETIREMENT INCENTIVE (88,552) DEFINED-BENEFIT POSTRETIREMENT HEALTH PLAN (3,850,940) \$29,817,490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R**

DLN: 93493136038332

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. See separate instructions.

wabash College				35-0868202			
Part I Identification of Disregarded Entities (Co	mplete if the organization	n answered "Yes"	on Form 990, Pa	rt IV, line 33.)			
(a) Name, address, and EIN 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		
Part II Identification of Related Tax-Exempt Orgor more related tax-exempt organizations duri	ranizations (Complete ng the tax year.)	of the organization	answered "Yes"	on Form 990, Part	: IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 512(b)(13 rolled nization
						Yes	No
						+	
						+	
For Privacy Act and Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.	Cat No 50	135Y		Schedule R (F	Form 990)	2010

				ble as a Partner reated as a partne					answe	ered "\	es" on Fo	rm 990,	Part	IV, lıı	ne 34
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share of	(f) total income		(g) f end-of-year assets	(h Disprop allocat	rtionate	(i) Code V– amount in bo Schedule (Form 10	ox 20 of : K-1	(j) General or managing partner?		(k) Percentage ownership
									Yes	No			Yes	No	
					-										
Part IV Identif	ication of Relat pecause it had on	ed Orga e or mo	anizations Taxa ore related organız	ble as a Corpora ations treated as a	tion or a corpora	Trust (Co	omplete ust dur	e if the org ing the tax	anıza year	tion ar .)	nswered "\	es" on	Form	990,	Part IV,
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) (e) Direct controlling Type of e (C corp, S or trust		corp,			(g) e Share of end-of-year assets			(h) Percentage ownership		
See Additional Data Table															

(6)

Pa	Transactions With Related Organizations (Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)				
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
10	During the tax year, did the orgranization engage in any of the following transactions with one or more related orga	nızatıons lısted ın Part	s II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a				
b	b Gift, grant, or capital contribution to other organization(s)							
c	c Gift, grant, or capital contribution from other organization(s)							
d	Loans or loan guarantees to or for other organization(s)			1d				
е	Loans or loan guarantees by other organization(s)			1e				
f	Sale of assets to other organization(s)			1f				
g	Purchase of assets from other organization(s)			1 g				
h	Exchange of assets			1h				
i	Lease of facilities, equipment, or other assets to other organization(s)			1i				
j	Lease of facilities, equipment, or other assets from other organization(s)			1 j				
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k				
ı	Performance of services or membership or fundraising solicitations by other organization(s)			11				
n	n Sharing of facilities, equipment, mailing lists, or other assets			1m				
n	Sharing of paid employees			1n				
0	Reimbursement paid to other organization for expenses			10				
р	Reimbursement paid by other organization for expenses			1p				
q	Other transfer of cash or property to other organization(s)			1 q				
r	O ther transfer of cash or property from other organization(s)			1r				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relati	onships and transact	ion thresholds				
	(a)	(b)	(c)	(d)				
	Name of other organization	Transaction type(a-r)	Amount involved	Method of determing involved		ount		
(1)								
(2)								
(3)								
(4)								
(4)								
(5)								
(-)		1		1				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	
			Yes	No		Yes	No		Yes	No
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									+	+

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

Software ID: **Software Version:**

> **EIN:** 35-0868202 Name: Wabash College

Form 990, Schedule R, Part IV - Identi	ification of I	Related Organiz	ations Taxable a	s a Corporation	n or Trust		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(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
BBF - FIRST MERCHANTS 10333 NORTH MERIDIAN STREET SUITE INDIANAPOLIS, IN46290	TRUST	IN	NA	TRUST	0	452,249	100 000 %
BBF - OLD NATIONAL 320 S HIGH STREET MUNCIE, IN47305	TRUST	IN	NA	TRUST	0	451,721	100 000 %
AMC TRUST PO BOX 1130 LAFAYETTE, IN479021130	TRUST	IN	NA	TRUST	0	18,910	100 000 %
ELS TRUST 3245 ELIZABETH LAKE ROAD WATERFORD, MI48328	TRUST	MI	NA	TRUST	0	307,451	100 000 %
BES TRUST PO BOX 94715 CLEVELAND, OH44101	TRUST	он	NA	TRUST	0	134,663	100 000 %
C TRUST PO BOX 352 CRAWFORDSVILLE, IN47933	TRUST	IN	NA	TRUST	0	54,322	54 620 %
FCJ TRUST PO BOX 352 CRAWFORDSVILLE, IN47933	TRUST	IN	NA	TRUST	0	393,689	69 470 %
M TRUST PO BOX 352 CRAWFORDSVILLE, IN47933	TRUST	IN	NA	TRUST	0	322,261	55 540 %
DNS TRUST PO BOX 352 CRAWFORDSVILLE, IN47933	TRUST	IN	NA	TRUST	0	562,151	51 620 %
JSS TRUST PO BOX 352 CRAWFORDSVILLE, IN47933	TRUST	IN	NA	TRUST	0	51,332	58 870 %
W TRUST PO BOX 352 CRAWFORDSVILLE, IN47933	TRUST	IN	NA	TRUST	0	17,132	51 840 %
JFB TRUST 420 THROCKMORTON FT WORTH, TX76102	TRUST	тх	NA	TRUST	0	1,673,972	100 000 %
DG TRUST PO BOX 543 NEW BUFFALO, MI49117	TRUST	MI	NA	TRUST	0	680,754	75 000 %
BPH NON-MARITAL TRUST PO BOX 1648 TERRE HAUTE, IN47808	TRUST	IN	NA	TRUST	0	453,432	100 000 %
BPH MARITAL TRUST PO BOX 1648 TERRE HAUTE, IN47808	TRUST	IN	NA	TRUST	0	6,682,009	97 090 %
CWG TRUST 55 LEATHERS ROAD FT MITCHELL, KY41017	TRUST	КҮ	NA	TRUST	0	959,036	100 000 %
DK TRUST 600 E 96TH STREET SUITE 575 INDIANAPOLIS, IN462403851	TRUST	IN	NA	TRUST	0	150,000	100 000 %
CCT TRUST PO BOX 94715 CLEVELAND, OH44101	TRUST	ОН	NA	TRUST	0	72,474	100 000 %
GLWTRUST 3214 LANCE LANE SACHSE, TX75048	TRUST	ТХ	NA	TRUST	0	464,760	100 000 %