DLN: 93493153007010

2018

OMB No. 1545-0047

Department of the Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

A F	or th	e 2019 c		nning 07-01-2018 , and ending 06	-30-2019					
		pplicable:	C Name of organization Wabash College			D Employ	er ident	tification number		
	dress : me ch	change ange	% KENDRA A COOKS			35-086	8202			
	tial ret	-	Doing business as							
		n/terminated				E Telephor	ne numb	er		
		d return	Number and street (or P.O. box if r P O BOX 352	nail is not delivered to street address) Room,	'suite					
Ш Ар	☐ Application pending		City or town state or province cou	ntry, and ZIP or foreign postal code		(765) 3	61-601	1		
			CRAWFORDSVILLE, IN 47933	That y, and 211 or loreign postar code		G Gross re	ceints \$	337,788,907		
			F Name and address of princip	al officer:	H(a) Io	this a group re				
			GREGORY HESS		1	ithis a group re ubordinates?	tuili lo	□Yes ☑ No		
			PO BOX 352 CRAWFORDSVILLE, IN 47933		H(b) A	re all subordina	tes	☐ Yes ☐No		
[Tax	x-exer	npt status:	✓ 501(c)(3)	(insert no.) 4947(a)(1) or 527		cluded? "No," attach a	list (se			
ı W	ebsit	e:▶ WW	W.WABASH.EDU	(maere no.) = 4347(a)(1) or = 327		roup exemption	•	•		
∢ Forn	n of o	rganization	✓ Corporation ☐ Trust ☐ Ass	ociation	L Year of f	ormation: 1832	M Stat	e of legal domicile: IN		
Pa	art I		mary	or most significant activities:						
			cribe the organization's mission of COLLEGE IS A LIBERAL ARTS COL	or most significant activities: LEGE FOR MEN THAT EDUCATES THEM	TO THINK C	RITICALLY, ACT	RESPO	NSIBLY, LEAD		
ပိ	<u> </u>	EFFECTIVE	ELY, AND LIVE HUMANELY.					·		
GE C	-									
e e	-									
9				scontinued its operations or disposed of				1		
ಶ	l		•	ng body (Part VI, line 1a)			3			
Activities & Governance	l			f the governing body (Part VI, line 1b)			4			
	l		• •	alendar year 2018 (Part V, line 2a)			5 6			
AC	l	6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12								
	l			m Form 990-T, line 34		•	7:			
		Net unie	ated business taxable income no	m Form 990-1, line 34	· 	Prior Year		Current Year		
	R	Contribut	ions and grants (Part VIII line 1h)		30,456,	338	21,887,73		
Ę)		40,843,				
Rəvenue		_	323	<u> </u>						
æ	l		vestment income (Part VIII, column (A), lines 3, 4, and 7d) 7,410,323 ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 116,327							
	l		* * * * * * * * * * * * * * * * * * * *	ust equal Part VIII, column (A), line 12)		78,826,		195,50 81,756,00		
				column (A), lines 1–3)		23,279,	408	25,026,65		
	l		enefits paid to or for members (Part IX, column (A), line 4)							
ξĈ	15	Salaries,	other compensation, employee b	enefits (Part IX, column (A), lines 5–10)		25,912,	011	26,149,12		
nse	16 a	Professio	nal fundraising fees (Part IX, colu	mn (A), line 11e)		131,	091	216,36		
Expenses	ь	Total fund	aising expenses (Part IX, column (D),	line 25) ▶2,759,750						
Ω.	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)		26,365,	263	31,418,43		
	18	Total exp	enses. Add lines 13–17 (must eq	ual Part IX, column (A), line 25)		75,687,	773	82,810,58		
	19	Revenue	less expenses. Subtract line 18 fi	rom line 12		3,139,	080	-1,054,58		
Net Assets or Fund Balances					Beginr	ning of Current \	'ear	End of Year		
sets alan	20	Total acc	ets (Part X, line 16)			539,185,	272	526,460,86		
A B	l		ilities (Part X, line 26)			67,081,		60,608,59		
ž Š	l		s or fund balances. Subtract line			472,103,		465,852,27		
	rt II	_	ature Block			1,2,203,		103,032,27		
Jnder	pena	alties of p	erjury, I declare that I have exan	nined this return, including accompanyi						
	ledge nowle		f, it is true, correct, and complete	e. Declaration of preparer (other than o	fficer) is base	ed on all inform	ation of	f which preparer has		
411.y IX	1101110	lı								
		*****	re of officer			2020-07-15 Date				
Sign		y Signati	are of officer			Date				
Here	;		A COOKS CFO, TREASURER r print name and title							
		17		Propagar's signature	Date	<u> </u>	DTIN			
Do:-	1		rint/Type preparer's name	Preparer's signature	Date 2020-07- 1 5	Check $igsqcup$ if	PTI N P0 1 2794	75		
Paid		_ _F	irm's name > BKD LLP			self-employed Firm's EIN ►				
-	pare	;; b,								
JSG	On	י ע י	irm's address ► 201 N Illinois Street			Phone no. (317)	383-400	0		
			Indianapolis, IN 4620	14						
∕lay t	he IR	S discuss	this return with the preparer sho	wn above? (see instructions)			✓	Yes 🗆 No		

Form	990 (2018)					Page 2
Pa	rt III Sta	tement of Program Se	rvice Accomplis	nments		
	Che	ck if Schedule O contains a r	esponse or note to a	ny line in this Part III .		🗆
1	Briefly desc	cribe the organization's missi	on:			
	ASH COLLEG LIVE HUMAN		GE FOR MEN THAT E	DUCATES THEM TO TH	INK CRITICALLY, ACT RESPONSIBI	LY, LEAD EFFECTIVELY,
2	Did the org	anization undertake any sigr	nificant program serv	vices during the year wh	nich were not listed on	
	the prior Fo	orm 990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," de	escribe these new services or	Schedule O.			
3	Did the org	anization cease conducting,	or make significant o	changes in how it condu	icts, any program	
		escribe these changes on Sch				☐ Yes ☑ No
4	Describe th Section 50	ie organization's program sei	vice accomplishmer zations are required	to report the amount o	largest program services, as meas f grants and allocations to others,	
4a	(Code: See Addition) (Expenses \$ al Data	72,987,406	including grants of \$	25,026,654) (Revenue \$	47,359,918)
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other prog (Expenses	ram services (Describe in Sc \$	hedule O.) including grants of	\$) (Revenue \$)
4e	Total prog	gram service expenses ▶	72,987,4	06		

Form	990 (2018)			Page 3
Par	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	1	Yes Yes	No
2	Schedule A	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	163	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?	4		No
5	If "Yes," complete Schedule C, Part II	7		110
_	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 I	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 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	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 2	11d	Yes	
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? If "Yes," complete Schedule D, Parts XI and XII 2	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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	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, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
			orm QQ	0 (2010)

rm '	990 (2018)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
	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		No
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
В	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
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
•	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐿	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
L	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	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
3	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
1	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
ā	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	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
	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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
1-	Enter the number reported in Pay 2 of Form 1006 Enter 10 if not applicable 1 4 - 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 329 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			1
IJ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	l		1

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No

3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	·	

b	If "Yes," enter the name of the foreign country: ▶		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
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).		

7d

10a

10b

11a

11b

12b

13b

13c

7a

7b

70

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

Nο

Form 990 (2018)

No

No

No

No

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

a Is the organization licensed to issue qualified health plans in more than one state?

b Enter the amount of reserves the organization is required to maintain by the states in

which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand

Section 501(c)(29) qualified nonprofit health insurance issuers.

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O.

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

d If "Yes," indicate the number of Forms 8282 filed during the year

Sponsoring organizations maintaining donor advised funds.

Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders . .

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines 🗸			
Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 39						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 38						
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		No			
3	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?						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Did the organization have members or stockholders?	6		No			
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				
b	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	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)				
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		No			
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?	10b					
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 this 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? <i>If "Yes," describe in Schedule O how this was done</i>	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?						
a	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
b	If "Yes," 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?	4.51					
6~		16b					
<u>5e</u> 17	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶						
	IN IN						
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.						
	$lacktriangledown$ Own website $\ lacktriangledown$ Another's website $\ lacktriangledown$ Upon request $\ lacktriangledown$ Other (explain in Schedule O)						
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 during the tax year.

20

State the name, address, and telephone number of the person who possesses the organization's books and records: •KENDRA A COOKS PO BOX 352 CRAWFORDSVILLE, IN 47933 (765) 361-6212 Form **990** (2018)

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations. • List all of the organization's former officers, key employees, 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 organization nor any related organization compensated any current officer, director, or trustee.

(A) (B) (C) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person amount of other compensation compensation week (list is both an officer and a from the from related compensation organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Former Highest compensatemployee Individual trustee or director Officer organizations (ey employee MISC) related Institutional below dotted organizations line) Trustee See Additional Data Table

(A)

	Name and Title Average hours per week (list any hours for related Name and Title Average hours per than one box, unless person is both an officer and a director/trustee) Output (C) Reportable compensation from the organization (Worganizations (2/1099-MISC)					N-	Estima amount o compens from	ated of other sation the						
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	у- М15С)	2/1099-MISC)		organizati relat organiza	ed
See	Additional Data Table													
												\top		
					•		•							
	Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c)	art VII , Section			٠.		•		2,:	302,695	(0		392,098
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	rec	eived mo	re than \$1	00,000			
	<u> </u>												Yes	No
3	Did the organization list any former								ghest cor	mpensated	employee on			
4	line 1a? If "Yes," complete Schedule											3		No
4	For any individual listed on line 1a, is organization and related organization individual .											4	Yes	
5	Did any person listed on line 1a receiservices rendered to the organization		•						_			5		No
	ection B. Independent Contract													
1	Complete this table for your five high from the organization. Report compe											ipens	sation 	
	Name a	(A) and business addre	ess							Desc	(B) ription of services		(C Comper	
SODE	VO AND ACCULATES									CAMBLIC CE	DVICES		2	126 262

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

(C)

(D)

(E)

(B)

CAMPUS SERVICES 3,426,263

SODEXO AND AFFILIATES, 4880 PAYSPHERE CIRCLE

CHICAGO, IL 60674

COMPASS GROUP USA INC, FOOD SERVICE 301 W WABASH AVE

INVESTMENT SERVICES

CRAWFORDSVILLE, IN 47933

STRATEGIC INVESTMENT GROUP LLC, 1001 NINETEENTH STREET N 16TH FL

SOFTWARE SERVICES

ARLINGTON, VA 22209 ELLUCIAN INC,

4375 FAIR LAKES COURT FAIRFAX, VA 22033 PRO INDUSTRIES, EQUIPMENT

1441 AMY LANE

488,136 FRANKLIN, IN 46131

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 13

994,316

704,287

239,313

1 011	VIII	Statement of	Revenue									
		Check if Schedul	e O contains a	respo	onse or note to any	(A)			(B)	<u></u>	 (C)	(D)
						Total revenu	Je	ex fui	ated or cempt nction venue	b	nrelated pusiness revenue	Revenue excluded from tax under sections 512 - 514
	1a	Federated campaig	ns	1 a				16	venue			312 - 314
nts ints	ı	• Membership dues		1 b								
Sra not	(Fundraising events		1c								
IS, E		d Related organizatio	ļ.	1d	105,313							
Gif ilai	۱,	Government grants (co	ا ontributions)	1e	<u> </u>							
ns,	f	All other contributions,	ا gifts, grants,		<u> </u>							
oution her S		and similar amounts na above	ot included	1 f	21,782,424							
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contribution in lines 1a - 1f:\$		3,6	531,918							
ಕ ರ	<u> </u>	h Total. Add lines 1a	·1f	•	Business	21,887	,737					
e l	22	TUITION & FEES			busilless		37,1	38,388	37,13	8,388		
Ve l		FRATERNITY LEASES				611600	4,3	20,645	4,32	0,645		
- 6 2€		STUDENT ROOM & BOAR	RD			531110	3,2	48,953	3,24	8,953		
Ž,	_	ATHLETIC REVENUE				611710	1,3	52,050	1,35	2,050		
38		OTHER INCOME				713940	1,2	01,982	1,20	1,982		
ram	е	- THER INCOME				611710		- +	•	-		
Program Service Revenue		All other program se			47,2	62,018						
		Total. Add lines 2a-2			<u> </u>	1						
		Investment income (ii imilar amounts) •	ncluding divide		interest, and other	7,6	26,674				10,922	7,615,752
	4]	Income from investme	ent of tax-exe	mpt be	ond proceeds 🕨		0)				
	5 F	Royalties			>		0					
	_		(i) Real		(ii) Personal	_						
	6a	Gross rents										
	b	Less: rental expenses										
	c	Rental income or (loss)		0	0							
	d	Net rental income o	r (loss)			1	0					
			(i) Securit	ies	(ii) Other							
	7a	Gross amount from sales of assets other than inventory	260,5	37,325								
	b	Less: cost or other basis and sales expenses	255,7	53,261								
	c	Gain or (loss)	4,7	84,064]						
		Net gain or (loss) .			>	4,7	84,064					4,784,064
Other Revenue	8a	Gross income from for (not including \$ contributions reported See Part IV, line 18	d on line 1c).	of	0							
ev	h	Less: direct expense		b	0	-						
7		Net income or (loss)			ents \blacktriangleright	J	0					
Ě	9a	Gross income from g		es.								
		See Part IV, line 19		а	0							
	b	Less: direct expense	s	b	0	-						
		Net income or (loss)		activit	ies 🕨	1	0)				
	10a	Gross sales of invent returns and allowand		1								
	1.	does seek star d	ald	a b								
		Less: cost of goods s			,] 1	.95,509		97,901		97,608	
}	-	Net income or (loss) Miscellaneous		invent	Business Code						, 	
	11	a				-						
	b											
	С											
	ام	All other revenue .								_		
		Total. Add lines 11a	-11d		<u> </u>							
							0					
	12	Total revenue. See	THST UCTIONS.	• •	• • • •	81,7	'56,002		47,359,919		108,530	12,399,816 Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other orga	nizations must comp	olete column (A).	
Check if Schedule O contains a response or note to any	/ line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	396,321	396,321		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	24,601,298	24,601,298		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	29,035	29,035		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,743,189	1,441,592	275,095	26,502
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	27,815	27,815		
7 Other salaries and wages	18,394,530	15,067,092	2,866,191	461,247
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,261,474	1,242,572	-163,534	182,436
9 Other employee benefits	3,388,585	2,532,508	474,017	382,060
10 Payroll taxes	1,333,531	1,099,916	87,718	145,897
11 Fees for services (non-employees):				
a Management	59,167	38,475	20,692	
b Legal	170,383	2,676	164,054	3,653
c Accounting	154,757		154,757	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	216,366			216,366
f Investment management fees	1,308,788		1,308,788	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,776,316	2,322,516	123,141	330,659
12 Advertising and promotion	680,324	283,634	87,427	309,263
13 Office expenses	1,422,075	1,384,015	18,033	20,027
14 Information technology	150,267	147,354	112	2,801
15 Royalties	0			
16 Occupancy	8,151,580	7,493,786	608,301	49,493
17 Travel	2,490,624	2,210,091	94,345	186,188
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	489,633	419,970	69,663	
20 Interest	1,601,243	1,533,554	67,689	
21 Payments to affiliates	0			

5,170,435

3,695,948

1,345,598

534,581

277,424

341,550

82,810,582

597,745

5,048,693

3,687,806

823,935

533,549

79,071

325,295

72,987,406

214,837

120,220

382,908

7,314

86,346

193,699

16,255

7,063,426

195

1,522

828

837

4,654

2,759,750

Form **990** (2018)

435,317

22 Depreciation, depletion, and amortization

c BOOKS, PERIODICALS, AND MEDIA

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).

24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

23 Insurance . .

b MEALS

expenses on Schedule O.)

a STUDENT ROOM & BOARD

d OFF CAMPUS EXPENSES

e All other expenses

Forn	า 990	(2018)					Page 11
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part IX			🗆
		·		,	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			5,141	1	4,081
	2	Savings and temporary cash investments .			16,518,421	2	24,712,446
	3	Pledges and grants receivable, net			16,562,757	3	18,040,405
	4	Accounts receivable, net			532,705	4	489,132
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ated en	nployees. Complete	0	5	0
Assets	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations Part II of Schedule L	fied pe n 4958 ations o (see in	rsons (as defined under (c)(3)(B), and f section 501(c)(9) structions) Complete	0	6	0
	8	Inventories for sale or use			0	8	0
Ä	9	Prepaid expenses and deferred charges		· +	431,857	9	543,096
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	206,202,828	·		<u>'</u>
	b	Less: accumulated depreciation	10b	86,381,974	123,642,752	10 c	119,820,854
	11	Investments—publicly traded securities .			85,984,478	11	57,722,744
	12	Investments—other securities. See Part IV, line		254,340,091	12	264,375,496	
	13	Investments—program-related. See Part IV, line		6,371,403	13	5,432,639	
	14	Intangible assets		[0	14	0
	15	Other assets. See Part IV, line 11		[34,795,768	15	35,319,974
	16	Total assets.Add lines 1 through 15 (must equ	ıal line	34)	539,185,373	16	526,460,867
	17	Accounts payable and accrued expenses	2,372,300	17	1,838,023		
	18	Grants payable	0	18	0		
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			44,724,000	20	41,892,400
S	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee	officer s, and	rs, directors, trustees, disqualified			
<u> </u>		persons. Complete Part II of Schedule L			0	22	0
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties	4,730,714	23	1,051,429
	24	Unsecured notes and loans payable to unrelated	third	parties	0	24	0
	25	Other liabilities (including federal income tax, p. and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related third parties,	15,254,935	25	15,826,745
	26	Total liabilities.Add lines 17 through 25			67,081,949	26	60,608,597
ces		Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33					
Balance	27	Unrestricted net assets			248,056,995	27	243,449,324
Ba	28	Temporarily restricted net assets		[84,877,585	28	76,347,035
	29	Permanently restricted net assets			139,168,844	29	146,055,911
Fu		Organizations that do not follow SFAS 117	-				
or Fund	30	check here ▶ ☐ and complete lines 30 th		20			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or ed		<u> </u>		31	
	32	Retained earnings, endowment, accumulated in		—	472,103,424	32	465,852,270
Net	33	Total liabilities and not accept/fund balances		472,103,424 530 185 373	33	405,052,270 526,460,867	

34

539,185,373

526,460,867

Form **990** (2018)

Total liabilities and net assets/fund balances

34

3a

3b

Yes

Yes (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version: **EIN:** 35-0868202

Name: Wabash College

Form 990 (2018)

Form 990, Part III, Line 4a: INSTRUCTION - THE ACADEMIC INSTRUCTION PROGRAM. STUDENT SERVICES AND ATHLETICS - ACTIVITIES WHOSE PRIMARY GOAL IS TO CONTRIBUTE TO THE STUDENT'S EMOTIONAL AND PHYSICAL WELL-BEING AS WELL AS INTELLECTUAL, CULTURAL, AND SOCIAL DEVELOPMENT OUTSIDE OF CLASS, ACADEMIC SUPPORT AND

LIBRARY - SUPPORT SERVICES FOR INSTRUCTION, RESEARCH, AND PUBLIC SERVICE. INCLUDES LIBRARY AND COMPUTER SERVICES. 866 STUDENTS SERVED.

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation from the

	any hours	and	. a dir	recto	or/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JAY R ALLEN TRUSTEE	0.0	Х						0	0	0
JEREMIAH BIRD TRUSTEE	0.0	Х						0	0	0
STEPHEN BOWEN TRUSTEE	0.0	Х						0	0	0
WILLIAM BRADY	1.0	X						0	0	0

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STEPHEN BOWEN
TRUSTEE
WILLIAM BRADY
TRUSTEE
DAVID BROECKER

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

JOHN FOX JR

ROBERT GRAND

RAY JOVANOVICH

JAMES DAVLIN

JENNIFER EVANS

.......

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from related from the compensation

	any hours	and	a dir	recto		rustee)		organization	organizations	from the	
	for related organizations below dotted line)	ganizations Y nd nd H		Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations		
PETER KENNEDY III TRUSTEE	1.0	Х						0	0	0	
JAMES KILBANE TRUSTEE	1.0	х						0	0	0	
FRANK KOLISEK TRUSTEE	0.0	Х						0	0	0	
RAY LADRIERE	1.0	Х						0	0	0	

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FRANK KULISEK
TRUSTEE
RAY LADRIERE
TRUSTEE
DAVID LEWIS

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TRUSTEE

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TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

GARY REAMEY

CORY OLSON

JEFFREY PERKINS

KELLY PFLEDDERER

HARRY MCNAUGHT JR

......

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related compensation from the

and Independent Contractors

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JAMES P WILLIAMS JR

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

PETER WILSON

PAUL WOOLLS

GREGORY HESS

R GREGORY ESTELL

PRESIDENT AND TRUSTEE

........

	any hours	and	a dir	ecto	r/tr	ustee)	organization	organizations (W- 2/1099-	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	MISC)	organization and related organizations	
JOHN SCHROEDER	1.0	х						0	0	0	
TRUSTEE	0.0							0	0		
K DONALD SHELBOURNE	1.0	x						0	0	0	
TRUSTEE	0.0								0		
WALTER SNODELL III TRUSTEE	0.0	Х						0	0	0	
THOMAS WALSH	1.0										

TRUSTEE	0.0					
WALTER SNODELL III	1.0					
TRUSTEE	0.0	Х			0	0
THOMAS WALSH	1.0	v			0	_
TRUSTEE	0.0	^				_
WILLIAM WHEELER	1.0					

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41,747

514,936

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations

	any hours	and	a dir	ecto		ustee))	organization	organizations	from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organizations	
PHILIP KENNEY	1.0										
		X						0	0	0	
TRUSTEE	0.0										
AMAN D BRAR	1.0										
TRIJOTEE		Х						0	0	0	
TRUSTEE	0.0									_	
GREGORY A CASTANIAS	1.0	Х						0	0	0	
TRUSTEE	0.0										
ROBERT A SHERWIN	1.0	X						0	0	0	
TRUSTEE	0.0	^									
THEODORE HOLLAND	1.0										

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164,963

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ROBERT A SHERWIN
TRUSTEE
THEODORE HOLLAND
TRUSTEE

......

RADE KLJAJIC

DAVID SHANE

JOSEPH TURK JR

M ERIC EVERSOLE

JAMES AMIDON JR

SECRETARY/CHEIF OF STAFF

......

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Average Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation and a director/trustee) organization organizations from the

and Independent Contractors

DEAN OF COLLEGE

CHARLES BLAICH

GARY PHILLIPS

DEREK NELSON

NADINE PENCE

MICHAEL RATERS

DEAN OF STUDENTS

DIRECTOR OF HEDS AND CILA

PROFESSOR OF RELIGION

PROFESSOR OF RELIGION

DIRECTOR OF WABASH CENTER

......

	any nours	and	a dii	recto		ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
KENDRA COOKS CFO & TREASURER	50.0			х				200,732	0	31,450
MICHELLE JANSSEN DEAN FOR ADVANCEMENT	50.0				Х			201,653	0	35,045
STEVEN JONES	50.0				Х			233,427	0	34,172

MICHELLE JANSSEN				l v			201,653	0	
DEAN FOR ADVANCEMENT	0.0						201,033	ŭ	
STEVEN JONES	50.0						233,427	0	
DEAN OF PROF. DEVELOPMENT	0.0			^			233,427	o d	
SCOTT FELLER	50.0			V			246 222		
	1	1	I	X	1	1	216,233	ı U	

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159,792

147,418

168,524

151,847

143,170

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38,526

27,227

25,933

25,282

23,390

79,021

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етне	GRA	APHIC prii	nt - DO NOT PROCES	S As Filed Data -			DLN: 9	3493153007010
Form	1 990	ULE A		Charity Statu	tion 501(c)(3)	organization o		OMB No. 1545-0047
0E2	Z)			4947(a)(1) nonexe ➤ Attach to Form				2010
		the Treasury	▶ Go	to <u>www.irs.gov/Form</u>				Open to Public Inspection
me	of th	_{ue Service} ie organiza	tion				Employer identific	
basn	Colleg	ge					35-0868202	
art			for Public Charity Sta				See instructions.	
	ganıza		a private foundation becau	•	•		(A)(:)	
		•	onvention of churches, or					
	$\overline{\mathbf{v}}$		scribed in section 170(b		,	, ,		
		·	or a cooperative hospital s	-			•	
		name, city,	esearch organization oper and state:	ated in conjunction with	a hospital descri	ibed in section	1/U(b)(1)(A)(III). E	nter the hospital's
			ation operated for the ben (iv). (Complete Part II.)	efit of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
		A federal, s	tate, or local government	or governmental unit de	escribed in sectio	on 170(b)(1)(<i>A</i>	۱)(v).	
,			ation that normally receive $O(b)(1)(A)(vi)$. (Comple		s support from a	governmental u	ınit or from the gener	al public described in
		A communi	ty trust described in sect i	on 170(b)(1)(A)(vi).	(Complete Part I	I.)		
			ural research organization ant college of agriculture.					ege or university or
		from activit	ation that normally receive ies related to its exempt f income and unrelated bu- iee section 509(a)(2).	unctions—subject to cer siness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its s	ipport from gross
			ation organized and opera		r public safety. S	See section 509	(a)(4).	
		more public	ation organized and opera ly supported organization through 12d that describ	s described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
		Type I. A so	supporting organization op n(s) the power to regularl Part IV, Sections A and	erated, supervised, or c y appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
		manageme	supporting organization s nt of the supporting organ plete Part IV, Sections	ization vested in the sar				
			unctionally integrated.					ited with, its
		Type III n	organization(s) (see instru on-functionally integra integrated. The organiza i). You must complete F	ted. A supporting organ tion generally must satis	ization operated fy a distribution	in connection wi	th its supported orgai	
		Check this	box if the organization red or Type III non-functiona	eived a written determir	nation from the I		pe I, Type II, Type II	I functionally
E	Enter		of supported organization		_			
F	Provid	de the follow	ing information about the		(s).			
	organization organization in your governing document? monetary support other su							(vi) Amount of other support (seinstructions)
					Yes	No		
tal								
	perw	vork Reduc	tion Act Notice, see the	Instructions for	Cat. No. 11285	5F :	ı Schedule A (Form 9	90 or 990-EZ) 201

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	Section A. Public Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(4) 2017	(B) 2013	(6) 2010	(4) 2017	(0) 2010	(1) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grant.") .						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4.						
9	ection B. Total Support						1
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c)2016	(d)2017	(e) 2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
٠	dividends, payments received on	1					
	securities loans, rents, royalties and	1					
	income from similar sources	1					
9	Net income from unrelated business						
-	activities, whether or not the	1					
	business is regularly carried on	1					
10	Other income. Do not include gain or						
	loss from the sale of capital assets	1					
	(Explain in Part VI.)						
11	Total support. Add lines 7 through						
	10					<u> </u>	
12	Gross receipts from related activities, e	tc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	the organization	's first, second, th	ird, fourth, or fifth	tax vear as a sec	tion 501(c)(3) or	anization.
	check this box and stop here	_		, ,	,	` ' ' ' '	,
	check this box and stop here	C D					
	ection C. Computation of Public						
	Public support percentage for 2018 (line					14	
15	Public support percentage for 2017 Sch	edule A, Part II, l	ine 14			15	
16a	33 1/3% support test—2018. If the	organization did r	not check the box	on line 13, and lin	e 14 is 33 1/3% oı	more, check this	box
	and stop here. The organization qualif						
b	33 1/3% support test—2017. If the						ck this
17a	box and stop here. The organization of 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets t	–2018. If the org meets the "facts	ganization did not -and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b box and stop he	, and line 14 •re. Explain	▶⊔
b	organization	: —2017. If the or	acts-and-circumst	ances" test, check	this box and sto	p here.	▶□

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 490 2
	(Complete only if you cl					to qualify und	ler Part II. If
	the organization fails to	qualify under t	the tests listed l	pelow, please co	mplete Part II.)		
Se	ection A. Public Support						_
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
4	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
_	13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
J	from line 6.)						
Se	ection B. Total Support				•		•
	Calendar year	(2) 2014	(h) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975. Add lines 10a and 10b.						
С 11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First five years. If the Form 990 is for	_			,		
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2018 (lin		•	, , ,		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr						·
17	Investment income percentage for 201	. 8 (line 10c, colur	nn (f) divided by	line 13, column (f))	17	
18	Investment income percentage from 20					18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s	stop here. The or	rganization qualifi	es as a publicly su	ipported organizati	ion	. ▶□
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	. ▶□
20	Private foundation. If the organization						►□

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

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations.

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). 10b

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 01 990-EZ) 2016		- F	age 3
₽}	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		<u> </u>
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
	governing body of a supported organization:	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11 c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.	-		ĺ
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_	Section D. All Type III Supporting Organizations		<u> </u>	
	,,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
_	Section E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions):		
_	a The organization satisfied the Activities Test. Complete line 2 below.	00		
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>		<u> </u>
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		_

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

Page **6**

b Applied to 2018 distributable amount

c Remainder. Subtract lines 4a and 4b from 4. 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. lines 3h and 4b from line 1. If the amount is greater

5 Remaining underdistributions for years prior to 6 Remaining underdistributions for 2018. Subtract than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2014. **b** Excess from 2015. c Excess from 2016.

Additional Data

Software ID: Software Version:

EIN: 35-0868202

Name: Wabash College

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

instructions).

Facts And Circumstances Test

SCHEDULE D

Supplemental Financial Statements

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

OMB No. 1545-0047

DLN: 93493153007010

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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

Inspection

Name of the organization Wabash College		Employer identification number
		35-0868202
	Donor Advised Funds or Other Sim	
Complete if the organization a	answered "Yes" on Form 990, Part IV, li (a) Donor advised fo	
Total number at end of year	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(B) Funds and other accounts
Aggregate value of contributions to (durin		
Aggregate value of grants from (during ye	· · ·	
Aggregate value of grants from (during year)	•	
,		
organization's property, subject to the or	d donor advisors in writing that the assets he ganization's exclusive legal control?	Yes N
charitable purposes and not for the benefit private benefit?	donors, and donor advisors in writing that gr fit of the donor or donor advisor, or for any o	other purpose conferring impermissible $oxedsymbol{\square}$ Yes $oxedsymbol{\square}$ N
art II Conservation Easements. (Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.
Purpose(s) of conservation easements he	eld by the organization (check all that apply).	
\square Preservation of land for public use ((e.g., recreation or education) \qed Pres	servation of an historically important land area
Protection of natural habitat	☐ Pres	servation of a certified historic structure
Preservation of open space		
Complete lines 2a through 2d if the organ easement on the last day of the tax year	nization held a qualified conservation contribute.	ution in the form of <u>a conservation</u> Held at the End of the Year
•	·	
	easements	
,	certified historic structure included in (a)	
	ded in (c) acquired after 7/25/06, and not on	
-	fied, transferred, released, extinguished, or t	terminated by the organization during the
Number of states where property subject	to conservation easement is located >	
Does the organization have a written poli	icy regarding the periodic monitoring, inspect ements it holds?	
Staff and volunteer hours devoted to mo	nitoring, inspecting, handling of violations, ar	nd enforcing conservation easements during the year
Amount of expenses incurred in monitorin \$ \\$	ng, inspecting, handling of violations, and en	forcing conservation easements during the year
	ed on line 2(d) above satisfy the requiremen	
	on reports conservation easements in its reve the text of the footnote to the organization's ration easements.	
the organization's accounting for conserv		
the organization's accounting for conservent III Organizations Maintaining Complete if the organization a	Collections of Art, Historical Treasu answered "Yes" on Form 990, Part IV, li	ine 8.
rt III Organization's accounting for conserver III Organizations Maintaining Complete if the organization along If the organization elected, as permitted art, historical treasures, or other similar or other sim	Collections of Art, Historical Treasu answered "Yes" on Form 990, Part IV, li	ine 8. its revenue statement and balance sheet works of or research in furtherance of public service,
the organization's accounting for conservert III Organizations Maintaining Complete if the organization a If the organization elected, as permitted art, historical treasures, or other similar a provide, in Part XIII, the text of the footr If the organization elected, as permitted	Collections of Art, Historical Treasum answered "Yes" on Form 990, Part IV, list under SFAS 116 (ASC 958), not to report in assets held for public exhibition, education, on the to its financial statements that describes under SFAS 116 (ASC 958), to report in its rests held for public exhibition, education, or rests held for public exhibition, education, or rests	ine 8. its revenue statement and balance sheet works of or research in furtherance of public service,
the organization's accounting for conservert III Organizations Maintaining Complete if the organization a If the organization elected, as permitted art, historical treasures, or other similar a provide, in Part XIII, the text of the footr If the organization elected, as permitted historical treasures, or other similar asse following amounts relating to these items	Collections of Art, Historical Treasus answered "Yes" on Form 990, Part IV, list under SFAS 116 (ASC 958), not to report in assets held for public exhibition, education, once to its financial statements that describes under SFAS 116 (ASC 958), to report in its rests held for public exhibition, education, or rests:	ine 8. its revenue statement and balance sheet works of or research in furtherance of public service, is these items. revenue statement and balance sheet works of art, search in furtherance of public service, provide the
the organization's accounting for conserver III Organizations Maintaining Complete if the organization of the organization of the organization elected, as permitted art, historical treasures, or other similar approvide, in Part XIII, the text of the footr. If the organization elected, as permitted historical treasures, or other similar asset following amounts relating to these items (i) Revenue included on Form 990, Part VIII	Collections of Art, Historical Treasus answered "Yes" on Form 990, Part IV, li under SFAS 116 (ASC 958), not to report in assets held for public exhibition, education, onto to its financial statements that describes under SFAS 116 (ASC 958), to report in its ruts held for public exhibition, education, or rest.	ine 8. its revenue statement and balance sheet works of or research in furtherance of public service, is these items. revenue statement and balance sheet works of art, search in furtherance of public service, provide the
the organization's accounting for conservint III Organizations Maintaining Complete if the organization a If the organization elected, as permitted art, historical treasures, or other similar a provide, in Part XIII, the text of the foote if the organization elected, as permitted historical treasures, or other similar asse following amounts relating to these items (i) Revenue included on Form 990, Part VII (ii) Assets included in Form 990, Part X	Collections of Art, Historical Treasus answered "Yes" on Form 990, Part IV, list under SFAS 116 (ASC 958), not to report in assets held for public exhibition, education, onto to its financial statements that describes under SFAS 116 (ASC 958), to report in its rests held for public exhibition, education, or rests: II, line 1	ine 8. its revenue statement and balance sheet works of or research in furtherance of public service, is these items. revenue statement and balance sheet works of art, search in furtherance of public service, provide the
the organization's accounting for conservint III Organizations Maintaining Complete if the organization a If the organization elected, as permitted art, historical treasures, or other similar a provide, in Part XIII, the text of the footr If the organization elected, as permitted historical treasures, or other similar asse following amounts relating to these items (i) Revenue included on Form 990, Part VII (ii) Assets included in Form 990, Part X	Collections of Art, Historical Treasus answered "Yes" on Form 990, Part IV, list under SFAS 116 (ASC 958), not to report in assets held for public exhibition, education, onto to its financial statements that describes under SFAS 116 (ASC 958), to report in its rests held for public exhibition, education, or rests: II, line 1	its revenue statement and balance sheet works of or research in furtherance of public service, is these items. The evenue statement and balance sheet works of art, search in furtherance of public service, provide the

Par	t IIII	Organizations Ma	aintaining Coll	lections of	Art, Histori	cal T	reasu	ires, or	Other	Similar As	sets (conti	nued)	
3		g the organization's acq s (check all that apply):		n, and other re	ecords, check	any of	the fol	llowing th	at are a	significant u	se of its coll	ection	
а	✓	Public exhibition			d	✓	Loan	or excha	nge prog	ırams			
b	✓	Scholarly research			е		Other	r					
c	✓	Preservation for future	e generations										
4	Provi Part :	de a description of the XIII.	organization's coll	ections and e	xplain how the	ey furt	her the	e organiza	ition's ex	kempt purpo	se in		
5		ng the year, did the org ts to be sold to raise fur									☐ Yes	☑ N	0
Pa	rt IV	Complete if the or			on Form 990	, Part	: IV, lir	ne 9, or	reporte	ed an amou			
		X, line 21.											
1a		e organization an agent ded on Form 990, Part I									☐ Yes	□ N	0
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete	the following	table:				Aı	mount		_
c		nning balance			-				1c				_
d	-	tions during the year .							1d				_
е		ibutions during the year							1e				_
f		ng balance							1f				_
								_				_	_
2a		he organization include								-	_	∐ N	0
b		es," explain the arrange											
Pa	rt V	Endowment Fun	ds. Complete if							•			
				(a)Current y		rior yea		(c)Two yea				our year	
	-	ning of year balance .				331,74			,964,719		344,625		448,629
b	Contrib	butions		·	38,144		8,112		3,529,351	· ·	511,669		439,500
С	Net in	vestment earnings, gair	ns, and losses	5,74	40,391	26,77	1,741	30),124,157	-10,2	230,045	4,	823,807
d	Grants	or scholarships	•	4,25	58,561	4,70	0,054	3	3,969,192	3,9	974,476	3,	598,815
е		expenditures for facilition	es	14,66	54,834	15,28	1,747	16	5,786,017	17,:	159,522	17,	428,197
f	Admin	istrative expenses .		1,08	37,471	1,13	4,929	1	,114,090	1,:	127,532	;	840,299
g	End of	year balance		335,63	39,720	341,12	2,051	331	,748,928	319,9	964,719	346,	844,625
2 a b c	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment 52.030 %												
	The p	percentages on lines 2a	, 2b, and 2c shoul	ld equal 100%	, 0.								
3а		here endowment funds	not in the possess	sion of the org	ganization tha	t are h	eld and	d adminis	tered fo	r the		V	N-
	-	nization by: nrelated organizations		_							3a(i)	Yes	No No
	. ,	elated organizations					•				3a(ii)		No
b		es" on 3a(ii), are the re		s listed as red	uired on Sche	dule R	١? .	•			3b		
4		ribe in Part XIII the inte	-		•								
Pai	rt VI	Land, Buildings,	and Equipmer	nt.									
		Complete if the or	ganization answ	ered "Yes" o	on Form 990	, Part	IV, lir	ne 11a.	See For	m 990, Pai			
	Descr	iption of property	(a) Cost or oth (investme		b) Cost or other	basis (other)	(c) Accu	mulated d	lepreciation	(d) Bo	ook valu	e
1a	Land					10,9	10,420					10	,910,420
	Buildin					171,9	37,028			70,039,701		101	,897,327
		nold improvements				· ·							•
		ment				23.2	07,206			16,342,273		6	5,864,933
	Other						48,174			-,,			148,174

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

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	ne organization ansv	vered "Yes" on Form !	990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		hod of valuation: -of-year market value
(1) Financial derivatives		333 31 311	or year market raide
(2) Closely-held equity interests			
(3) Other(A) ALTERNATIVE INVESTMENTS	259,570,778		F
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	259,570,778		
Part VIII Investments—Program Related.	239,370,778		
Complete if the organization answered 'Yes' on F		r	
(a) Description of investment	(b) Book value		hod of valuation: -of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered	I 'Yes' on Form 990. Pa	 art IV. line 11d. See Forn	n 990. Part X. line 15.
(a) Description	,	,	(b) Book value
(1) CSV LIFE INSURANCE (2) INTEREST IN PERPETUAL TRUSTS			2,296,955 8,532,483
(3) REC-CHARITABLE REMAINDER TRUST			24,490,536
(4) SWAP TERMINATION			0
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			▶ 35,319,974
Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	answered 'Yes' on Fo	orm 990, Part IV, line	11e or 11f.
1. (a) Description of liability	(b) B	ook value	
(1) Federal income taxes		0	
POST-RETIREMENT BENEFIT OBLIG.		9,687,752	
ANNUITIES AND TRUSTS PAYABLE SWAP TERMINATION		6,093,106 45,887	
(4)		43,007	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of	f the footnote to the or	15,826,745	stements that reports the
2. Liability for uncertain tax positions. In Part XIII, provide the text of organization's liability for uncertain tax positions under FIN 48 (ASC 7)		-	

Net unrealized gains (losses) on investments

Donated services and use of facilities

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Donated services and use of facilities . .

Recoveries of prior year grants

Schedule D (Form 990) 2018

Part XI

b

1

2

4

1

1

-4.443.602

Page 4

-4,163,958 56,150,289

25,605,713

81,756,002

57,484,513

279,644

57,204,869

Schedule D (Form 990) 2018

d	Other (Describe in Part XIII.)	٠			•		•	 	20	d			279,644		
е	Add lines 2a through 2d .								-					2e	
3	Subtract line 2e from line 1 .													3	
															$\overline{}$

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

2a

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 1,308,788 Investment expenses not included on Form 990, Part VIII, line 7b. 4a 4b 24,296,925 b Add lines 4a and 4b . 4c C 5

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2b Prior year adjustments 2c C 2d 279,644 d Other (Describe in Part XIII.) . . Add lines 2a through 2d . 2e е 3 Subtract line 2e from line 1 . 3

4a Investment expenses not included on Form 990, Part VIII, line 7b . . . 1,308,788 4b 24,296,925 b Add lines **4a** and **4b** 4c 25,605,713 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 82.810.582 Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Part XIII XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference Explanation

See Additional Data Table

	Page 5
Information (continued)	
Explanation	

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

> EIN: 35-0868202 Name: Wabash College

iailie. Wabasii College

Supplemental Information Return Reference

SCHEDULE D, PART III, LINE 1A

FOOTNOTES TO FINANCIAL STATEMENTS: THE COLLEGE'S COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE COLLEGE'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS IN

Explanation

THE STATEMENTS OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE REPORTED IN THE Y EAR OF ACQUISITION AS DECREASES IN UNRESTRICTED NET ASSETS, OR IN TEMPORARILY OR PERMANENT LY 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 FINANC IAL STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES RELATED TO COLLECTION I TEMS ARE REPORTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES. THE COLLEGE'S COLLECT IONS CONSIST PRIMARILY OF BOOKS, ARTWORK AND SCIENTIFIC ARTIFACTS. EACH OF THE ITEMS IS CA TALOGED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING T HEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE COLLECTIONS ARE SUBJECT TO A POLICY THAT RE QUIRES PROCEEDS FROM THE DISPOSITION OF COLLECTION ITEMS TO BE USED TO ACQUIRE OTHER COLLE CTION ITEMS.

Supplemental Information					
Return Reference	Explanation				
	FURTHERANCE OF EXEMPT PURPOSE: EDUCATION - WABASH COLLEGE EMPLOYS THE ART COLLECTION IN CONNECTION WITH THE INSTRUCTION OF ART AND ART HISTORY COURSES.				

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

upplemental Information							
Return Reference	Explanation						
SCHEDULE D, PART X, LINE 2	FIN 48 DISCLOSURE: MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.						

pplemental Information	
Return Reference	Explanation
CHEDULE D, PARTS XI, LINE 2D	OTHER RECONCILING ITEMS: \$ 279,644 COST OF GOODS SOLD

Sur

plemental Information	
Return Reference	Explanation
HEDULE D, PARTS XI, LINE 4B	OTHER RECONCILING ITEMS: \$ 24,296,925 GRANTS AND SCHOLARSHIPS

Sup

pplemental Information	
Return Reference	Explanation
HEDULE D, PART XII, LINE 2D	OTHER RECONCILING ITEMS: \$ 279,644 COST OF GOODS SOLD

Sur

plemental Information	
Return Reference	Explanation
HEDULE D, PART XII, LINE 4B	OTHER RECONCILING ITEMS: \$ 24,296,925 GRANTS AND SCHOLARSHIPS

Sur

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493153007010 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ► Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the cospanization **Employer identification number** Wabash College 35-0868202 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 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: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2018)

Page 2					
Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).					
Return Reference	Explanation				
SCHEDULE E, PART I, LINE 3	PUBLICATION OF THE ORGANIZATION'S RACIALLY NONDISCRIMINATORY POLICY: WABASH PUBLISHES THE NOTICE ANNUALLY IN THE LOCAL AND INDIANAPOLIS NEWSPAPERS AND HAS IT POSTED ON ITS WEBSITE.				
SCHEDULE E, PART I, LINE 6A	FINANCIAL AID OR ASSISTANCE RECEIVED FROM A GOVERNMENTAL AGENCY: WABASH STUDENTS RECEIVE PELL GRANTS, STAFFORD LOANS, PARENT PLUS LOANS, SEOG, AND FEDERAL WORK STUDY FOR THE SUPPORT OF STUDENTS. THE COLLEGE AS RECEIVED GRANT INSTITUTES.				

THE NATIONAL SCIENCE FOUNDATION, USDA, AND NATIONAL INSTITUTES OF HEALTH TO SUPPORT FACULTY RESEARCH.

Schedule F (Form 990 or 990-F7) (2018)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493153007010 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Wabash College 35-0868202 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e.g., program service, describe for and investments region and independent fundraising, program specific type of in region contractors in services, investments, grants service(s) in region region to recipients located in the region) See Add'l Data 11,520,870 3a Sub-total . b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 11,520,870

Schedule F (Form 990)	2018							Page 2
	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.							
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	EDUCATIONAL ASSISTANCE	29,035	CHECK			
	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter							
3 Enter total numb	per of other org	ganizations or entitie	s				•	
							Schedule	F (Form 990) 2018

chedule F (Form 990) 2018							Page 3
				ed States. Complete if	f the organization ar	nswered "Yes" to Form S	990, Part IV, line 16.
a) Type of grant or assistance	duplicated if addit (b) Region	(c) Number of recipients	eeded. (d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Sched	dule F (Form 990) 2018		Page 4
Par	Toreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	☑ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☑ Yes	□No
_		⊡ ≀es	110
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	□Yes	☑ No

Schedule F (Form 990)	2018 Page 5
Provide amounts method any add	mental Information the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; s of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide itional information (see instructions). upplemental Information
Return Reference	Explanation
SCHEDULE F.	

Additional Data

North America

Software ID: Software Version:

EIN: 35-0868202

Name: Wabash College

5,974,847

orm 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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			
Central America and the Caribbean			Investments		5,188,008			

Investments

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program services, grants to service(s) in region region recipients located in the reaion) Europe (Including Iceland and 358,015 Investments Greenland)

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DLN: 93493153007010

OMB No. 1545-0047

2018

Open to Public

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Inspection

Internal Revenue Service Name of the organization

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

Employer identification number

abasii College					35-0868202	
Part I Fundraising Activi Form 990-EZ filers a	•	_			orm 990, Part IV, line 1	7.
Indicate whether the organiza	tion raised funds th	rough any	of the fo	llowing activities. Check	all that apply.	
a 🗹 Mail solicitations			е	✓ Solicitation of non	-government grants	
b 🗹 Internet and email solicita	tions		f	✓ Solicitation of gov	ernment grants	
c 🗹 Phone solicitations			g	Special fundraising	g events	
d 🗹 In-person solicitations						
2a Did the organization have a w or key employees listed in For						es 🗆 No
b If "Yes," list the ten highest potential to be compensated at least \$5	aid individuals or en 5,000 by the organiz	tities (fun zation.	draisers)	pursuant to agreements		
i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust conf) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
MCALLICTED OUTNALLIC	CONSULTING	Yes	No			
MCALLISTER QUINN LLC 1030 15th St NW 590	CONSOLITING		No		82,048	-82,048
WASHINGTON, DC 20005					32,510	32,3 .3
JOHNSON GROSSNICKLE ASSOCIATES 29 S PARK BLVD	CONSULTING		No		74,873	-74,873
GREENWOOD, IN 46143						
MINDPOWER INCORPORATED 337 Georgia Avenue SE	CONSULTING		No		43,989	-43,989
Atlanta, GA 30312 PENTERA	CONSULTING					
8650 Commerce Park Place Suite G	CONSULTING		No		15,456	-15,456
Indianapolis, IN 46268						
otal					216,366	-216,366

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

AK, AR, CT, DC, MD, MA, MI, MS, MO, NH, ND, VA, WA

licensing.

Sche	dule G (Form 990 or 990-EZ) 2018			Page 3					
11	Does the organization conduct gami	ng activities with nonmembe	ers?	· 🗆 Yes 🗆 No					
12	Is the organization a grantor, benefi formed to administer charitable gam		a member of a partnership or other entity	· 🗆 Yes 🗆 No					
13	Indicate the percentage of gaming a	ctivity conducted in:		-1.55 -1.15					
а	The organization's facility		13a	%					
b	An outside facility		13b	%					
14	Enter the name and address of the p	erson who prepares the org	ganization's gaming/special events books and records:						
	Name •								
	Address •								
15a	-		hom the organization receives gaming	· 🗆 Yes 🗆 No					
b	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$								
С	If "Yes," enter name and address of								
	Name ►								
	Address ►								
16	Gaming manager information:								
	Name ▶								
	Gaming manager compensation ► \$								
	Description of services provided ▶								
	☐ Director/officer	☐ Employee	☐ Independent contractor						
17 a	Mandatory distributions: Is the organization required under stretain the state gaming license?		distributions from the gaming proceeds to	· 🗆 Yes 🗆 No					
b	Enter the amount of distributions red	quired under state law distri	buted to other exempt organizations or spent	Lifes Lino					
	in the organization's own exempt ac	tivities during the tax year $lacktrian$	> \$						
Pai			ations required by Part I, line 2b, columns (iii) oplicable. Also provide any additional informatio						
	Return Reference		Explanation						
SCHE	EDULE G, PART 1, LINE 2B		ISING SERVICES: Since Wabash College's fundraising t meetings or letters, Wabash College does not anticip						

Schedule G (Form 990 or 990-EZ) 2018

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

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

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

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

OMB No. 1545-0047

DLN: 93493153007010

Open to Public Inspection

internal Revenue Service							
Name of the organization Wabash College						Employer identific	ation number
-						35-0868202	
Part I General Info	ormation on Grants	s and Assistance					
Does the organization the selection criteria us	maintain records to sub sed to award the grants	ostantiate the amount of sor assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistant	ce, and	☑ Yes ☐ No
-	-		se of grant funds in the U				
Part II Grants and Oth that received m	ner Assistance to Dor ore than \$5,000. Part I	mestic Organizations a II can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes'	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	f (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
		-					20

(Form 990)

Department of the

Treasury

(5)

(6)

(7)

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

Part IV

Return Reference **Explanation**

SCHEDULE I, PART I, LINE 2 PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE US: GRANTS ARE MADE TO ACCREDITED SCHOOLS AND SEMINARIES. BOTH FINANCIAL AND

Schedule I (Form 990) 2018

Additional Data

DAYTON, OH 454691634 EDEN THEOLOGICAL

475 EAST LOCKWOOD AVENUE ST LOUIS, MO 63119

SEMINARY

Software ID: Software Version: EIN:

43-0654855

EIN: 35-0868202 Name: Wabash College

_

Form 990 Schedule T. Part TI. Grants and Other Assistance to Domestic Organizations and Domestic Governments

501(C)(3)

Torni 330,3chedule 1, Ture	LL, Grants and	Other Assistance to	Domestic Organiza	cions and bonicsc	c dovernments.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF DAYTON	31-0536715	501(C)(3)	7,500				EDUCATIONAL ASSISTANCE

7,500

EDUCATIONAL

ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government ΓΙΟΝΑL

CONCORDIA COLLEGE 901 8TH STREET SOUTH MOORHEAD, MN 56560	41-0693977	501(C)(3)	7,500		EDUCATION ASSISTAN
LINIT/EDCITY OF CAINT TOCEDH	06 0646930	E01(C)(3)	7 500		EDUCATIO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WEST HARTFORD, CT 06117

ANCE EDUCATIONAL UNIVERSITY OF SAINT JOSEPHI 06-0646829 501(C)(3)| 7.5001 LASSISTANCE 1678 ASYLUM AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government SHENANDOAH UNIVERSITY 54-0525605 501(C)(3) 7.500l IEDUCATIONAL 1460 UNIVERSITY DRIVE LASSISTANCE

NEW BRUNSWICK 22-1994554 501(C)(3) 7,500 EDUCATIONAL ASSISTANCE 17 SEMINARY PLACE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW BRUNSWICK, NJ 08901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 84-0404244 501(C)(3) 7.500l ILLIFF SCHOOL OF THEOLOGY IEDUCATIONAL 2201 SOUTH UNIVERSITY LASSISTANCE

BI VD DENVER, CO 80210 UNIVERSITY OF DENVER 84-0404231 7.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DENVER, CO 80208

501(C)(3) IEDUCATIONAL 2199 S UNIVERSITY BLVD LASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government IONAL

LASSISTANCE

LOUISVILLE PRESBYTERIAN 1044 ALTA VISTA ROAD LOUISVILLE, KY 402051798	61-0444768	501(C)(3)	7,499		EDUCATIONAL ASSISTANCE
BRIDGEWATER COLLEGE	54-0506306	501(C)(3)	7,426		EDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BRIDGEWATER COLLEGE 54-0506306 YOUNT HALL

BRIDGEWATER, VA 22812

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 22-1487164 501(C)(3) 42.420 IEDUCATIONAL DREW UNIVERSITY

36 MADISON AVENUE MADISON, NJ 07940

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RICHMOND, IN 47374

LASSISTANCE EARLHAM COLLEGE 35-0868073 501(C)(3) 30,000 IEDUCATIONAL LASSISTANCE 801 NATIONAL ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 62-6005794 501(C)(3) 30.000 IEDUCATIONAL . MIDDLE TENNESSEE STATE UNIVERSITY LASSISTANCE 1301 FAST MAIN STREET MURFEESBORO, TN 37132 QUEENS UNIVERSITY OF 22-1994554 501(C)(3) 29.900 IEDUCATIONAL .

LASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHARLOTTE

1900 SELWYN AVE CHARLOTTE, NC 28274

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) NAZARENE THEOLOGICAL 44-0552055 501(C)(3) 29,310 IEDUCATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CLAREMONT, CA 917113199

SEMINARY 1700 EAST MEYER BOULEVARD KANSAS CITY, MO 64131					ASSISTANCE
CLAREMONT SCHOOL OF THEOLOGY 1325 NORTH COLLEGE AVENUE	95-1904355	501(C)(3)	28,976		EDUCATIONAL ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government TIONAL

LASSISTANCE

REGIS UNIVERSITY 3333 REGIS BLVD DENVER, CO 802211099	84-0402707	501(C)(3)	7,500		EDUCATI ASSISTAI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

610 W 4TH STREET STORM LAKE, IA 50588

ANCE BUENA VISTA UNIVERSITY 42-0680404 501(C)(3) 7.500 IEDUCATIONAL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 41-0693970 501(C)(3) 7.500l UNIVERSITY OF ST THOMAS IEDUCATIONAL 2260 SUMMIT AVENUE LASSISTANCE

IEDUCATIONAL .

LASSISTANCE

108.290

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ST PAUL, MN 55105

GREAT LAKES COLLEGES
ASSOCIATION INC
535 WEST WILLIAM NO 301

ANN ARBOR, MI 48103

38-1678376

recipients cash grant non-cash assistance FMV, appraisal, other) STUDENT GRANTS & SCHOLARSHIPS 866 24,296,925

(d)Amount of

(e)Method of valuation (book,

(f)Description of non-cash assistance

STUDENT PRIZES	80	51,897		
STUDY ABROAD GRANTS	4	16,500		
WABASH CENTER/PASTORAL LEADERSHIP	81	150,520		

11,000

(c)Amount of

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(b) Number of

(a)Type of grant or assistance

FRATERNITY CLEANING AWARDS

PROGRAM

(a)Type of grant or assistance
(b)Number of recipients
(c)Amount of cash grant
(d)Amount of non-cash assistance
(e)Method of valuation (book, FMV, appraisal, other)
(f)Description of non-cash assistance

STUDENT AWARDS NON-FA	148		25,683	COST	PLAQUES AND APPAREL
CAMPBELL & DAVIS SCHOLARSHIPS	20	26,742			

27,500

2,710

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

104

EMPLOYEE SERVICE AWARDS

FACULTY & STAFF SUPPORT

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	19315	3007	010
Sch	nedule J	Co	mpensati	ion Information	40	1B No.	1545-0	0047
(For	m 990)	For certain Office		rustees, Key Employees, and High	nest	•		
		► Complete if the orga	anization answ	ated Employees vered "Yes" on Form 990, Part IV,	line 23.	2018		
Denar	tment of the Treasury	► Go to www.irs.gov		i to Form 990. instructions and the latest inforn	nation.	pen i	to Pul	olic
Intern	al Revenue Service					Insp	ectio	n
	me of the organiza Dash College	ation			Employer identificat	ion nu	ımber	
					35-0868202			
Pa	rt I Questi	ons Regarding Compensat	cion				Yes	No
1 a				f the following to or for a person listed y relevant information regarding thes			163	110
		s or charter travel	✓	Housing allowance or residence for p	personal use			
		companions		Payments for business use of persor				
		nification and gross-up payments		Health or social club dues or initiation				
	☐ Discretion	ary spending account	\Delta	Personal services (e.g., maid, chauf	reur, chef)			
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding paym oplete Part III to explain	ent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	1-2	2	Yes	
	directors, truste	es, officers, including the CEO/E	xecutive Directo	r, regarding the items checked in line	Idf			
3				ed to establish the compensation of the not check any boxes for methods	e			
				CEO/Executive Director, but explain in	n Part III.			
	✓ Compens	ation committee	✓	Written employment contract				
		ent compensation consultant	▽	Compensation survey or study				
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensat	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No
b	Participate in, o	r receive payment from, a supple	emental nonqual	ified retirement plan?		4b		No
c	• •	. ,	•	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	plicable amounts for each item in Part	III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste	ed on Form 990, Part VII, Section	n A, line 1a, did	the organization pay or accrue any				
	·	ontingent on the revenues of:						
a		1?				5a		No
b		anization?				5b		No
6	For persons liste	·		the organization pay or accrue any				
а	The organization	n?				6a		No
b	-					6b		No
	If "Yes," on line	6a or 6b, describe in Part III.						
7	For persons liste payments not d	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes	n A, line 1a, did ," describe in Pa	the organization provide any nonfixed rt III	l 	7	Yes	
8	subject to the ir	nitial contract exception described	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 		8		No
9	If "Yes" on line	8, did the organization also follov	v the rebuttable	presumption procedure described in	Regulations section	9		No_
For F	Panerwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	0053T Schedule J	(Form	990)	2018

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

]	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation	(B)(i)-(D)	column (B)
	1	<u></u>				reported as deferred on prior Form 990
_						1
+						
+						
+						
+						
+						
+						
+						
\perp						1
\perp						
						1

	rage 3					
art III Supplemental Information						
ovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						
Return Reference	Explanation					
	WABASH COLLEGE PROVIDES A RESIDENCE FOR PERSONAL USE, WHICH IS NOT INCLUDED IN TAXABLE COMPENSATION, TO GREGORY HESS, THE COLLEGE'S PRESIDENT AND TO MICHAEL RATERS, THE DEAN OF STUDENTS. THE RESIDENCES ARE PROVIDED FOR THE CONVENIENCE OF WABASH COLLEGE. BOTH THE					

PRESIDENT TO FURTHER BUSINESS ACTIVITIES CONDUCTED ON BEHALF OF THE COLLEGE. HOUSEHOLD SERVICES. PERSONAL USE OF AUTOMOBILES AND THE

Page 3

SCHEDULE J, PART I, LINE 1A WABASH COLLEGE PROVIDES A RESIDENCE FOR PERSONAL USE, WHICH IS NOT INCLUDED IN TAXABLE COMPENSATION, TO GREGORY HESS, THE COLLEGE'S PRESIDENT AND TO MICHAEL RATERS, THE DEAN OF STUDENTS. THE RESIDENCES ARE PROVIDED FOR THE CONVENIENCE OF WABASH COLLEGE. BOTH THE PRESIDENT AND THE DEAN WERE REQUIRED TO LIVE IN THEIR RESPECTIVE RESIDENCES AS A CONDITION OF THEIR EMPLOYMENT. ADDITIONALLY, THE RESIDENCES ARE CONTIGUOUS TO WABASH'S CAMPUS AND ARE REGULARLY USED TO CONDUCT BUSINESS. TRAVEL FOR COMPANIONS WAS PROVIDED TO THE

PERSONAL PORTION OF SOCIAL CLUB DUES WERE INCLUDED IN TAXABLE INCOME.

Schedule J (Form 990) 2018

Return Reference	Explanation
JLE J, PART I, Line 7	THE PRESIDENT RECEIVED A ONE TIME PAYMENT BASED OFF PRIOR PERFORMANCE THAT WAS APPROVED BY THE BOARD.

Return Reference	Explanation
' '	NONTAXABLE BENEFITS THE AMOUNT OF NONTAXABLE BENEFITS REPORTED FOR MICHAEL RATERS AND JAMES AMIDON, JR. INCLUDES TUITION ASSISTANCE IN THE AMOUNTS OF \$45,300 AND \$2,500 RESPECTIVELY. TUITION ASSISTANCE IS AVAILABLE TO ALL EMPLOYEES.

I (Form 990) 2018

Additional Data

(A) Name and Title

JAMES AMIDON JR

GREGORY HESS

KENDRA COOKS

CFO & TREASURER

CHARLES BLAICH

GARY PHILLIPS

DEREK NELSON

NADINE PENCE

MICHAEL RATERS

DEAN OF STUDENTS

MICHELLE JANSSEN

STEVEN JONES

DEAN OF PROF. DEVELOPMENT

SCOTT FELLER

DEAN OF COLLEGE

DEAN FOR ADVANCEMENT

CENTER

DIRECTOR OF HEDS AND

PROFESSOR OF RELIGION

PROFESSOR OF RELIGION

DIRECTOR OF WABASH

STAFF

CILA

SECRETARY/CHEIF OF

PRESIDENT AND TRUSTEE

(i) Base Compensation

(i)

(i)

(ii)

(i)

(ii)

(ii)

(ii)

(i)

(i)

(ii)

(i)

(ii)

(ii)

Software ID: **Software Version:**

(B) Breakdown of W-2 and/or 1099-MISC compensation

(ii)

Bonus & incentive

compensation

EIN: 35-0868202

(iii)

Other reportable

compensation

25,481

(C) Retirement and

other deferred

compensation

17,459

27,500

20,412

16,884

15,631

17,164

15,380

15,534

21,448

23,542

22,482

(E) Total of columns

(B)(i)-(D)

195,268

556,683

232,182

187,019

173,351

193,806

175,237

222,191

236,698

267,599

254,759

(D) Nontaxable

benefits

12,846

14,247

11,038

10,343

10,302

8,118

8,010

63,487

13,597

10,630

16,044

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

164,963

439,455

200,732

159,792

147,418

168,524

151,847

143,170

201,653

233,427

216,233

Name:	Wabash College
m 000 Schedule 1 Part II - Officers Directors Trustees K	ev Employees, and Highest Compensated Employees

Chadula 1	Dart II .	- Officers	Directors	Tructoos	Key Employees	and Highest Compensated Empl	OVAAS

50,000

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493153007010 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Department of the Treasury ➤ Attach to Form 990. Open to Public Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** Wabash College 35-0868202 Part I **Bond Issues** (c) CUSIP # (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased (h) On (i) Pool behalf of financing issuer Yes No Yes No Yes No 41,632,000 REFINANCE 2001 AND 2003 INDIANA FINANCE AUTHORITY 35-1602316 04-29-2013 Χ Χ Χ BONDS INDIANA FINANCE AUTHORITY 35-1602316 11-05-2015 15,000,000 STUDENT HOUSING Part II **Proceeds** С D Α В 12,489,600 2,250,000 2 3 41,632,000 15,000,000 5 6 47,547,891 14.882,000 7 84,019 118,000 8 9 10 11 12 13 Yes No Yes No Yes No No Were the bonds issued as part of a current refunding issue? Χ Χ 14 Were the bonds issued as part of an advance refunding issue? Χ 15 Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Part 🎹 **Private Business Use** В C Α D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Are there any lease arrangements that may result in private business use of bond-financed Χ Cat. No. 50193E Schedule K (Form 990) 2018 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

За

b

C

d

6

8a

Part IV

а

b

C

Arbitrage

Page **2**

No

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

В

No

Х

Χ

Х

Х

Χ

Yes

C

No

0 %

Yes

Χ

No

Χ

Χ

Χ

Χ

Χ

Α

Nο

Χ

Χ

Χ

Χ

Х

Yes

Χ

В

Χ

Α

No

Χ

Χ

Χ

1611 %

Χ

Χ

Yes

Х

Χ

Х

JPMORGAN CHASE

0 %

C

No

Yes

Yes

Are there any management or service contracts that may result in private business use of bond-financed property?
If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?
Are there any research agreements that may result in private business use of bond-financed property?

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue?

Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

Page 3

No

103	110	163	140	5
	Х			

X X		

No

Yes

Nο

Yes

Schedule K (Form 990) 2018

Х		Х		
	0			

Yes

Na

No

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

Yes

Χ

No

	rint - DO NO	OT PROCES	S As Fi	led Data -					DL	N: 93	4931	5300	7010
Schedule L (Form 990 or 990-E	Ž) ► Comple	te if the org	anization a	1S with Ir nswered "Yes sc, or Form 99	on Form 9	90, Part IV, li	ines 2	5a, 2	5b, 26		MB No.		
			► Attac	h to Form 990	0 or Form 99	0-EZ.					20		8
0.1 77		⊳ Go t	o <u>www.irs.</u>	gov/Form990	for the late	st informatio	n.				Open		
Department of the Treasur Internal Revenue Service	′											ection	
Name of the organ Wabash College	zation						Er	nploy	er ide	entific	ation n	umbe	er
Wabasii College							35	-0868	3202				
				c)(3), section 5									
<u> </u>	e if the organiza ame of disqual			orm 990, Part I Relationship be		<u> </u>			rt V, III escript) Corr	ected?
1 (-)					organization				nsacti		Y		No
							+						
							+						
2 Enter the amo	unt of tax incur	red by organi	zation mana	gers or disqual	ified persons	during the yea	r unde	r sect	ion				
										\$			
3 Enter the amo	int of tax, if an	iy, on line 2, a	above, reiiii	oursed by the o	rgamzadon .		•	•		\$			
Compl report	ed an amount o	ization answe on Form 990,	ered "Yes" or Part X, line	n Form 990-EZ, 5, 6, or 22	Part V, line 3	88a, or Form 99	90, Par	rt IV,	line 26	; or if	the org	anizat	tion
(a) Name of (w	o) Relationship th organization			to or from the nization?	(e)Original principal amount	(f) Balance due	(g) defa		Appro boa	h) ved by rd or nittee?		i) Writi reeme	
			То	From	-		Yes	No	Yes	No	Yes	-	No
otal	<u> </u>			<u> Þ</u>	\$								
Part III Grant	or Assista	nce Benefit	tina Inter	ested Persoi	ns								
				es" on Form 9		line 27.							
a) Name of interes) Relationship erested perso organizat	on and the	(c) Amount o	of assistance	(d) Type	of assi	stance	e	(e) Pu	rpose o	f assi	stance
1) NOT REQUIRED	NOT	REQUIRED			65,900	SCHOLARSHI	P/FINA	NCIA	L E	DUCAT	IONAL	ASSIS	TANCE
1) NOT REQUIRED	пот				65,900	SCHOLARSHI AID	P/FINA	NCIA	L E	DUCAT	IONAL	ASSIS	STANCE
1) NOT REQUIRED	NOT				65,900		P/FIN <i>A</i>	NCIA	L E	DUCAT	IONAL	ASSIS	STANCE
1) NOT REQUIRED	NOT				65,900		P/FIN <i>A</i>	NCIA	L E	DUCAT	IONAL	ASSIS	STANCE
1) NOT REQUIRED	NOT				65,900		P/FIN <i>A</i>	ANCIA	L E	DUCAT	IONAL /	ASSIS	STANCE

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions). Return Reference Explanation SCHEDULE L. PART III FINANCIAL AID TO INTERESTED PERSONS AND/OR FAMILY MEMBERS: THE AMOUNT LISTED IN PART III REPRESENTS FINANCIAL AID THAT WAS AWARDED TO INTERESTED PERSONS AND/OR FAMILY MEMBERS. THE ONLY AMOUNTS AWARDED ARE SCHOLARSHIPS AND FINANCIAL AID AWARDS. THESE FUNDS ARE

DISBURSED BY THE COLLEGE'S FINANCIAL AID DEPARTMENT IN STRICT ADHERENCE TO ALL FEDERAL AND STATE REGULATIONS. Schedule L (Form 990 or 990-EZ) 2018

DLN: 93493153007010 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Wabash College 35-0868202 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Χ Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 3,617,418 MARKET VALUE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Χ 14,500 APPRAISED VALUE Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

efile GRAPH	IC print - DO NOT PROCESS	DLN: 9349315300701
SCHEDUL (Form 990 or EZ)	Complete to provide information for responses to Form 990 or 990-EZ or to provide any additio Attach to Form 990 or 990-E	specific questions on onal information. Z. Open to Public
Namel & the of g Wabash College 990 Schedul	e O, Supplemental Information	Employer identification number 35-0868202
Return Reference	Explanation	
FORM 990, PART VI, SECTION A, LINE 7A	CLASSES OF MEMBER OR STOCKHOLDERS: ALUMNI OF WABASH OF MINUS IS ANY PERSON WHO ATTENDED WABASH FOR AT LEAST TWO. R, ALUMNI ELECT TWO TRUSTEES TO THE BOARD. EVERY ODD-NU EE TO THE BOARD.	NO SEMESTERS. EVERY EVEN-NUMBERED YEA

990 Schedule O, Supplemental Information Return Explanation

PROCESS TO REVIEW THE FORM 990: THE AUDIT COMMITTEE CHAIRMAN, THE CONTROLLER, AND THE TREA SURER/CFO DO A DETAILED REVIEW OF THE 990. THE AUDIT COMMITTEE IS GIVEN A CHANCE TO REVIEW SECTION B, THE RETURN BEFORE IT IS GIVEN TO THE FULL BOARD. AN ELECTRONIC COPY OF THE FORM IS AVAILA BLE TO THE ENTIRE BOARD PRIOR TO FILING. AN INDEPENDENT ACCOUNTING FIRM PERFORMS A DETAILE D. REVIEW OF THE 990 PRIOR TO FILING.

990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990, PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY: CONFLICT OF INTEREST Q UESTIONNAIRES ARE SENT TO ALL BOARD MEMBERS. THE CONTROLLER REVIEWS THE COMPLETED FORMS. T HERE HAVE BEEN FEW CONFLICTS ON THE BOARD, BUT WHEN ONE DOES OCCUR, THE BOARD MEMBER RECUS ES HIMSELF FROM VOTING. THE CONFLICT OF INTEREST AND THE RECUSAL ARE NOTED IN THE MINUTES OF THE BOARD MEFTING.

990 Schedule O, Supplemental Information

Return

Reference	Explanation	
,	REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION: THE PRESIDENT'S COMPENSATION IS REVIEWED	
PART VI,	\mid AND DETERMINED ANNUALLY BY A COMPENSATION COMMITTEE CONSISTING OF THE CHAIRMAN OF THE BOA	١R

Evolunation

PART VI. SECTION B. D OF TRUSTEES AND THE CHAIRMAN OF THE EXECUTIVE COMMITTEE. THE COMMITTEE CONSIDERS DATA FR LINE 15A & OM OTHER SCHOOLS, AMONG OTHER THINGS, IN MAKING ITS REVIEW, THE PRESIDENT REVIEWS AND DETE 15B RMINES THE COMPENSATION OF THE DEANS AND THE OTHER MEMBERS OF THE PRESIDENT'S STAFE 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 REVI EWED IN JULY 2019.

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INT. POLICY, AND FINANCIAL STATEMENTS: WABASH COLLEGE'S G
PART VI, OVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO
SECTION C, THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON WABASH'S WEBSITE.
LINE 19

Return Explanation

990 Schedule O, Supplemental Information

FORM 990,	OTHER CHANGES IN NET ASSETS OR FUND BALANCES: \$ 770,764 AMORTIZATION OF NET LOSS - NET PER
PART XI,	ODIC PENSION COSTS (379,146) DEFINED-BENEFIT POSTRETIREMENT HEALTH PLAN (1,144,590) PRIOR
LINE 9	SERVICE CREDIT RECOGNIZED IN CURRENT YEAR
	SETS

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

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047 2018

DLN: 93493153007010

Open to Public Inspection

Internal Revenue Servic
Name of the organi
Wabash College

(Form 990)

Department of the Treasury **Employer identification number**

							35-0	868202				
Part I Identification of Disregarded Entities Complete	e if the organi	zation answe	ered "Yes'	" on Form	990, Part	IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary ad	ctivity	Legal dom or foreign	c) icile (state country)	(d) Total in) come	(e) End-of-year a	ssets	(f Direct col enti		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year	ır.								cause			
(a) Name, address, and EIN of related organization	Prima	(b) ry activity	Legal dom or foreig	c) nicile (state n country)	(d) Exempt Cod) le section	Public of (if section	(e) harity status on 501(c)(3))	D	(f) irect controlling entity		ity?
(1)GREAT LAKES COLLEGES ASSOCIATION INC 535 W WILLIAM NO 301	EDUC. SUP	PPORT		MI	501(C)3		12 TYPE	1	NA		Yes	No No
ANN ARBOR, MI 48103 38-1678376												
(2)INDEPENDENT COLLEGES OF INDIANA INC 30 SOUTH MERIDIAN STREET	EDUC. SUP	PORT		IN	501(C)3		12 TYPE	1	NA			No
INDIANAPOLIS, IN 46204 31-0901001												
For Paperwork Reduction Act Notice, see the Instructions for For	m 990		<u></u>	t. No. 5013	EV				C aL	edule R (Form	990) 24	118

(a) Name, address, and EII related organization	iN of n	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominincome (re unrelate excluded tax und sections 514)	nant lated, to ed, from ler 512-	(f) Share of total income			rtionate tions?	e Code amour 20 Sched	(i) V-UBI at in box O of lule K-1 a 1065)	ox managing partner?		General or managing partner?		General or managing partner?		(k) Percent owners
					1				Yes	No			Yes	No					
			+ +		+					 									
Identification of Palated Org	ranizations Tavable as a (Cornoration	or Trus	t Complete	if the ord	nanizat	tion answ	vered "Ves	" on F	orm 9	agn p:	art I\/	line	34					
V Identification of Related Orga because it had one or more relat (a) Name, address, and EIN of related organization		s a corporation	on or tru: (c) egal micile or foreign	st during th		(e Type of (C corp,	(e)	vered "Yes (f) Share of total income	Share	orm 9 (g) e of end- year assets		(h Percen owner) tage		(i) ection 5 3) cont entit				
(a) Name, address, and EIN of related organization	ted organizations treated a (b) Primary activity	s a corporation	on or trus (c) egal micile	st during th	(d) controlling	Type of (C corp, or tr	e) of entity o, S corp,	(f) Share of total	Share	(g) e of end- year		(h Percen) tage	Se (1	(i) ection 5 3) cont entity Yes				
because it had one or more related (a) Name, address, and EIN of	ited organizations treated a	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling	(e Type of (C corp,	e) of entity o, S corp,	(f) Share of total	Share	(g) e of end- year		(h Percen) tage	Se (1	entit				
(a) Name, address, and EIN of related organization	ted organizations treated a (b) Primary activity	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling	Type of (C corp, or tr	e) of entity o, S corp,	(f) Share of total	Share	(g) e of end- year		(h Percen) tage	Se (1	entity				
(a) Name, address, and EIN of related organization	ted organizations treated a (b) Primary activity	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling	Type of (C corp, or tr	e) of entity o, S corp,	(f) Share of total	Share	(g) e of end- year		(h Percen) tage	Se (1	entity				
(a) Name, address, and EIN of related organization	ted organizations treated a (b) Primary activity	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling	Type of (C corp, or tr	e) of entity o, S corp,	(f) Share of total	Share	(g) e of end- year		(h Percen) tage	Se (1	entit				
(a) Name, address, and EIN of related organization	ted organizations treated a (b) Primary activity	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling	Type of (C corp, or tr	e) of entity o, S corp,	(f) Share of total	Share	(g) e of end- year		(h Percen) tage	Se (1	entit				
(a) Name, address, and EIN of related organization	ted organizations treated a (b) Primary activity	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling	Type of (C corp, or tr	e) of entity o, S corp,	(f) Share of total	Share	(g) e of end- year		(h Percen) tage	Se (1	entity				
(a) Name, address, and EIN of related organization	ted organizations treated a (b) Primary activity	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling	Type of (C corp, or tr	e) of entity o, S corp,	(f) Share of total	Share	(g) e of end- year		(h Percen) tage	Se (1	entit				
(a) Name, address, and EIN of related organization	ted organizations treated a (b) Primary activity	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling	Type of (C corp, or tr	e) of entity o, S corp,	(f) Share of total	Share	(g) e of end- year		(h Percen) tage	Se (1	entit				
(a) Name, address, and EIN of related organization	ted organizations treated a (b) Primary activity	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling	Type of (C corp, or tr	e) of entity o, S corp,	(f) Share of total	Share	(g) e of end- year		(h Percen) tage	Se (1	entit				

Page **3**

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
С	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
	Loans or loan guarantees to or for related organization(s)	1 d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1 f		No
	Sale of assets to related organization(s)	1 g		No
	Purchase of assets from related organization(s)	1h		No
	Exchange of assets with related organization(s)	1i		No
	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
	Sharing of paid employees with related organization(s)	10		No
n	Reimbursement paid to related organization(s) for expenses	1p		No

m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)			1o No						
p Reimbursement paid to related organization(s) for expenses			1p No						
q Reimbursement paid by related organization(s) for expenses			1q No						
${f r}$ Other transfer of cash or property to related organization(s)			1r Yes						
f s Other transfer of cash or property from related organization(s)			1s Yes						
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.									
(a) Name of related organization	(b) (c) Transaction Amount involved type (a-s)	(d) Method of determining amount involved							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity		sections 512-		section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	?	(k) Percentage ownership
			514)	Yes	No		<u> </u>	Yes	No		Yes	No	ı
										Schedul	e R (Form	1 990	0) 2018

chedule R (Form 990) 2018			e 5			
Part VII	Supplemental Information					
Provide additional information for responses to questions on Schedule R (see instructions).						
Return Reference		Explanation				