

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493079001133

#### **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)

OMB No 1545-0047

Open to Public

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

N Ea	- + b o '	2011 calendar year, or tax year beginning 07-01-20	11 and ending 06-30-20	112		Inspection					
		C Name of organization	11 and ending 00-30-20	)12	D Employer i	dentification number					
_	eck if ap Iress ch	WABASH COLLEGE			35-08682	202					
_		Doing Business As			E Telephone						
_	me char				(765)361	-6100					
Inıt —	ıal retur	Number and street (or P O box it mail is not delive	ered to street address) Room/	'suite		ts \$ 239,109,196					
Ter	mınated	PO BOX 352			<b>2</b> 3.333 .333,p	——————————————————————————————————————					
- Am	ended r	,,,,,,	•								
– App	olication	CRAWFORDSVILLE, IN 47933 pending									
		<b>F</b> Name and address of principal office	r	H(a) Is the	l s a group retı	ırn for					
		PATRICK E WHITE PRESIDENT		affilia	tes?	⊤Yes ▼ No					
		PO BOX 352 CRAWFORDSVILLE,IN 47933									
		CKAWI OKDSVILLE,IN 47555		` ´	l affiliates incl	· ·					
Tax	x-exem	pt status	4947(a)(1) or 527		p," attach a li: p exemption i	st (see instructions)					
14/	abaita	:► WWW WABASH EDU	. , , ,		pexemption	number P					
				<u> </u>							
		anization 🔽 Corporation 🗆 Trust 🗀 Association 🗀 Other 🕨		<b>L</b> Year of fo	mation 1832	<b>M</b> State of legal domicile IN					
Pa	rt I	Summary									
		Briefly describe the organization's mission or most s	2								
		WABASH COLLEGE IS A LIBERAL ARTS COLLEGE RESPONSIBLY, LEAD EFFECTIVELY, AND LIVE H		ATES THEM TO	THINK CRIT	ICALLY, ACT					
ACUVILIES & GOVETIMITOE	<del>'</del>	CEST ON STREET, CEAR EFFECTIVEET, AND LIVE IN	OMANLLI								
<u> </u>	-										
Į.	-										
5	l	Check this box 🚩 if the organization discontinued i			1	assets					
ő.	3 1	Number of voting members of the governing body (Pa	art VI, line 1a)	•	3	36					
<u>r</u>	4 1	Number of independent voting members of the gover	ning body (Part VI, line 1	b)	4	34					
	5 7	otal number of individuals employed in calendar yea	ar 2011 (Part V, line 2a)		5	1,177					
3	6 ⊺	otal number of volunteers (estimate if necessary)			6						
	l	otal unrelated business revenue from Part VIII, co			7a	40,341					
	ЬΓ	Net unrelated business taxable income from Form 99	90-T, line 34		7b	-38,679					
				Prio	r Year	Current Year					
<b>a.</b>	8	Contributions and grants (Part VIII, line 1h) .			22,962,380	18,083,278					
Revenue	9	Program service revenue (Part VIII, line 2g) .	Program service revenue (Part VIII, line 2g)								
9,6	10	Investment income (Part VIII, column (A), lines 3		23,758,309	17,782,516						
立	11	Other revenue (Part VIII, column (A), lines 5, 6d,		270,294	205,601						
	12	Total revenue—add lines 8 through 11 (must equa		ine	77,434,893	69,033,829					
	13	Grants and similar amounts paid (Part IX, column			14,234,135	15,478,354					
	14	Benefits paid to or for members (Part IX, column (			0	13,478,334					
	15	Salaries, other compensation, employee benefits (		.		0					
8	12	5-10)	rait IX, column (A), mies	`	22,446,143	23,597,567					
9 宋	16a	•	rofessional fundraising fees (Part IX, column (A), line 11e)								
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25) •3,	,089,700								
Ш	17	Other expenses (Part IX, column (A), lines 11a-1			22,438,689 25,1						
	18	Total expenses Add lines 13-17 (must equal Par			59,118,967	64,190,119					
	19	Revenue less expenses Subtract line 18 from line			18,315,926						
100 100 100 100 100 100 100 100 100 100				Beginning	of Current						
net Assets or Fund Balances					ear	End of Year					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20	Total assets (Part X, line 16)		4	93,874,533	479,681,725					
Z Z	21	Total liabilities (Part X, line 26)			83,346,218	83,859,825					
2 E	22	Net assets or fund balances Subtract line 21 from	n line 20	4	10,528,315	395,821,900					
Par	rt II	Signature Block									
		ties of perjury, I declare that I have examined this retur									
	ledge a ledge.	and belief, it is true, correct, and complete. Declaration	of preparer (other than offi	cer) is based on a	all information	of which preparer has any					
		*****		20	12-05-15						
Sign	ì	Signature of officer		Da	ite						
lere		LARRY GRIFFITH TREASURER AND CFO									
		Type or print name and title									
		Preparer's	Check If	Preparer's tax (see instruction	payer identification number						
Paid		signature	l colf								
	arer's	Firm's name (or yours & BKD LLP		1 . , ,	'						
Jse (		ıf self-employed),			EIN 🕨						
	-	address, and ZIP + 4			Phone no	(317) 383-4000					
		Indianapolis, IN 46204			1	,,					

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

Par	3111	Statement of Program S Check if Schedule O contains a				·
1	Briefl	y describe the organization's mis	sion			
		OLLEGE IS A LIBERAL ARTS C CTIVELY, AND LIVE HUMANEL		AT EDUCATES TH	EM TO THINK CRITICALLY, A	ACT RESPONSIBLY,
2	the pr	e organization undertake any sigior Form 990 or 990-EZ? s," describe these new services				Yes ✓ No
3	servi	e organization cease conducting		anges in how it cor		Yes 🗸 No
4	Descr	s," describe these changes on Solution is program solution is program solution. Sees Section 501(c)(3) and 501 solutions to others, the to	ervice accomplishment (c)(4) organizations and	d section 4947(a)(	1) trusts are required to report	
4a	TO TH SUPP	e ) (Expenses \$ RUCTION - INSTITUTIONS'S ACADEMIC I BE STUDENT'S EMOTIONAL AND PHYSICA DRT AND LIBRARY - SUPPORT SERVICES ENTS SERVED	, NSTRUCTION PROGRAM STU NL WELL-BEING AS WELL AS I	NTELLECTUAL, CULTUR	AL, AND SOCIAL DEVELOPMENT OUTS	IDE OF CLASS ACADEMIC
4b	(Code	e ) (Expenses \$	ınclı	uding grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	e ) (Expenses \$	ınclı	uding grants of \$	) (Revenue \$	)
		er program services (Describe in	Schedule O ) including grants of \$		) (Revenue \$	)
4e	Tota	l program service expenses►\$	53,778,309			

Part IV Checklist of Required Schedule
--

			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 instructions)? 🕏	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Νο
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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	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		N o
е	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	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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, Part 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, Part 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	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 $\blacksquare$	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	
	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 questions 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		No
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
С	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 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 Ma	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		No
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V $\cdot$ . $$ . $\cdot$ . $$ .	•	.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
		1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
_	return	1		
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b				
_	If "Yes," enter the name of the foreign country   See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
r	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b></b> -		
•		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
_	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			NI -
	file Form 8282?	7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<b>_</b>		
	required?	7g		
n	Form 1098-C?	7h		
8	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
ט	sources against amounts due or received from them )			
4.0		10.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes " extent he amount of tay, exempt interest received or asserted during the	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate 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 aggregate amount of reserves on hand 13c			
14=	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a		140

Part VI 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.

Check	if Schedule O	contains a	response to	anv	question i	ın thıs Part VI	_	_	_	_	_	_	_	_	_	. ত
CHECK	ii Schedule O	Contains a	. response to	uny	question	ili cilis i alc vi	•	•	•	•	•	•	•	•	•	• ,

Se	ection A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax								
Ia	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								
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No					
6	Did the organization have members or stockholders?	6	Yes						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the 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					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal								
	venue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo					
b	<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did 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						
ь	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Se	ction C. Disclosure								
17	List the States with which a copy of this Form 990 is required to be filed►IN								

- 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 made these available. Check all that apply
  - Own website Another's website V Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made 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

# 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, or 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 or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			related organizations
See Additional Data Table										
				$\vdash$			_			

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

(A) Name and Title	(B) A verage hours per week (describe	Average Position (do not check Reportable compensation per unless person is both week an officer and a (describe director/trustee) 2/1099-MISC)								(E) Reportable compensatior from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and related		
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC		organiz		
See Additional Data Table						<del>                                     </del>								
											_			
											$\perp$			
											_			
											$\perp$			
1b Sub-Total	<u> </u>	<u> </u>	<u> </u>		<u> </u>		<u> </u> ▶				<u> </u>			
c Total from continuation shee	ts to Part VII, Sec	tion A					<b>&gt;</b>							
d Total (add lines 1b and 1c) .  2 Total number of individuals (ii \$100,000 of reportable comp	ncluding but not lir	nıted to	thos	e lıs	ted		) who	receive	1,712,884 ed more tha	n	0		345,998	
												Yes	No	
3 Did the organization list any <b>f</b> on line 1a? <i>If</i> "Yes," complete	•			•				_			3		No	
4 For any individual listed on lir organization and related organization and related organization.											4	Yes		
5 Did any person listed on line : services rendered to the orga								-	janızatıon d	or individual for	5		No	
Section B. Independent Co	ontractors													
Complete this table for your fi \$100,000 of compensation fr or within the organization's ta	om the organizatio													
	<b>(A)</b> Name and business ad	dress							Desci	(B) ription of services		( <b>C</b> Compe		
SHIEL SEXTON CO INC 902 N CAPITOL AVE INDIANAPOLIS, IN 46204									CONTRACTO	R-ATHL FLDS		2	2,002,430	
SODEXO INC AFFILIATES 10 EARHARD DRIVE WILLIAMSVILLE, NY 14221									MAINTENANG	CE SERVICES		3	3,027,460	
BON APPETIT DINING SERVICES 100 HAMILTON AVE SUITE 300 PALO ALTO, CA 94301									FOOD SERVI	CE		1	.,603,711	
RAC CONSTRUCTION 2040 PLUMMER ROAD MARTINSVILLE, IN 46151									CONTRACT I	RESEARCH			425,376	
NETECH 701 CONGRESSIONAL ROAD									COMPLITER	SOFTWARE	- 1		341 415	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►20

Part V		Statement of Revenue					
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$\$	1a	Federated campaigns 1a					
医黄疸	ь	Membership dues 1b					
ొ్ౖ	c	Fundraising events 1c					
¥ ¥	d	Related organizations 1d					
<u>5</u>	e	Government grants (contributions) 1e					
<u>8</u> .2	f	All other contributions, gifts, grants, and <b>1f</b>	18,083,278				
黄豆	"	similar amounts not included above					
2₹	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts	١.	lines 1a-1f \$ 1,495,721		10.002.370			
ပ်က	h	Total. Add lines 1a-1f	🏲	18,083,278			
<u> </u>			Business Code				
шe	2a	TUITION & FEES	611600	28,198,835	28,198,835		
28	b	FRATERNITY LEASES	531110	973,650	973,650		
<u>.</u>	c	STUDENT ROOM & BOARD	611710	2,652,229	2,652,229		
ž	d	ATHLETIC FACILITY REVENUE	713940	949,640	949,640		
Ж	e	OTHER INCOME	611710	188,080	188,080		
Program Serwce Revenue	f	All other program service revenue	311710	100,000	100,000		
Š	'	An other program service revenue					
<u>~</u>	g	Total. Add lines 2a-2f	. <u></u> . <b>.</b> ⊢	32,962,434			
	3	Investment income (including dividend	ds, interest				
		and other similar amounts)	▶ [	9,232,938		-22,170	9,255,108
	4	Income from investment of tax-exempt bond p	oroceeds 🕨	0			
	5	Royalties		0			
		(ı) Real	(11) Personal				
	6a	Gross rents					
	Ь	Less rental expenses					
	c	Rental income					
	d	or (loss)  Net rental income or (loss)	<b>-</b>				
	"	(i) Securities	(II) Other				
	7a	Gross amount 178,115,276	(II) o their				
	-	from sales of assets other					
		than inventory					
	b	Less cost or 169,565,698 other basis and					
	_	sales expenses Gain or (loss) 8,549,578					
	C			8,549,578			8,549,578
	d	Net gain or (loss)	· · · · · · · ·	8,349,378			6,349,376
enne	8a	Gross income from fundraising events (not including  \$ of contributions reported on line 1c)					
Other Revenue		See Part IV, line 18 a					
Ě	Ь	Less direct expenses b					
0	C	Net income or (loss) from fundraising e	events 🟲	0			
	9a	Gross income from gaming activities See Part IV, line 19 a					
	ь	Less direct expenses <b>b</b>					
	c	Net income or (loss) from gaming activ	/ities	0			
	10a	Gross sales of inventory, less returns and allowances .	745.270				
	Ь	Less cost of goods sold <b>b</b>	715,270				
	c	Net income or (loss) from sales of inve	509,669	205,601	143,090	62,511	
	H	Miscellaneous Revenue	Business Code	_33,331	5,556	-2,511	
	11a	. Historianeous Revenue	Dasiness code				
	ь						
	C .						
	d	All other revenue					
	e	Total. Add lines 11a-11d	· · · •	o			
	12	Total revenue. See Instructions	· .	69,033,829	33,105,524	40,341	17,804,686

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	heck if Schedule O contains a response to any question in this Part IX		(B)	(c)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	333,657	333,657		_
2	Grants and other assistance to individuals in the United States See Part IV, line 22	15,124,732	15,124,732		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	19,965	19,965		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,058,882	1,656,186	245,051	157,645
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	15,775,910	12,690,303	1,877,669	1,207,938
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,114,483	1,148,520	853,396	112,567
9	Other employee benefits	2,472,174	1,524,578	780,512	167,084
10	Payroll taxes	1,176,118	932,652	149,095	94,371
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	154,087		154,087	
c	Accounting	163,157		163,157	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			_
f	Investment management fees	950,855		950,855	
g	Other	2,874,380	2,206,443	236,686	431,251
12	Advertising and promotion	617,305	322,932		294,373
13	Office expenses	1,252,285	1,124,842	66,297	61,146
14	Information technology	31,451	29,767		1,684
15	Royalties	0			_
16	Occupancy	5,687,784	4,396,400	964,915	326,469
17	Travel	2,313,801	2,110,374	94,044	109,383
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	251,224	250,094	1,130	
20	Interest	2,433,882	2,370,799	63,083	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,750,120	4,612,621	127,889	9,610
23	Insurance	490,790	160,475	330,315	
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)				
а	STUDENT ROOM & BOARD	1,587,600	1,566,132	18,157	3,311
b	BOOKS, PERIODICALS, AND MEDIA	599,422	597,570	771	1,081
c	MEALS	473,804	309,079	66,736	97,989
d	OTHER EXPENSES	482,251	290,188	178,265	13,798
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	64,190,119	53,778,309	7,322,110	3,089,700
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		-		rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 3,715 3,750 1 1 14.475.392 27.280.076 2 2 3 15,121,693 13,561,698 604.897 656.368 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . . . . 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of ol 0 6 0 0 7 0 8 9 307.967 9 283,435 Prepaid expenses and deferred charges . . . . . . 166,661,421 10a Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 54,082,625 b Less accumulated depreciation . . . . 112,963,577 10c 112,578,796 197,410,160 11 168,152,655 11 124,645,071 129,949,612 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 2,758,635 13 4,277,821 Investments—program-related See Part IV, line 11 . . 0 14 14 25,583,426 15 22,937,514 15 493,874,533 479,681,725 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 3,961,159 17 3,826,858 17 Accounts payable and accrued expenses . 18 18 0 19 19 0 20 46.155.000 20 43.885.000 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 0 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 22 3.450.000 4.545.000 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 29,780,059 25 31,602,967 D . . . . . 26 83,346,218 26 83,859,825 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 214,290,999 27 201,626,892 Unrestricted net assets . . . . 93,134,784 28 86,106,584 28 Temporarily restricted net assets . . . . . Fund 29 103,102,532 29 108,088,424 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 410.528.315 33 395.821.900 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 493.874.533 34 479.681.725

-(-	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		69.0	33,829
2	Total expenses (must equal Part IX, column (A), line 25)	2			190,119
3	Revenue less expenses Subtract line 2 from line 1	3		4,8	343,710
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		410,5	528,315
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-19,5	550,125
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		395,8	321,900
Par	The triangle of the contains a response to any question in this Part XII	•			
		Г		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 th 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 in 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 is on a separate basis, consolidated basis, or both	sued			
	▼ Separate basis				
3a	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?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493079001133

OMB No 1545-0047

2011

Open to Public Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service 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.

Employer identification number

WABA	SH COL	LLEGE									
Da	rt I	Peac	on for Du	ıblic Charity Sta	tue (All or	aanization	ne must com	nlata this	35-0868		<del></del>
				te foundation becaus		_		•		IIISU UCUOTIS	•
1	, ga			ion of churches, or a							
2	Ţ.		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )								
3	Ţ.			perative hospital se				on 170(b)(1	.)(A)(iii).		
4	Γ	A medi	cal researc	h organization opera ity, and state						(1)(A)(iii).	Enter the
5	Γ	_	•	perated for the benefi	=	e or univers	ity owned or o	perated by	a governmer	ntal unit des	cribed in
section 170(b)(1)(A)(iv). (Complete Part II )											
6											
7	ļ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)									
8	$\sqcap$	A com	munity trust	t described in <b>sectio</b> i	n 170(b)(1)(	<b>A)(vi)</b> (Co	mplete Part I	I)			
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							1/3% of		
10	$\sqcap$	An orga	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>								
An organization organized and operated exclusively for the benefit of, to perform the functions of, one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2 the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III - Functionally integrated					1509(a)(2) \$ ugh 11h	See <b>section</b> !					
e	Γ	other t	_	ox, I certify that the ion managers and ot	_			•		-	
f		If the o	rganization this box	received a written d						III support	ing organization,
g			August 17, 7 ng persons?	2006, has the organ	ızatıon acce <sub>l</sub>	pted any gi	ft or contribut	ion from any	y of the		
h		(i) a pe and (III (ii) a fa (iii) a 3	erson who di ) below, the amily memb 35% contro	rectly or indirectly o governing body of th er of a person descri lled entity of a perso ng information about	ne the suppo bed in (i) abo n described	rted organı: ove <sup>?</sup> ın (ı) or (ıı)	zation? above?	persons de	scribed in (ii	11 <u>0</u>	Yes No g(i) g(ii) g(iii)
(i) Name suppo organiz		e of rted	(iii) Type of organization (described on EIN lines 1- 9 above or IRC section  (iii) (iv) Is the organization in col (i) listed in your governing document?  (iv) Is the organization in col (i) of your support?		tify the ion in your	(vi Is t organiza col (i) or in the l	he tion in ganized	(vii) A mount of support?			
				(see instructions))	Yes	No	Yes	No	Yes	No	7
				· · · · · · · · · · · · · · · · · · ·							
Tota	I			1		1					

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b> □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493079001133

OMB No 1545-0047

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

	<b>me of the organization</b> BASH COLLEGE			Emplo	yer identific	cation numb	er	
				<u>3</u> 5-0	868202			
Pa	Organizations Maintaining Donor organization answered "Yes" to Form	990, Part IV, line 6.						f the
		(a) Donor advis	ed funds	(1	) Funds and	other accou	ınts	
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor a funds are the organization's property, subject to the			ior advis	ed	┌ Yes	Г	No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the b conferring impermissible private benefit				purpose	☐ Yes	Г	No
Pa	rt III Conservation Easements. Comple	te if the organization an	swered "Yes" t	o Form	990, Part 1			
1 2	Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qu	ation or pleasure)	reservation of an	certified	historic stru	-	ea	
	easement on the last day of the tax year			Г	Held at th	e End of the	. Ve	
а	Total number of conservation easements			2a	Tiola at th	C Liid Oi tiid		••
b	Total acreage restricted by conservation easemer	nts		2b				
c	Number of conservation easements on a certified		ın (a)	2c				
d	Number of conservation easements included in (c		,	2d				
3	Number of conservation easements modified, tran		hed or terminate		organizatio	n durina		
	the taxable year ►	sierrea, reieasea, extiligais	nea, or terminate	ed by the	. organization	ir during		
4	Number of states where property subject to conse	rvation easement is located	d <b>►</b>					
5	Does the organization have a written policy regard enforcement of the conservation easements it hold		, inspection, han	dling of v	violations, ar	nd <b>┌ Yes</b>	Γ	No
5	Staff and volunteer hours devoted to monitoring, in	nspecting and enforcing cor	servation easem	nents du	ring the year	<b>-</b>		
7	A mount of expenses incurred in monitoring, inspec	cting, and enforcing conser	vation easement	s during	the year			
В	Does each conservation easement reported on lin 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	e 2(d) above satisfy the rec	urements of sec	tion		┌ Yes	Г	No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organi						
Pai	Complete if the organization answere			or Oth	er Similar	Assets.		
1a	If the organization elected, as permitted under SF, art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	eld for public exhibition, edu	ication or resear	ch in fur			е,	
b	If the organization elected, as permitted under SF, historical treasures, or other similar assets held for provide the following amounts relating to these ite	or public exhibition, educati						
	(i) Revenues included in Form 990, Part VIII, line	e 1			<b>►</b> \$			
	(ii) Assets included in Form 990, Part X				<b>►</b> \$			
2	If the organization received or held works of art, his following amounts required to be reported under S			or financ				

Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Par	<b>311</b> Organizations Maintaining Co	<u>llections of Art</u>	:, His	toric	al Tre	easures	s, or Oth	ier Sir	nilar Ass	sets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)										
а	Public exhibition		d	<u>~</u>	Loan o	rexchan	ge prograr	ns			
b	Scholarly research		e	$\vdash$	Other						
С	✓ Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	v they	further	the orga	nızatıon's	exempt	purpose ir	ı	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to							ımılar	Γ	- Yes	√ No
Pai	t IV Escrow and Custodial Arrang						nswered	"Yes" t	o Form 99	90,	
_	Part IV, line 9, or reported an ar										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ions or o	ther asset	s not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing ta	ble						
_									Am	ount	
C	Beginning balance						10				
d	Additions during the year						10	+			
e	Distributions during the year						10				
f	Ending balance						11	f			
2a	Did the organization include an amount on Fo		e 21?						Г	Yes	│ No
b	If "Yes," explain the arrangement in Part XI\				1 115 4				1 10		
Pa	rt V Endowment Funds. Complete	(a)Current Year		Were Prior Y			m 990, P ears Back		IINE 10. Years Back	(e)Four Y	'ears Bac
1a	Beginning of year balance	331,924,878	(5)		383,239		56,920,735	(u)inec	351,025,806		cars bac
ь	Contributions	5,542,318		4,0	027,977		5,223,943		4,013,570		
c	Investment earnings or losses	269,907		57,!	542,864		42,744,515		-76,929,235		
d	Grants or scholarships	2,740,317		2,7	769,877		2,705,690		3,105,066		
е	Other expenditures for facilities and programs	16,075,669		13,4	166,711		13,920,484		17,040,461		
f	Administrative expenses	952,334		-	792,614		879,780		1,043,879		
g	End of year balance	317,968,783		331,9	924,878	2	87,383,239		256,920,735		
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨	54 260 %									
b	Permanent endowment + 45 580 %										
c	Term endowment ▶ 0 160 %										
За	Are there endowment funds not in the posse	ssion of the organiz	atıon t	hat a	re held	and adm	ınıstered f	or the			
	organization by								- ·	Yes	No
	(i) unrelated organizations			•					3a(i 3a(ii		No No
b	(ii) related organizations								. Ja(1)	-	INO
4	Describe in Part XIV the intended uses of th										
Pai	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X,	line 10	0.					
	Description of property				Cost or ot (investm		Cost or othe asıs (other)		ccumulated preciation	( <b>d</b> ) Boo	ok value
1a	Land						8,295,54	14			8,295,544
b	Buildings						142,684,2	_	41,879,080		0,805,17
c	Leasehold improvements										
d	Equipment						15,361,6	57	12,203,545		3,158,112
e	Other						319,90	56			319,966

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

112,578,796

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(=,====================================	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other	120 040 612	
(A) ALTERNATIVE INVESTMENTS	129,949,612	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	129,949,612	
Part VIII Investments—Program Related. See	e Form 990, Part X, line 1	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(B) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990. Part X. col (B) line 13 )		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, lir		
(a) Descrip		(b) Book value
(a) Descrip	, cron	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X	, line 25.	
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
PROVISION FOR EARLY RETIREMENT	1,257,605	
POST-RETIREMENT BENEFIT OBLIG	22,098,250	
SWAP TERMINATION	3,773,924	
ANNUITIES AND TRUSTS PAYABLE	4,473,188	
<del></del>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	31,602,967	
	31,032,307	

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	69,033,829
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	64,190,119
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,843,710
4	Net unrealized gains (losses) on investments	4	-18,349,298
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	-1,200,827
9	Total adjustments (net) Add lines 4 - 8	9	-19,550,125
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-14,706,415
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retı	irn
1	Total revenue, gains, and other support per audited financial statements	1	35,485,938
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 <b>2a</b> through <b>2d</b>	2e	-17,839,629
3	Subtract line <b>2e</b> from line <b>1</b>	3	53,325,567
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 950,855		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	15,708,262
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	69,033,829
Part		per Re	
1	Total expenses and losses per audited financial statements	1	48,991,526
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	509,669
3	Subtract line <b>2e</b> from line <b>1</b>	3	48,481,857
4	Amounts 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 950,855		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	15,708,262
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	64,190,119
D	st VIV Supplemental Information		

#### 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 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

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 \$ (146,884) DEFINED-BENEFIT POSTRETIREMENT HEALTH PLAN (1,053,943) TOTAL \$ (1,200,827)
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PARTS XII, LINE 2D	COST OF GOODS SOLD \$ 509,669
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PARTS XII, LINE 4B	GRANTS AND SCHOLARSHIPS \$ 14,757,407
RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XIII, LINE 2C	COST OF GOODS SOLD \$ 509,669
RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XIII, LINE 4B	GRANTS AND SCHOLARSHIPS \$ 14,757,407

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493079001133

**Employer identification number** 

OMB No 1545-0047

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schools**

▶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.

ABA:	H COLLEGE	35-0868202			
Pa	rtI	33 0000202		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in it other governing instrument, or in a resolution of its governing body?	s charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student admiprograms, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadce the period of solicitation for students, or during the registration period if it has no solicitation proof that makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain If you need more space use Part II	gram, in a way	3	Yes	
4	Does the example to maintain the fallowing?				
	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially r	nondiscriminatory	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	blic dealing	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 Students' rights or privileges?		5a		No
b	Admissions policies?		5b		No
C	Employment of faculty or administrative staff?		5c		Νo
d	Scholarships or other financial assistance?		5d		No
е	Educational policies?		5e		No
f	Use of facilities?		5f		No
g	Athletic programs?		5g		No
h	O ther extracurricular activities?		5h		Νo
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II				
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?		6a	Yes	N.
	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 (		6b		No
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Pai	t II	7	Yes	

#### 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) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493079001133

OMB No 1545-0047

2011

Open to Public Inspection

# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

► Attach to Form 990. ► See separate instructions.

Name of the organization WABASH COLLEGE

Employer identification number

<b>*</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1311 COLLEGE				35-0868202	
Pa	rt I General Information "Yes" to Form 990, Pa			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the	organızatıon n	naıntaın record	s to substantiate the a	amount of the grants o	or
	assistance, the grantees' elig					ırd
	the grants or assistance?					✓ Yes
2	<b>For grantmakers.</b> Describe in Pa United States	rt V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed )	1		
	(a) Region	<b>(b)</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		19,96
	Central America and the Caribbean			Investments		60,400,662
	Calibbean					
За	Sub-total	0	0			60,420,627
b	Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b)

60,420,627

(a) Name of organization	(b) IRS code section and EIN (if	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV,
	applicable)	North America	RELIGIOUS TRAINING	19,965				appraisal, other
Enter total nu tax-exempt b	mber of recipions the IRS, or f	ent organizations l or which the grant	isted above that are r ee or counsel has pro	recognized as chariti ovided a section 501	es by the foreign c (c)(3) equivalency	ountry, recognized letter	as . 🕨	

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	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
		+			†		
		+			+		
		+ +		<u> </u>	+		
'	<del> </del>	+	<u> </u>	-	+		<del> </del>
		+	<u> </u>	-	+	<u> </u>	+
		+	ı———			1	
			<u> </u>	<u> </u>		<del> </del>	+
				<u> </u>		<del> </del>	
			<del></del>			1	
			<u></u>	<u> </u>		1	
		T					
-					Ţ		
		+ + +	 I		†		
		+		<u> </u>	+		
		+	·	<u> </u>	+		
	+	+	 I	<u> </u>	+	<u> </u>	+
·	<del>                                     </del>	+	ı———	<u>'</u>		1	_
			<u> </u>	<u> </u>		<del>                                     </del>	1
						1	dula E (Earry 000) 2011

#### 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)	Γ	Yes	굣	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)	্	Yes	Г	Νo
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)	ত	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)	F	Yes	Г	Νo
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).	Г	Yes	<b>ল</b>	Νo

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Page **5** 

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		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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Schedule I

(Form 990)

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

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

OMB No 1545-0047

DLN: 93493079001133

Department of the Treasury ► Attach to Form 990 Inspection Internal Revenue Service Name of the organization Employer identification number WABASH COLLEGE 35-0868202 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . . 18 

(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. Cor	nplete this part to	provide the information req	uired in Part I, line 2,	and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S	SCHEDULE I, PART I, LINE 2	GRANTS ARE MADE TO ACCREDITED SCHOOLS AND SEMINARIES BOTH FINANCIAL AND NARRATIVE REPORTS OF GRANT ACTIVITIES ARE REQUIRED

**Return to Form** 

Software ID: Software Version:

**EIN:** 35-0868202

Name: WABASH COLLEGE

(	a) Name and address of organization or government	<b>(b)</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
	Andover Newton Theological School Herrick Rd Newton Centre, MA 024592243	04- 2104775	501(C)(3)	10,900				PROGRAM SUPPORT
	Baptist Theological Seminary A3400 Brook Rd Richmond, VA 23227	54- 1776238	501(C)(3)	19,800				PROGRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</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
Bethany Theological Seminary615 National Road W Richmond, IN 02912	35- 2092595	501(C)(3)	20,000				PROGRAM SUPPORT
Boston College Commonwealth Ave Chestnut Hill, MA 95929	04- 2103545	501(C)(3)	15,000				PROGRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</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
Brown UniversityPO Box 1911 Providence,RI 20064	05- 0258809	I 501(C)(3)	15,000				PRO GRAM SUPPORT
California State University Chico 400 W First St Chico, CA 43023	95- 1230865	I 501(C)(3)	14,984				PRO GRAM SUPPO RT

(a) Name and address of organization or government	<b>(b)</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
Catholic University of America620 Michigan Aven NE Washington, DC 07940	53- 0196583	501(C)(3)	15,000				PRO GRAM SUPPORT
Denison University 100 W College St Granville, O H 02459	31- 4379459	501(C)(3)	8,400				PRO GRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</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
Drew Theological Seminary 36 Madison Ave Madison, NJ 100274649	22- 1487164	501(C)(3)	15,000				PROGRAM SUPPORT
Hebrew College Herrick Rd Newton Centre, MA 430150931	04- 2104300	501(C)(3)	19,800				PROGRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</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
Jewish Theological Seminary 3080 Broadway New York, NY 70126	13- 0887640	501(C)(3)	39,800				PROGRAM SUPPORT
Methodist Theological School 3081 Columbus Pike Delaware, O H 49221	31- 4421101	501(C)(3)	20,000				PROGRAM SUPPORT

# Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</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
New Orleans Baptist Theological Sem3939 Gentilly Blvd new Orleans, LA 76129	72- 6033670	501(C)(3)	15,000				PROGRAM SUPPORT
Siena Heights University1247 E Siena Heights Dr Adrian, MI 49221	38- 1366958	1 501(0)(3)	19,985				PROGRAM SUPPORT

# Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</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 Notre Dame731 Grace Hall Notre Dame,IN 46556	31- 1179740	501(C)(3)	15,000				PROGRAM SUPPORT
Vanderbilt University411 21st Ave S Nashville, TN 37240	62- 0476822	501(C)(3)	20,000				PRO GRAM SUPPORT

# Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</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
Wake Forest Univ Divinity SchWake Forest Rd Winston Salem, NC 27106	56- 0532138	501(C)(3)	20,000				PRO GRAM SUPPORT
Wesley Theological Seminary4500 Mass Ave NW Washington, DC 20016	35- 1950856	1 5017631	19,998				PRO GRAM 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	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
MERIT SCHOLARSHIPS	28	54,511			
SUMMER FELLOWSHIPS	37	185,000			
PASTORAL LEADERSHIP PROGRAM	29	13,941			
STUDY ABROAD GRANTS	7	14,305			
SEED	2	1,373			
STUDENT PRIZES & AWARDS	48	46,075			
FACULTY SUPPORT	13	13,065			
PROGRAM SERVICE	3	1,156			
EMPLOYEE SERVICE AWARDS	32	22,385			
ALL OTHER PLAQUES, TROPHIES AND AWARDS	17	21,287			
FRATERNITY CLEANING	20	4,615			
STUDENT GRANTS & SCHOLARSHIPS	863	14,757,407			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493079001133

OMB No 1545-0047

**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.

Open to Public Inspection

Name of the organization WABASH COLLEGE		Employer identif	fication nun	nber	
		35-0868202			
Part I Questions Regardin	g Compensation				

			Yes	Νo
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence  Health or social club dues or initiation fees			
	<ul> <li>☐ Tax idemnification and gross-up payments</li> <li>☐ Discretionary spending account</li> <li>☐ Personal services (e.g., maid, chauffeur, chef)</li> </ul>			
	Personal Services (e.g., maid, chauleur, cher)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	▼ Compensation committee     ▼ Written employment contract			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νο
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501/c)(2) and 501/c)(4) arganizations only must complete lines 5.0			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of			
а	The organization?	5a		Νo
ь	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form $990$ , Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		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, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

					1		1	
(A) Name		(B) Breakdown of  (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & Incentive compensation	SC compensation  (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ
(1) PATRICK WHITE	(ı) (ıı)	226,867 0			22,975	13,313	263,155 0	
(2) GARY PHILLIPS	(ı) (ıı)	165,542 0			16,888	9,987	192,417 0	
(3) LARRY GRIFFITH	(ı) (ıı)	156,835			16,025	9,957	182,817	
(4) STEVEN KLEIN	(ı) (ıı)	138,118			14,465	11,780	164,363	
(5) CHARLES BLAICH	(ı) (ıı)	128,571			13,565	51,549	193,685	
	•			•				-1- 1 (5 000) 2011

#### 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
	l '	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, THEIR RESIDENCES ARE CONTIGUOUS TO WABASH'S CAMPUS, AND ARE REGULARLY USED TO CONDUCT
		BUSINESS TRAVEL FOR COMPANIONS WAS PROVIDED TO THE PRESIDENT TO FURTHER BUSINESS ACTIVITIES CONDUCTED ON BEHALF OF
		THE COLLEGE HOUSEHOLD SERVICES, PERSONAL USE OF AUTOMOBILE, AND THE PERSONAL PORTION OF SOCIAL CLUB DUES WERE
		INCLUDED IN TAXABLE INCOME

Schedule J (Form 990) 2011

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

2011

DLN: 93493079001133

Open to Public Inspection

Internal Revenue Service
Name of the organization
WABASH COLLEGE

Department of the Treasury

Employer identification number

WA	BASH COLLEGE								3	5-086	8202			
Pa	art I Bond Issues								•					
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	<b>(e)</b> Issue Pri	ce <b>(f)</b>	Description	of Purpose	<b>(g)</b> Det	feased	Beha	On alf of uer		Pool ncing
									Yes	No	Yes	No	Yes	No
A	INDIANA EDUCATION FACILITIES AUTHOIRTY	52-1698917	455048r91	03-01-2003	17,500,		STRUCTION NSION	AND		X		Х		Х
Pa	rt III Proceeds											_		
					A	1	<u> </u>	3		С			D	
_1	A mount of bonds retired					C	)							
_2	A mount of bonds defeased					C								
3	Total proceeds of issue				1	7,500,000								
4	Gross proceeds in reserve fu					C	)							
5	Capitalized interest from pro	ceeds				C								
6	Proceeds in refunding escrow	V				C								
7	Issuance costs from proceed	ds				161,841								
8	Credit enhancement from pro	oceeds				C								
9	Working capital expenditures	from proceeds				C	)							
10	Capital expenditures from pro	oceeds				7,338,159	)							
11	O ther spent proceeds				1	.0,000,000								
12	Other unspent proceeds					C								
13	Year of substantial completion	on			200	D 3						•		
					Yes	No	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as pa	rt of a current refund	ding issue?		×									
15	Were the bonds issued as pa	rt of an advance ref	unding issue?			Х								
16	Has the final allocation of pro	oceeds been made?			Х									
17	Does the organization mainta allocation of proceeds?	aın adequate books	and records to sup	port the final	×									
Pa	rt IIII Private Business	Use												
					A			3		C		ļ	D	
	W			I Cle. ale anno 1	Yes	No	Yes	No	Yes		No	Yes	_	No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Х

	edule K (Form 990) 2011									Page <b>2</b>
Par	TIII Private Business Use (Continued)				В		Ī	С		D
			Yes	No	Yes	No No	Yes	No No	Yes	No No
3a	Are there any management or service contracts that may result in private use?	e business	Tes	X	163	140	163	NO NO	Tes	
ь	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fir property?									
С	Are there any research agreements that may result in private business us financed property?	se of bond-		х						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed prope									
4	Enter the percentage of financed property used in a private business use other than a section 501(c)(3) organization or a state or local governmen		1	0 %				<b>'</b>		
5	Enter the percentage of financed property used in a private business use unrelated trade or business activity carried on by your organization, anoth 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Has the organization adopted management practices and procedures to e post-issuance compliance of its tax-exempt bond liabilities?	nsure the	Х							
Pai	rt IV Arbitrage	_		1					1	
		Α	1		B		<u> </u>		D	1
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?	Yes X	No	Yes	No	, , ,	es	No	Yes	No
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?		x							
ь	Name of provider	0			•		•			
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
4a	Were gross proceeds invested in a GIC?	1	Х							
		+	1							

# Part V Procedures To Undertake Corrective Action

Did the bond issue qualify for an exception to rebate?

Was the regulatory safe harbor for establishing the fair market

Were any gross proceeds invested beyond an available temporary

Χ

#### Part VI Supplemental Information

Name of provider

value of the GIC satisfied?

Term of GIC

c d

5

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

Identifier Return Reference Explanation

Χ

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493079001133

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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

2011

Open to Public Inspection

	of the organization							E	mployer i	dent if ica	tion numbe	er
									5-08682			
Part I												
	Complete if the organizat	ion ans	wered "	Yes" on For	m 990, F T	Part IV, line 25a c	or 25b,	or Form	990-EZ,	Part V , I	ine 40b	(a)
1	(a) Name of disq	ualıfıed	person			<b>(b)</b> Desc	rintion	of trans	action		Cor	<b>(c)</b> rected?
_	, , ,					(5) 5030	ription	or crans.	40011		Yes	No
			<u> </u>		1							
	nter the amount of tax imposection 4958	ea on t	ne orgai		agers or				ear unde	r · s		
	nter the amount of tax, if any	on line	e 2. abo							· <b>\$</b>		
			•									
Part 1							_		· · ·			
	Complete if the organiz			a "Yes" on F T	orm 990	), Part IV, line 26	, or Fori	m 990-E	(f)		<u>a</u>	
			oan to om the	( ) 0			(e)	In	Approv		(g)Writt	en
(a) Nar	me of interested person and purpose		zation?	(c)Orig		(d)Balance due	defau	ılt?	by boar		agreeme	nt?
	F F		1	-			V	l Na	commit	1	Voc	No.
		То	From				Yes	No	Yes	No	Yes	No
								1				
Total	<u> </u>				<b>▶</b> \$							
Part I												
	Complete if the orga	nizatio						27.				
	(a) Name of interested pers	on	'	-	•	een interested per ganization	rson	<b>(c)</b> A m	ount of g	rant or ty	pe of assis	stance

Part IV Business Transactions Involving Interested Persons
--

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
) AMERICAN FUNDS	SEE PART V	324,599	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) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493079001133

OMB No 1545-0047

**Inspection** 

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

**NonCash Contributions** 

Name of the organization WABASH COLLEGE

**Employer identification number** 

					35-0868202			
Pai	Types of Property			Т				
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of d contributio	etermı	_	
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	52	1,350,296	MARKET VALUE			
0	Securities—Closely held stock .							
1	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
3	Qualified conservation contribution—Historic structures							
4	Qualified conservation contribution—Other							
5	Real estate—Residential .							
6	Real estate—Commercial	Х	1	145,000	APPRAISAL			
7	Real estate—O ther							
8	Collectibles							
9	Food inventory							
0	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
4	Archeological artifacts							
_	CRAFT		4	225	COST			
	Other► ( <u>ITEMS</u> )	X	1	323	COST			
	O ther ►() O ther ►()							
	O ther ► ()							
9	Number of Forms 8283 received	hv the ora	l anization during the tax ve:	r for contributions				
	for which the organization compl				29			1
							Yes	No
0a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	II					
1	Does the organization have a gif	tacceptand	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
2a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
	If the organization did not report describe in Part II	revenues 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) 2011

# OMB No 1545-0047

2011

Open to Public Inspection

# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, QUESTION 6 & 7A	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
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
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
REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION	FORM 990, PART VI, QUESTION 15A & 15B	THE PRESIDENT'S COMPENSATION IS REVIEWED AND DETERMINED ANNUALLY BY A COMPENSATION COMMITTEE CONSISTING OF THE CHAIRMAN OF THE BOARD OF TRUSTEES AND THE CHAIRMAN OF THE EXECUTIVE COMMITTEE. THE COMMITTEE CONSIDERS DATA FROM OTHER SCHOOLS, AMONG OTHER THINGS, IN MAKING ITS REVIEW. THE PRESIDENT REVIEWS AND DETERMINES THE COMPENSATION OF THE DEANS AND THE OTHER MEMBERS OF THE PRESIDENT'S STAFF ON AN ANNUAL BASIS, WITH THE ADVICE AND CONSENT OF THE COMPENSATION COMMITTEE. ALL COMPENSATION DECISIONS ARE NOTED IN THE COLLEGE'S BOOKS AND RECORDS. OFFICER COMPENSATION WAS LAST REVIEWED IN THE FALL OF 2012.
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
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	UNREALIZED GAIN ON INVESTMENTS \$(18,349,297) PROVISION FOR EARLY RETIREMENT INCENTIVE (146,884) DEFINED-BENEFIT POSTRETIREMENT HEALTH PLAN (1,053,943) TOTAL \$(19,550,125)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

# **Related Organizations and Unrelated Partnerships**

▶ 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.

DLN: 93493079001133 OMB No 1545-0047

Open to Public

ntemai Revenue Service					<u></u>	эрссио	
Name of the organization NABASH COLLEGE					dentification number		
Part I Identification of Disregarded Entities (Complete	e if the organizatio	n answered "Yes"	on Form 990, Pa	35-086820 art IV, line 33.)	<u> </u>		
<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	ntions (Complete i	of the organization	answered "Yes"	on Form 990, P	art IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Exempt Code section	(e) Public charity status (if section 501(c)(3)	(f) s Direct controlling )) entity		<b>g)</b> 512(b)(1. trolled nization
						Yes	No
For Drivery Act and Denomically Reduction Act Notice, see the Instructions	a for Earm 000	Cat Na FO	125V		Schodulo D /	Earm OOO'	1 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership
(1) CHARITABLE REMAINDER TRUSTS (27)	TRUST		NA	TRUST			

(6)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV	<u> </u>	, ,	, ,	Yes	No				
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related orgai	nizations listed in Part	s II-IV?							
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a						
b	Gift, grant, or capital contribution to related organization(s)			1b						
C	Gift, grant, or capital contribution from related organization(s)			1c						
d	Loans or loan guarantees to or for related organization(s)			1d						
е	Loans or loan guarantees by related organization(s)			1e						
f	Sale of assets to related organization(s)			1f						
g	Purchase of assets from related organization(s)			<b>1</b> g						
h	Exchange of assets with related organization(s)			1h						
i Lease of facilities, equipment, or other assets to related organization(s)										
j	Lease of facilities, equipment, or other assets from related organization(s)			<b>1</b> j						
k Performance of services or membership or fundraising solicitations for related organization(s)										
ı	l Performance of services or membership or fundraising solicitations by related organization(s)									
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1m						
n	Sharing of paid employees with related organization(s)			1n						
0	Reimbursement paid to related organization(s) for expenses			10						
р	Reimbursement paid by related organization(s) for expenses			1p						
q	O ther transfer of cash or property to related organization(s)			<b>1</b> q						
r	Other transfer of cash or property from related 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, ii	ncluding covered relati	ionships and transact	ion thresholds						
	(a)	<b>(b)</b> Transaction	(c)	(d) Method of determi	ning amo	ount				
	Name of other organization	type(a-r)	Amount involved	involve						
1) 2)										
-,										
3)										
4)										
- \										
5)			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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	501(c)(3) organizations?		<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	<b>(k)</b> Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

# Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

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

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours		(ition that a			II		( <b>D</b> ) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
KELLY PFLEDDERER TRUSTEE	1 0	Х						0			
GARY REAMEY TRUSTEE	10	×						0			
JOHN SCHROEDER TRUSTEE	1 0	Х						0			
DAVID SHANE TRUSTEE	1 0	х						0			
DONALD SHELBOURNE TRUSTEE	1 0	Х						0			
WALTER SNODELL III TRUSTEE	1 0	Х						0			
JOSEPH TURK TRUSTEE	1 0	Х						0			
WILLIAM WHEELER TRUSTEE	1 0	Х						0			
FREDERICK WILSON JR TRUSTEE	1 0	Х						0			
PETER WILSON TRUSTEE	1 0	Х						0			
PAUL WOOLLS TRUSTEE	1 0	Х						0			
GARY PHILLIPS DEAN OF COLLEGE	50 0			×				165,542	0	26,875	
LARRY GRIFFITH TREASURER AND CFO	50 0			×				156,835		25,982	
STEVEN KLEIN DEAN OF ADMISSIONS	50 0			×				138,118		26,245	
JOSEPH EMMICK DEAN OF ADVANCEMENT	50 0			х				120,117		24,271	
MICHAEL RATERS DEAN OF STUDENTS	50 0			x				101,254		22,333	
JAMES AMIDON SECRETARY OF COLLEGE	50 0			x				98,056		19,857	
THOMAS RUNGE INTERIM DEAN OF ADVANCEMENT	37 5			x				95,069		21,552	
DWIGHT WATSON PROFESSOR OF THEATER	50 0					Х		110,138		17,997	
CHARLES BLAICH DIRECTOR OF INQUIRIES - CILA	50 0					х		128,571		65,114	
L DAVID POLLEY PROFESSOR OF BIOLOGY	50 0					Х		105,119		17,595	
RICHARD DALLINGER PROFESSOR OF CHEMISTRY	50 0					х		101,108		20,176	
TOBEY HERZOG PROFESSOR OF ENGLISH	50 0					х		116,090		21,713	

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) A verage hours per week	<b>(C)</b> Position (check all that apply)						( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
		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				226,867	0	36,288
FRED RUEBECK CHIEF INVESTMENT OFFICER	20 0	Х		x				50,000		
JAY R ALLEN TRUSTEE	1 0	Х								
ALLAN ANDERSON TRUSTEE	1 0	Х								
JO SEPH BARNETTE JR TRUSTEE	1 0	Х								
STEPHEN BOWEN TRUSTEE	1 0	Х								
DAVID BROECKER TRUSTEE	1 0	Х								
RICHARD CALACCI TRUSTEE	1 0	Х								
KEVIN CLIFFORD TRUSTEE	1 0	Х								
WILLYERD COLLIER TRUSTEE	1 0	Х								
JAMES CUMMING TRUSTEE	1 0	Х								
JAMES DAVLIN TRUSTEE	1 0	Х								
G MICHAEL DILL TRUSTEE	1 0	Х								
JOHN FOX JR TRUSTEE	1 0	Х								
ROBERT GRAND TRUSTEE	1 0	Х								
TED GROSSNICKLE TRUSTEE	1 0	Х								
THEODORE HOLLAND TRUSTEE	1 0	Х								
LARRY HUTCHISON TRUSTEE	1 0	Х								
DARYL JOHNSON TRUSTEE	1 0	Х								
PETER KENNEDY III TRUSTEE	1 0	Х								
JAMES KILBANE TRUSTEE	1 0	Х								
RADE KLJAJIC TRUSTEE	1 0	Х								
DAVID LEWIS TRUSTEE	1 0	Х								
HARRY MCNAUGHT JR TRUSTEE	1 0	Х								
ALEX MILLER TRUSTEE	1 0	Х								
TRUSTEE HARRY MCNAUGHT JR TRUSTEE ALEX MILLER	1 0	Х								