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# =orm **990**

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

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

2009

OMB No 1545-0047

Open to Public Inspection

Form 990 (2009)

		Service	ganization may have to use a copy o	•	e reporting	requirements	Inspection		
			r, or tax year beginning 01-01-2009 C Name of organization	and ending 12-31-2009		D Employer ider	ntification number		
_	ck if a <sub>l</sub> ress ch	nange use IRS	WELLS COUNTY FOUNDATION INC			35-6042815	5		
_	ne chai	label or	Doing Business As			E Telephone nu			
_	al retui	type. See				(260) 824-8	620		
_	minated	Instruc-	Number and street (or P O box if mail is 360 N MAIN ST SUITE C	not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$			
	ended i	return n pending	City or town, state or country, and ZIP + BLUFFTON, IN 46714	4					
744	ilcation		l ne and address of principal officer				_		
			JOHNSON		<b>H(a)</b> Is this affiliat	s a group return tes?	for		
			N MAIN ST FON,IN 46714						
		B2011	1011,111 40714			affiliates include			
Tax	k-exem	npt status 🔽 501(c	) ( 3 ) ◀ (Insert no )	527		p exemption nur	(see instructions) nber ►		
W	ebsit e	∷► www wellscour	ntyfound org						
			tion Trust Association Other ►		L Year of for	mation 1957 M	State of legal domicile II		
Pai	rt I								
	1	•	e organization's mission or most sigi UNDATION ESTABLISHED TO ENH		D FUTURE	OUALITY OF L	FE OF THE WELLS		
ņ		COUNTY, IN COM							
Governance									
ĬĬ.									
Š	2	Check this box 📭	if the organization discontinued its	operations or disposed of	more than 2	25% of its net a	ssets		
		•	nembers of the governing body (Part				;		
ACUMUES Q		_	ident voting members of the governin						
			nployees (Part V, line 2a)						
2	6	Total number of vo	olunteers (estimate if necessary) .			6			
			ted business revenue from Part VIII			7a			
	ь	Net unrelated bus	ness taxable income from Form 990	-T, line 34	7b				
					Prio	Year	Current Year		
	8	Contributions and	d grants (Part VIII, line 1h)			397,646	328,85		
ile ile	9	Program service	revenue (Part VIII, line 2g)		,	·			
Revenue	10		me (Part VIII, column (A), lines 3, 4,		300,313	-437,638			
ä	11	Other revenue (P	art VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		15,758	6,53		
	12	Total revenue—a	dd lines 8 through 11 (must equal Pa	rt VIII, column (A), line					
						713,717	-102,25		
	13		ar amounts paid (Part IX, column (A)	· ·		673,580	404,43		
	14		or for members (Part IX, column (A),						
8	15	Salaries, other co	ompensation, employee benefits (Par	t IX, column (A), lines 5-		101,405	107,02		
Expenses	16a	,	raising fees (Part IX, column (A), lin	e 11e)		,			
e do	ь		enses (Part IX, column (D), line 25) ▶ 79,42						
Ω	17		(Part IX, column (A), lines 11a-11d,			111,587	129,11		
	18	•	Add lines 13-17 (must equal Part IX	•		886,572	640,56		
	19		penses Subtract line 18 from line 12			-172,855	-742,81		
× 00		Nevende less ex	Jenses Submust line 19 hom line 12		Beginning	of Current	·		
net Assets of Fund Balances		_			Y	ear	End of Year		
Ba Ba	20		rt X, line 16)			11,574,703	14,186,36		
end (	21	•	Part X, line 26)			884,062	895,42		
	22		d balances Subtract line 21 from lin		10,690,641	13,290,93			
Par	t II	Signature Bl							
			erjury, I declare that I have examined this re- correct, and complete Declaration of prepare						
		ļ							
Sign		***** Signature of office	ar.		2010-0 Date	08-05			
dere	•	'			Date				
		BRAD JOHNSON Type or print nam							
		T Type of print half	I I						
		Preparer's Brad F	Johnson CPA	Date Che self	ck ıf -	Preparer's identify (see instructions)	ring number		
Paid	_	Signature P Brad 1			oolyed 🕨 🦵				
•	rer's	Firm's name (or your if self-employed),	Honegger Ringger & Co Inc		EIN ►				
Jse C	nly	address, and ZIP + 4	1905 N Main Street						
			Bluffton, IN 46714			Phone no ▶ (26	0) 824-4107		
 √av t	he IR:	S discuss this retu	rn with the preparer shown above? (s	ee instructions)			ΓYes ΓNo		

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

CHARITABLE FOUNDATION ESTABLISHED TO ENHANCE THE PRESENT AND FUTURE QUALITY OF LIFE OF THE WELLS COUNTY, IN COMMUNITY

4e	Total program service expenses►\$	444.11	3		
	(Expenses \$	including grants of	<sup>-</sup> \$	) (Revenue \$	)
4d	Other program services (Describe i	ın Schedule O )			
4c	(Code ) (Expenses \$	5	including grants of \$	) (Revenue \$	)
	PURSUANT TO THE PURPOSE OF DONOR IN	TENTIONS AND BY FUNDI	NG PROGRAMS OR PROJEC	TS THAT IMPROVE THE COMMUNITY	
-TU	PROVIDE BENEFITS AND DEVELOPMENT OF	THE WELLS COUNTY COM	MUNITY BY PROVIDING OPE	RATIONAL FUNDING FOR QUALIFIED O	, CHARITABLE ORGANIZATIONS
4b	(Code ) (Expenses \$	5 123,088	ıncludıng grants of \$	105,497 ) (Revenue \$	1
	AWARD SCHOLARSHIPS TO WELLS COUNTY	RESIDENTS TO ASSIST IN	PURSUING POST-SECONDA	ARY EDUCATION 125 STUDENTS RECE	IVED SCHOLARSHIPS IN 200
4a	(Code ) (Expenses \$	321,025	ıncludıng grants of \$	298,934 ) (Revenue \$	)
7	Describe the exempt purpose achieve Section 501(c)(3) and 501(c)(4) orgaliocations to others, the total expensions	anızatıons and sectio	on 4947(a)(1) trusts a	re required to report the amoun	
4	If "Yes," describe these changes on S		o organization's three	lorgoot program comuses by sy	nanaa
	services?				Yes ✓ No
3	Did the organization cease conductin		t changes in how it cor	nducts, any program	
	the prior Form 990 or 990-EZ? . If "Yes," describe these new services				Yes ▼ No
	Did the organization undertake any si			which were not listed on	🗔

Dart TV	Chackli	ct of Do	auirad	Schedules
2 II T V A	CHECKII	SL UI KE	:uuneu	ociieuuie:

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
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		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No	ļ	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	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? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Complia
---

			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable						
	<b>1a</b> 5						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		N o			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο			
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νο			
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			
Ь	If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο			
c	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?						
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?						
b	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?						
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		N o			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N o			
	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο			
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			N -			
9	Sponsoring organizations maintaining donor advised funds.	8		N o			
	Did the organization make any taxable distributions under section 4966?	9a		Νο			
b	b Did the organization make a distribution to a donor, donor advisor, or related person?						
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No			
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						

360 N MAIN ST SUITE C BLUFFTON, IN 46714 (260) 824-8620

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body   1a   16			
ь	Enter the number of voting members that are independent 1b 12			
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		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
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
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		Νο
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
c	to conflicts?	12b	Yes	
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		N o
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►IN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website V Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	n 🕨
	IIII WORDEN			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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 the organization did no		ite any (	curre	nt oı	forr	nero	fficei	r, dırector, trustee o	or key employee	
(A) Name and Title	(B) A verage hours	Posi t	(( tion ( hat a	che		I		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
VICKI HANSELMAN Director		х						0	0	0
TIMOTHY BABCOCK President		х		х				0	0	0
TED ELLIS Director		х						0	0	0
TAMMY SLATER EXEC DIRECTOR	40 00				Х			48,000	0	0
STEPHANIE DAVIS Director		х						0	0	0
SANDY GARCIA Director		х						0	0	0
RICK SINGER Director		х						0	0	0
PHIL SWAIN Director		х						0	0	0
PETER CONFER Director		х						0	0	0
MIKE CHANEY Vice President		х		х				0	0	0
LAURA GENTIS Director		х						0	0	0
KIM GENTIS Director		х						0	0	0
GRACE BAUMGARTNER DIRECTOR		х						0	0	0
GLENNIS DICK Secretary		х		х				0	0	0
DR THOMAS STOGDILL Director		х						0	0	0
DEREK MYERS Director		х						0	0	0
BRAD JOHNSON Treasurer		х		х				0	0	0

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

(A) Name and Title	(B) Average hours	Posit	(C tion ( hat a	chec		I		<b>(D)</b> Reportable compensation	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)		compensation from the organization and related organizations
1b Total			<u> </u>			<u>.                                    </u>	<b> </b>	48,000		
Total number of individuals (include \$100,000 in reportable compensations)	ng but not l	ımıted t	o tho	se lı		above	e) wh	o received more tha	an	

			.03	110
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_		
	marviada	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

1	Complete this table for your five highest compensated independent contractors that received more than
	\$100,000 of compensation from the organization

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

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►0

Form 9	•	·						Page <b>9</b>
Part	<b>/</b>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
まま	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	Ь	Membership du						
ts, g	C	Fundraising eve						
<u>ja</u> je	d		zations 1d	-				
ins, sim	e	Government grants	·					
utic er	f	All other contribute similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	328,854				
き	g	2	butions included in 43,009					
Š	h	IIIIes Ia-II \$ _		▶	328,854			
	-			Business Code				
Program Serwce Revenue	2a			Business code				
93. 93.	ь							
е. П	c							
er Er	d							
ج د	e							
ी ख	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f		0			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)		210,509			210,509
	4		stment of tax-exempt bond	proceeds	0			
	5	Royalties	(1) Pool	(u) Darsanal	U			
	6a	Gross Rents	(ı) Real	(II) Personal				
	Ь	Less rental						
	l c	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	11,687,453	910				
	ь	Less cost or other basis and sales expenses	12,336,118	392				
	c	Gain or (loss)	-648,665	518				
	d	Net gain or (los		▶	-648,147			-648,147
nue	8a	events (not inc \$						
Other Revenue			s reported on line 1c) ne 18 a					
<del>j</del> e	ь	Less direct ex	penses <b>b</b>					
ಕ	С	Net income or (	(loss) from fundraising	events 📂	0			
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	b c		penses <b>b</b> (loss) from gaming acti		0			
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oods sold <b>b</b>					
	c		(loss) from sales of inve	entory 📂	0			
		Miscellaneous	s Revenue	Business Code				
	11a	OPERATING F	EES		5,764	5,764		
	Ь	MISCELLANEC	OUS INCOME		766	766		
	C .							
	d	All other reven						
	12	Total revenue			6,530			
	12	iotai revenue.	See Instructions .	· · · [	-102,254	6,530		-437,638

	990 (2009)				Page <b>10</b>
Part	IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to $\alpha$			(D)	
Do no	other organizations must complete column (A) but are not required to co ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	105,497		3	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	298,934	298,934		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	290,934			
4	Benefits paid to or for members	0		]	
5	Compensation of current officers, directors, trustees, and key employees	48,000	16,000	16,000	16,000
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	51,417	16,682	25,708	9,027
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	7,606		3,191	1,915
		7,000	2,300	3,191	1,913
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	1,512		1,512	
С	Accounting	31,588		31,588	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	8,561		8,561	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	12,850		12,850	
17	Travel	600		600	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,807		1,807	
23	Insurance	2,597		2,597	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Equipment Rental & Maintanence	5,349		5,349	
ь	DUES & FEES	2,461		2,461	
c	DONOR DEVELOPMENT	11,435			11,435
d	AMORTIZATION	41,044			41,044
e	ADMINISTRATION FEES	4,500			
f	All other expenses	4,806	,	4,806	
25	Total functional expenses. Add lines 1 through 24f	640,564		117,030	79,421
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in	0+0,304	774,113	117,030	77,421
	column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) End of vear Beainning of vear 1.550 17.386 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 1,102,789 2 807.550 2 3 0 3 4 4 0 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 0 0 Notes and loans receivable, net . . . . . 8 0 Inventories for sale or use . . . . . . 14,739 44,218 9 Land, buildings, and equipment cost or other basis Complete 58.314 10a 10a Part VI of Schedule D 3,668 **10c** 10b 27.885 30.429 b Less accumulated depreciation . . . . 10.383.119 11 13.029.715 11 12 0 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 0 13 Investments—program-related See Part IV, line 11 . . 14 14 0 39.359 15 286.542 15 16 11,574,703 16 14,186,361 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 2.441 17 2.379 17 Accounts payable and accrued expenses . 139,352 60,381 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 742.269 25 Other liabilities Complete Part X of Schedule D . . . . . 25 832,669 26 **Total liabilities.** Add lines 17 through 25 . . . . . 884,062 26 895,429 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. -415.310 1.046.901 27 27 Unrestricted net assets . . . . 28 2.862.871 28 3.739.469 Temporarily restricted net assets . . . . . Fund 8.243.080 29 8 504 562 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances . . . . . 10,690,641 33 33 13,290,932 34 Total liabilities and net assets/fund balances . . . . . 11.574.703 34 14.186.361

### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		No

Form **990** (2009)

## OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

Inspection

Employer identification number

WELLS COUNTY FOUNDATION INC 35-6042815 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other ┌ Type I **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	Type of organization (described on lines 1- 9 above or IRC section (see	(iv)  Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (I) orga in the U	on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									
Total									

# Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

<u> </u>	ection A. Public Support	ou checked the	box on line 5, 7	, or 8 or Part I	.)			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2	009	<b>(f)</b> Total
1	In) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	615,17	2 1,022,514	514,090	1,222,426		383,204	3,757,406
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to							0
	the organization without charge							
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a	615,17	2 1,022,514	514,090	1,222,426		383,204	3,757,406
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							1,062,546
6	Public Support. Subtract line 5 from	ı						2,694,860
	line 4 ection B. Total Support							
	endar year (or fiscal year	( ) 2005	(1) 2006	( ) 2007	( D 2000	( ) 2 2		
	beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 20	.09	<b>(f)</b> Total
7	A mounts from line 4	615,172	425,186	514,090	1,222,426		383,204	3,757,406
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	388,805	425,186	441,706	300,627		207,078	1,763,402
9 10	Net income from unrelated business activities, whether or not the business is regularly carried on Other income (Explain in Part							0
10	IV ) Do not include gain or loss from the sale of capital assets				9,100		766	9,866
11	Total support (Add lines 7 through 10)							5,530,674
12	Gross receipts from related activiti					12		
13	First Five Years If the Form 990 is check this box and stop here			thırd, fourth, or fı	fth tax year as a !	501(c)(3	) organız	ation, ▶┌
<u> </u>	ection C. Computation of Pub Public Support Percentage for 200°			11 column (fi)		44		49.730.00
15	Public Support Percentage for 2003	•		colaiiii (1))		14		48 730 %
	33 1/3% support test—2009. If the			on line 12 and l	ino 14 io 22 1/20/	15 or more	chack t	48 7 3 0 %
b	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test	alifies as a public organization did n qualifies as a p — <b>2009.</b> If the org	ly supported orga not check the box ublicly supported anization did not c	nization c on line 13 or 16 organization check a box on lin	a, and line 15 is 3 e 13, 16a, or 16b	33 1/3% and line	or more, o	►V
	is 10% or more, and if the organiza in Part IV how the organization med organization	ets the "facts and	d circumstances"	test The organiza	ation qualifies as a	a publicly	y support	ed ▶┌
Ь	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza	nızatıon meets th	e "facts and cırcu	mstances" test, c	heck this box and	stop he	ere.	
18	supported organization  Private Foundation If the organizations	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this b	oox and s	5 <b>e e</b>	►⊏ ►⊏

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

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

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493217004050

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Name of the organization **Employer identification number** 

WE	LLS COUNTY FOUNDATION INC			35-6	504281!	5		
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 99		milar Fu				Comple	te if the
	organization answered Tes to Form 9.	(a) Donor advised fund	s	(	<b>b)</b> Fund	s and ot	heraccou	ınts
1	Total number at end of year		11					
2	Aggregate contributions to (during year)		450					
3	Aggregate grants from (during year)		9,719					
4	Aggregate value at end of year		505,046					
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the			or advi	sed		✓ Yes	Г№
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit					e	✓ Yes	┌ No
Pa	rt III Conservation Easements. Complete	if the organization answere	d "Yes" to	Form	1 990, F	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the o					,		
	Preservation of land for public use (e g , recreat	on or pleasure)  Preserva	ation of an l	hıstorı	cally ım	portantly	y land are	а
	Protection of natural habitat	Preserva	ation of a c	ertified	l historic	c structı	ure	
	Preservation of open space							
2	Complete lines 2a-2d if the organization held a qual	ıfıed conservatıon contrıbutıon ı	n the form (	of a co	nservat	ion		
	easement on the last day of the tax year		г	I				
_	Total number of conservation easements		-	<b>-</b> -	Held	at the E	nd of the	Year
a	Total acreage restricted by conservation easements		-	2a 2b				
b	Number of conservation easements on a certified his		-					
c d	Number of conservation easements included in (c) a	• • •	-	2c 2d				
3	Number of conservation easements modified, transfe	rred, released, extinguished, or	terminated	by th	e organı	zation di	uring	
	the taxable year 🛌							
4	Number of states where property subject to conserv	ation easement is located 🛌		_				
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ction, handl	ling of	violation	ns, and	☐ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservat	ion easeme	ents du	ırıng the	year ►		
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation (	easements	durıng	the yea	ır <b>►</b> \$		
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requireme	nts of sect	ion			☐ Yes	┌ No
9	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to the organization'						
Par	Complete if the organization answered			r Oth	ıer Sin	nilar A	ssets.	
<b>1</b> a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	116, not to report in its revenu for public exhibition, education	e statemer or researcl	h ın fuı				e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or i						
	(i) Revenues included in Form 990, Part VIII, line 1				<b>►</b> \$	;		
	(ii) Assets included in Form 990, Part X				<b>►</b> \$			
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		r assets for	r finan	·			
а	Revenues included in Form 990, Part VIII, line 1				<b>►</b> \$	. <u></u> _		
Ь	Assets included in Form 990, Part X				<b>▶</b> ¢			
	in manage in total projetally				- Ψ			

Using the organization's accession and other records, check any of the following that are a significant use of its collitems (check all that apply)    Public exhibition	se in	Yes	┌ No
b Scholarly research  c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose Part XIV  5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table	Г <b>у</b> n 990,	,	┌ No
Provide a description of the organization's collections and explain how they further the organization's exempt purpose Part XIV  During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table	Г <b>у</b> n 990,	,	┌ No
Provide a description of the organization's collections and explain how they further the organization's exempt purpose Part XIV  During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIV and complete the following table	Г <b>у</b> n 990,	,	┌ No
Part XIV  During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Forn Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIV and complete the following table	Г <b>у</b> n 990,	,	┌ No
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table	n 990,	,	□ No
Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table			
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table		Yes	
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table	<b>□</b> \	Yes	
			┌ No
	A mour	nt	
C Beginning balance			
d Additions during the year			
e Distributions during the year 1e			
f Ending balance			
a Did the organization include an amount on Form 990, Part X, line 21?	<b>Γ</b> γ	Yes	┌ No
<b>b</b> If "Yes," explain the arrangement in Part XIV			
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 1			
(a)Current Year (b)Prior Year (c)Two Years Back (d)Three Years Back (a) Reginning of year balance 7,753,989 10,942,913	ack (e)	Four Ye	ears Back
	+		
2 Continuations 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	+		
52.550	+		
d Grants or scholarships	+		
and programs			
<b>f</b> Administrative expenses 92,939 118,607			
<b>g</b> End of year balance			
Provide the estimated percentage of the year end balance held as			
a Board designated or quasi-endowment ► 1 340 % %			
<b>b</b> Permanent endowment ► 98 660 % %			
C Term endowment ▶ %			
a Are there endowment funds not in the possession of the organization that are held and administered for the			
organization by	[	Yes	No
· · · · · · · · · · · · · · · · · · ·	3a(i)		No
(1)	3a(ii)		No
<b>b</b> If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?	3b		No
Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.			
Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other) depreciation		( <b>d)</b> Bo	ook value
<b>a</b> Land	-+		
<b>b</b> Buildings			
c Leasehold improvements			
	27,885		30,429
<b>e</b> Other			

30,429

Part VIII Investments—Other Securities. See	Form 990, Part X, line 13		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	ļ ,	Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
	_		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se		13	
		(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
		·	
	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15. otion		
Part IX Other Assets. See Form 990, Part X, III  (a) Description  Total. (Column (b) should equal Form 990, Part X, col.(B) line	ne 15. otion	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  (5.)  (7.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	ne 15. otion		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	15.) (, line 25.  (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	ne 15. ption  (5.)  (7.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line :  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CUSTODIAL LIABILITIES	15.) (, line 25.  (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CUSTODIAL LIABILITIES  ANNUITY LIABILITY	15. otion (5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CUSTODIAL LIABILITIES  ANNUITY LIABILITY	(5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CUSTODIAL LIABILITIES  ANNUITY LIABILITY	(5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CUSTODIAL LIABILITIES  ANNUITY LIABILITY	(5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CUSTODIAL LIABILITIES  ANNUITY LIABILITY	(5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CUSTODIAL LIABILITIES  ANNUITY LIABILITY	(5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CUSTODIAL LIABILITIES  ANNUITY LIABILITY	(5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CUSTODIAL LIABILITIES  ANNUITY LIABILITY	(5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CUSTODIAL LIABILITIES  ANNUITY LIABILITY	(5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CUSTODIAL LIABILITIES  ANNUITY LIABILITY	(5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line :  Part X Other Liabilities. See Form 990, Part X	(5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CUSTODIAL LIABILITIES  ANNUITY LIABILITY	(5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CUSTODIAL LIABILITIES  ANNUITY LIABILITY	(5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CUSTODIAL LIABILITIES  ANNUITY LIABILITIES  AGENCY LIABILITIES	(5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  CUSTO DIAL LIABILITIES  ANNUITY LIABILITY	(5.)		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-102,254
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	640,564
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-742,818
4	Net unrealized gains (losses) on investments	4	3,343,109
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	3,343,109
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	2,600,291
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	3,240,855
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		-,= ,
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	3,343,109
3	Subtract line <b>2e</b> from line <b>1</b>	3	-102,254
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	-102,254
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial		640,564
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
ر م	Other losses		
d e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	640,564
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	-	040,304
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	640,564
			5.5,504

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

Ident if ier	Return Reference	Explanation
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	UNREALIZED LOSS ON INVESTMENTS \$ -0
•	endowment fund	THE FOUNDATION HOLDS SEVERAL ENDOWED FUNDS THAT WERE CREATED BY DONORS OR SET ASIDE BY THE FOUNDATION TO INVEST AND CREATE INCOME AVAILABLE TO BE SPENT ON ENHANCING THE PRESENT AND FUTURE QUALITY OF LIFE OF THE WELLS COUNTY, IN COMMUNITY THE ENDOWED FUND BALANCES ARE NOT INTENDED TO BE SPENT BY THE FOUNDATION SOME FUNDS MAY TARGET DIFFERENT AREAS OR CATEGORIES IN THE COMMUNITY SUCH AS HISTORY, ARTS, YOUTH, RECREATION, ETC

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Schedule I (Form 990)

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

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

► Attach to Form 990

OMB No 1545-0047

2009

DLN: 93493217004050

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization
WELLS COUNTY FOUNDATION INC

Employer identification number

35-6042815

Dart T	General Information on Grants and Assistance	
	deneral intolliation on diants and Assistance	

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**▶** □

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLS COUNTY PUBLIC LIBRARY200 W WASHINGTON ST BLUFFTON,IN 46714	356000258	501(C)(3)	8,100	0	воок		YOUNG ADULT PROGRAMS & ONE BOOK PROJ
RILEY CHILDRENS FOUNDATION 30 S MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 46204	350868147	501(C)(3)	10,500	0	воок		REPLENISH FUNDS AVAILABLE FOR WELLS CO KIDS
JUNIOR ACHIEVEMENT OF NORTHERN INDIANA601 NOBLE DRIVE FORT WAYNE, IN 46825	841267604	501(C)(3)	6,000	0	воок		JA PROGRAMS IN WELLS CO SCHOOLS
HOUSE OF HOPE OF NORTHEAST INDIANA417 S MAIN ST PO BOX 311 BLUFFTON,IN 46714	711019116	501(C)(3)	5,750	0	воок		ALIVE & WELL PROGRAMMING
FORT WAYNE PHILHARMONIC4901 FULLER DRIVE FORT WAYNE IN 46835	350791163	501(C)(3)	8,800	0	воок		PATRIOTIC POPS AND EDUCATIONAL CONCERTS

2	Enter total number of section $501(c)(3)$ and government organizations .												<b>•</b>	 5

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS FOR STUDENTS FROM WELLS COUNTY, IN	125	298,934		воок	
See Addıtıonal Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.										
Ident if ier	Return Reference	Explanation								
Grantmaker's Description of How Grants are Used		ORGANIZATIONS RECEIVING GRANTS ARE SENT A LETTER FROM THE FOUNDATION TO NOTIFY THEM THAT THERE GRANT WAS APPROVED THE FOUNDATION INCLUDES A GRANT AGREEMENT WITH THIS LETTER THAT THE ORGANIZATIONS SIGN AND RETURN WHEN THEY ARE READY TO RECEIVE THEIR GRANT MONEY AFTER THE GRANT MONEY IS USED, THE ORGANIZATIONS ARE REQUIRED TO SEND INVOICES, PICTURES, OR PUBLICITY TO SHOW THE FOUNDATION HOW THE MONEY WAS SPENT FOUNDATION EMPLOYEES FOLLOW UP WITH ORGANIZATIONS RECEIVING GRANTS IF THEY DO NOT RECEIVE INFORMATION ON HOW THE MONEY WAS SPENT								
Additional Supplemental Information		SCHEDULE I PART IIITHE FOUNDATION ANNUALLY AWARDS SEVERAL SCHOLARSHIPS TO ALLOW THE RECIPIENTS TO PROMOTE HIGHER EDUCATION LEVEL AMONG AREA RESIDENTS MANY DIFFERENT SCHOLARSHIP PROGRAMS ARE AVAILABLE DEPENDING ON THE FIELD OF INTEREST THAT WAS SPECIFIED BY THE INDIVIDUALS WHO DONATED FUNDS TO ESTABLISH THE PARTICULAR PROGRAM THE SCHOLARSHIPS ARE PUBLICLY ADVERTISED AND AWARDED IN ALL AREA SCHOOLS WHICH AREA RESIDENTS ARE ENROLLED THE SELECTION OF MANY OF THE SCHOLARSHIPS IS BASED ON INDIVIDUAL JUDGMENTS MADE BY A CONTRACTED, INDEPENDENT, NON-LOCAL PROFESSIONAL WHO THEN ADVISES THE BOARD OF HIS OR HER RECOMMENDATIONS THERE ARE SEVERAL SCHOLARSHIP PROGRAMS FOR WHICH EACH AREA SCHOOL'S SCHOLARSHIP SELECTION COMMITTEE DETERMINES THE RECIPIENT(S) FOR THAT PARTICULAR PROGRAM THE SCHOLARSHIP COMPETITION CONSIDERS A WIDE RANGE OF CRITERIA INCLUDING PAST ACADEMIC RECORD, EXTRA-CURRICULAR ACTIVITIES, COMMUNITY INVOLVEMENT, ACADEMIC AND SOCIAL PROGRESS, AND SCORES ON NATIONAL STANDARDIZED TESTS (SAT, ACT) THE FOUNDATION'S GRANT COMMITTEE DOES SELECT INDIVIDUALS FOR SOME OF THE SCHOLARSHIPS, BUT ULTIMATELY, THE BOARD OF DIRECTORS APPROVES THE RECOMMENDATIONS FROM THE SCHOLARSHIPS, BUT ULTIMATELY, THE BOARD OF DIRECTORS APPROVES THE RECOMMENDATIONS FROM THE SELECTION SOURCES AS WITH ALL MATTERS REQUIRING BOARD APPROVAL, ALL CONFLICTS OF INTEREST ARE OPENLY DISCLOSED AND IF ANY BOARD MEMBER HAS HAD A PART IN DETERMINING A RECIPIENT, HE OR SHE IS REQUIRED TO ABSTAIN FROM VOTING THE SCHOLARSHIP AWARDS RANGE FROM ONE-TIME AWARDS TO FOUR-YEAR RECURRING AWARDS IN ANY CASE, THOUGH, THE SCHOLARSHIP AWARDS FOOR REIMBURSEMENT FOR BOOKS AND REQUIRED EQUIPMENT ALL TUITION AND FEES AND SUBMIT RECEIPTS FOR REIMBURSEMENT FOR BOOKS AND REQUIRED EQUIPMENT ALL TUITION PAYMENTS ARE MADE PAYABLE ONLY TO THE EDUCATIONAL INSTITUTION								

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DLN: 93493217004050

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Transactions with Interested Persons** 

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

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

Open to Public Inspection

Name of the organization WELLS COUNTY FOUNDATION INC					Employer ide	nt if icat ion	number	r
					35-6042815	<u>;                                    </u>		
Part I Excess Benefit Trai	•							
Complete if the organizat	ion answered "Y	'es" on Form 990,	Part IV, line 25a c	or 25b, or Fo	orm 990-EZ, Pa	rt V , line 4		
<b>1</b> (a) Name of disq	ualıfıed person		<b>(b)</b> Desc	ription of tr	ansaction		(c) Co	
							Yes	No
2 Enter the amount of tax impos section 4958	ed on the organi	ızatıon managers (	or disqualified perso	ons during t	he year under	¢		
3 Enter the amount of tax, If any	on line 2 abov	e reimbursed by t	the organization		•	¢ ———		
2 Enter the amount of tax, if any	, 011 11110 2, 4001	e, remiburacu by t	ine organization :		• • • •	<u> </u>		
Part II Loans to and/or								
Complete If the organiz	zatıon answered	"Yes" on Form 99	00, Part IV, line 26	, or Form 99		ıne 38a		
	( <b>b)</b> Loan to			<b>(e)</b> In	( <b>f)</b> Approved	1 (	<b>g)</b> Writte	• n
(a) Name of interested person and	or from the	(c)O riginal	(d)Balance due	default?	by board o	-	greemen	
purpose	organization?	principal amount			committee	<u>;</u> ?		
	To From			Yes N	o Yes	No '	Yes	No
Total		<b>&gt;</b> s				1		
Part IIII Grants or Assistar	nce Benefitti	ng Interested	Persons.		I			
Complete if the orga	inization answ	ered "Yes" on F	orm 990, Part IV	', line 27.				
(a) Name of interested pers	on (b	•	ween interested per	son (c	<b>)</b> A mount of gran	nt or type /	of assist	tance
			organization			<b>/ F</b> -		
MEGAN CONFER		IGHTER OF BOAF			OLARSHIP			
ANDREA SINGER MARCI WORDEN		IGHTER OF BOAF IGHTER OF FOUN			OLARSHIP			
WELLS COUNTY PUBLIC LIBRARY		C DIR IS ON GRA		SCH	OLARSHIP			0 1 0
WELLS COUNTY PUBLIC LIBRARY	EXE	C DIR 15 ON GRA	THE S COMM					8,10
Part IV Business Transact	tions Involvi	na Interested	Persons.					
Complete if the orga				, line 28a,	, 28b, or 28c.			
	(b)	Relationship		_			<b>(e)</b> Sh	arıng
(a) Name of interested perso	n	een interested	(c) A mount of	<b>(d)</b> D	escription of tra	ansaction	_	zation'
(, 5	per	rson and the	transaction	(=, 0				nues?
	01	rganızatıon					Yes	No

**Employer identification number** 

35-6042815

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury

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

**NonCash Contributions** 

Internal Revenue Service Name of the organization WELLS COUNTY FOUNDATION INC

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d rever	etermı	nıng	
1	Art—Works of art	- ' '		1				
	Art—Historical treasures .			1				
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
_	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
0	Securities—Closely held stock							
1	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
.3	Qualified conservation contribution—Historic structures							
4	Qualified conservation contribution—Other							
.5	Real estate—Residential .							
6	Real estate—Commercial	Х	1	242,899	SEE PART II			
7	Real estate—Other							
8	Collectibles							
9	Food inventory							
0	Drugs and medical supplies .							
1	Taxidermy							
2	Historical artifacts							
	Scientific specimens							
4	Archeological artifacts							
5	O ther ▶ ()							
6	O ther ► ()							
7	O ther ►()							
8	O ther ► ()							
9	Number of Forms 8283 received for which the organization comp				29			1
_	5				4 20 11 1 1		Yes	No
va	During the year, did the organiza							
	must hold for at least three year for exempt purposes for the enti			on, and which is not require	d to be used	30a		No
b	If "Yes," describe the arrangem	ent in Part I	II					
1	Does the organization have a gif	ft acceptan	ce policy that requires the	review of any non-standard	contributions?	31		No
2a	Does the organization hire or us contributions?	e third part	ies or related organizations	s to solicit, process, or sell i	non-cash	32a		Νo
h	If "Yes," describe in Part II					J24		
	If the organization did not report	revenues i	n column (c) for a type of n	property for which column (a)	) is checked			
_	describe in Part II		Jordanii (c) for a type of p		, is checked,			

Page 2

#### Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Attach to Form 990.

2009

Open to Public
Inspection

Name of the organization WELLS COUNTY FOUNDATION INC

Employer identification number

35-6042815

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE TO PUBLIC UPON REQUEST
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	EXECUTIVE COMMITTEE MEETS ANNUALLY TO EVALUATE PERFORMANCE OF EXECUTIVE DIRECTOR COMMITTEE DISCUSSES WHAT THE EXECUTIVE DIRECTOR HAS DONE WELL OVER THE PAST YEAR AND WHAT COULD BE IMPROVED ON OR FOCUSED ON IN THE UPCOMING YEAR THE COMMITTEE WILL SET COMPENSATION LEVEL AND IN THE PAST HAS COMPARED TO SIMILAR SIZE COMMUNITY FOUNDATIONS HOURLY WAGES OF OTHER TWO EMPLOYEES ARE FIRST EVALUATED BY EXECUTIVE DIRECTOR WHO RECOMMENDS AN HOURLY RATE TO THE EXECUTIVE COMMITTEE EXECUTIVE COMMITTEE MEETS ANNUALLY TO REVIEW THESE EVALUATIONS AND DISCUSS THE HOURLY RATES THE COMMITTEE SETS THE HOURLY RATES OF THESE EMPLOYEES
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	DIRECTORS ABSTAIN FROM VOTES DURING BOARD MEETINGS THAT WOULD CREATE A CONFLICT OF INTEREST
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	ALL FINANCE COMMITTEE MEMBERS RECEIVED A COPY OF THE FORM 990. THE COMMITTEE MET TO DISCUSS THE FORM 990. AND ANSWER ANY QUESTIONS ANY OF THE COMMITTEE MEMBERS HAD

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 35-6042815

Name: WELLS COUNTY FOUNDATION INC

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Equipment Rental & Maintanence	5,349		5,349	
DUES & FEES	2,461		2,461	
DONOR DEVELOPMENT	11,435			11,435
AMORTIZATION	41,044			41,044
ADMINISTRATION FEES	4,500	4,500		