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DLN: 93493305013053

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

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

2012

OMB No 1545-0047

Open to Public Inspection

			C Name of organization	1-2012	D Employe	r idor	ntification number
	eck ıf a _l dress ch	pplicable	WAYNE COUNTY INDIANA FOUNDATION INC				
_		_	Doing Business As		35-140	6033	3
_	me cha	-					
_	tial retu rminate		Number and street (or P O box if mail is not delivered to street address) Room/su 33 SOUTH 7TH STREET	ite	E Telephon		
_ Am	nended	return	City or town, state or country, and ZIP + 4		(765)9	62-1	638
⊢ _{Ap}	plication	n pending	RICHMOND, IN 47374		G Gross red	eipts \$	4,598,083
			F Name and address of principal officer	H(a)	Is this a group r	<u> </u>	
			STEPHEN C BORCHERS	(=)	affiliates?	ccarri	「Yes ▽ No
			33 SOUTH 7TH STREET RICHMOND,IN 47374	U/h)			L ID EVENENA
							ded?
I Ta	ıx-exem	npt status	▼ 501(c)(3)				
J W	ebsite	e: ⊨ WV	VW WAYNECOUNTYFOUNDATION ORG	H(c)	Group exemptio	n nun	nber ►
		ganızatıon	Corporation Trust Association Other	L Yea	ar of formation 1978	M	State of legal domicile IN
Pa	rt I	Sum	mary				
			escribe the organization's mission or most significant activities	0 D T LI E	DENEETT OF WA	VNE	COUNTY IN
a)	-	IU AII	RACT, RECEIVE, HOLD AND DISTRIBUTE CONTRIBUTED FUNDS F	OKINE	BENEFII OF WA	AYNE	COUNTY, IN
ě							
Governance	-						
9. 0.	2 (Check tl	his box দ if the organization discontinued its operations or disposed o	of more t	han 25% of its n	et as:	sets
	3 1	Number	of voting members of the governing body (Part VI, line 1a)		1	з	15
20 (/) ():	1		of independent voting members of the governing body (Part VI, line 1b)		⊢	4	15
Activities &			mber of individuals employed in calendar year 2012 (Part V, line 2a)		—	5	5
ਹਿੰ			mber of volunteers (estimate if necessary)		F	6	70
q,			related business revenue from Part VIII, column (C), line 12			7a	-6,687
	ь	Net unre	elated business taxable income from Form 990-T, line 34		[7b	-12,937
					Prior Year		Current Year
	8	Contr	butions and grants (Part VIII, line 1h)		2,245,62	23	1,039,359
nie	9	Progra	am service revenue (Part VIII, line 2g)		379,23	3 5	386,708
Reveni	10	Inves	tment income (Part VIII, column (A), lines 3, 4, and 7d)		305,69	6	1,239,618
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23,01	. 2	13,336
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	e	2,953,56	6	2,679,021
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		2,163,54	_	970,474
	14		its paid to or for members (Part IX, column (A), line 4)		, ,	0	0
	15		es, other compensation, employee benefits (Part IX, column (A), lines				
\$		5-10	•		293,86	-	295,954
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)	·		0	0
ठ	b		indraising expenses (Part IX, column (D), line 25) \blacktriangleright 120,389			_	
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	827,91	-	749,610
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	3,285,32	${ o}$	2,016,038
_ 97	19	Reven	nue less expenses Subtract line 18 from line 12	$\overline{}$	-331,75 jinning of Current	-	662,983
Not Assets or Fund Balances				Beg	Year		End of Year
egge Bage	20	Total	assets (Part X, line 16)		28,455,54	12	30,579,996
줐	21	Total	liabilities (Part X, line 26)		2,128,79	2	2,024,539
žZ	22	Netas	ssets or fund balances Subtract line 21 from line 20		26,326,75	50	28,555,457
Pa	rt II	Sign	nature Block				
my k	nowled	dge and	perjury, I declare that I have examined this return, including accompan belief, it is true, correct, and complete Declaration of preparer (other the nowledge				
		****	***		2013-10-24		
Sigr	1	I B	ature of officer		Date		
Her			PHEN C BORCHERS EXECUTIVE DIRECTOR				
		<u> </u>	e or print name and title				
_	_		Print/Type preparer's name Preparer's signature D	ate		TIN 200452	655
Paid		- -	Firm's name ► BRADY WARE & SCHOENFELD INC		Firm's EIN - 35-		
	pare		- L. L. B. ONE WOODSTEE DOT			0.65	-24
Use	On	ly ˈ	Firm's address ► ONE WOODSIDE DRIVE		Phone no (765)	966-05	31
			RICHMOND, IN 47374				

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

✓ Yes No

art IV	Checl	clist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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	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 2	8		No
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, VII, VIII, IX, or X as applicable			
a	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	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X^{\bullet}	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
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		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 United States? If "Yes," complete Schedule F, Parts II and IV	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 United States? 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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more 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		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		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 lines 24b through 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		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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, highest 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 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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νo
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		Νo
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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	Check if Schedule O contains a response to any question in this Part V	•	Yes	N
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 22		res	14
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
٠	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	by this return	1		
Ü	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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	Yes	
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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		N
D	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
А	file Form 8282?	7 c		N
_	za rest, maisate the name of remis eded med damig the year.	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7-		,
f	contract?	7e 7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
.1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	42.		
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
c	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		l I n
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a		⊢-՝

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

Check if Schedule O contains a response to any question in this Part VI								

Se	ection A. Governing Body and Management		_	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15		
	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	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with other officer, director, trustee, or key employee?	any 2		No
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?			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa	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	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint o more members of the governing body?	ne or 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhoor persons other than the governing body?	olders, 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during tyear by the following	the		
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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O			No
Se	ection B. Policies (This Section B requests information about policies not required by the Inte	rnal Davier		'- \
	Total II I all all a control of the	rnai Revei	<u>ue Coa</u>	e.)
		riiai kevei	Yes	No
	Did the organization have local chapters, branches, or affiliates?	. 10a		
10a		. 10a		No
10a b	Did the organization have local chapters, branches, or affiliates?	. 10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	. 10a 5, 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body befor the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10a 10b e filing 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b re filing 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b re filing 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body befor the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could grise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," de	10a 10b 10b 11a 11a 12a 12b 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body befor the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could grise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," de in Schedule O how this was done	10a 5, 10b te filing . 11a 12a give . 12b escribe 12c	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body befor the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could grise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," defin Schedule O how this was done Did the organization have a written whistleblower policy?	10a 10b 10b 11a 12a give 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body befor the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could grise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," de in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10a 10b 11b 11a 12a give 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 5, 10b e filing . 11a 12a give . 12b escribe 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body befor the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could grise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," defin Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 decirate organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10a 5, 10b e filing . 11a 12a give . 12b escribe 13 14 sion? . 15a . 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body befor the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could grise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," defin Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 decirate organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10a 5, 10b e filing . 11a 12a give . 12b escribe 13 14 sion? . 15a . 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body befor the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could grise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," de in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 deci The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10a 5, 10b re filing . 11a . 12a give . 12b rescribe . 13 . 14 sion? 15a . 15b with a . 16a	Yes Yes Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►IN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 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, physical address, and telephone number of the person who possesses the books and records of the organization ►STEPHEN C BORCHERS 33 SOUTH 7TH STREET RICHMOND, IN (765) 962-1638

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

Check if Schedule O contains a response to any question in this Part VII $\,\cdot\,\,\cdot\,\,\cdot\,\,$.

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

- 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) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	not box h an or/tr	office	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) ADAM FORREST	1 00	Х		х				0	0	0
CHAIR										
(2) JOHN ZETZEL TREASURER	1 00	х		х				0	0	0
(3) CHRIS HARDIE	1 00									
VICE - CHAIR	_ 	Х		Х				0	0	0
(4) JILL KING	1 00									
SECRETARY		Х		Х				0	0	0
(5) BOB RAMSEY	1 00									
	1 00	Х						0	0	0
MEMBER (6) TOM ALBERTS	1 00									
	1 00	Х						О	0	0
MEMBER (7) LESLIE DUCEY	1 00									
	1 00	х						0	0	0
MEMBER (8) JON FORD	1 00				\vdash					
	1 00	х						0	0	0
MEMBER (9) J RODGER GREEN	1 00		-		\vdash					
	1 00	х						О	0	0
MEMBER (10) GREG JANZOW	1 00									
	1 00	х						0	0	0
MEMBER (11) DAVID JETMORE	1.00				\vdash	<u> </u>				
(11) DAVID JETMORE	1 00	х						О	0	0
MEMBER (12) CARDINA DENNINCTON	1.00									
(12) SABRINA PENNINGTON	1 00	х						О	0	0
MEMBER (13) DADIA DANDALI										
(13) DARLA RANDALL	1 00	х						О	0	0
MEMBER					<u> </u>					
(14) DICK SMITH	1 00	х						О	0	0
MEMBER										
(15) JIM TANNER	1 00	х						0	0	0
MEMBER					<u> </u>	<u> </u>				9
(16) LEN CLARK	1 00	x						0	0	0
(10) ELN CEARK					1	ı	I	ı "l	ŭ	Ū
MEMBER										
	1 00	х						0	0	0

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers and	than on is	one bot	not bo: h ar	checl k, unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organization	on d is	(F Estim amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099 MISC)	-	organiz and re organiz	lated
(18) J	OHN MCBRIDE	1 00	х						0		0		0
MEMB	ER		_^						٥				
(19) J	IM PUFFENBERGER	1 00	×						0		o		0
МЕМВ									·				
(20) E	BONITA WASHINGTON-LACEY	1 00	x						0		o		0
MEMB		10.00									_		
` ,	STEVE BORCHERS	40 00			×				85,820		o		12,933
	JTIVE DIRECTOR MY WALTZ	12 00			_		-				\dashv		
` '		12 00			x				14,037		o		69
FINAN	ICE OFFICER										-		
											_		
											_		
						-					\dashv		
											\dashv		
							<u> </u>				$oldsymbol{\perp}$		
1b	Sub-Total			•	•		•				_		
C	Total from continuation sheets to Part	VII, Section A		•	•		. -		00.057				12.002
d		<u> </u>	•						99,857		0		13,002
2	Total number of individuals (including b \$100,000 of reportable compensation f				ed al	bove	e) who	rec	eived more than				
												Yes	No
3	Did the organization list any former office on line 1a? <i>If</i> "Yes," complete Schedule J			e, ke	y em	plo •	yee,o	r hıç	ghest compensate	d employee	3		No
4	For any individual listed on line 1a, is th	ne sum of report	able c	ompe	ensa	tion	and	the	r compensation fr	om the			
	organization and related organizations of									-			
	ındıvıdual			•	•	•	•	•		[4	1	No
5	Did any person listed on line 1a receive services rendered to the organization?									ndividual for	5		No
	ction B. Independent Contracto		المريس	- ادی				<u>.</u>					
1	Complete this table for your five highes compensation from the organization Re											tax year	
		(A)								(B)		(C)
	Name and b	usiness address							Description	on of services	\dashv	Comper	isation
											\Box		
											\perp		
											\dashv		
2	Total number of independent contractors	(including but i	not lim	ıted t	to th	ose	listed	ab	ove) who received	more than			

\$100,000 of compensation from the organization $\blacktriangleright 0$

2,679,021

405,777

Total revenue. See Instructions

	Check if Schedule O contains a response to any question in this Pa	rt IX			
	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	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	665,375	665,375		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	305,099	305,099		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	112,859	39,501	43,732	29,626
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	139,543	41,219	51,242	47,082
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	5,163	1,481	1,924	1,758
9	Other employee benefits	18,847	5,056	7,964	5,827
10	Payroll taxes	19,542	5,818	7,906	5,818
11	Fees for services (non-employees)				
а	Management				
b	Legal	800		800	
c	Accounting	24,245		24,245	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16		11 006		11 006	
10 17	Occupancy	11,886		11,886	
	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,389	1,547	8,341	2,501
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,390		42,390	
23	Insurance	1,996		1,996	
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 expenses on Schedule O)				
а	FOUNDATION MANAGEMENT F	369,561		369,561	
b	TRUSTEE FEES	115,007	115,007		
С	OTHER EXPENSES	64,061	63,093	808	160
d	BAD DEBT EXPENSE	45,814	45,814		
e	All other expenses	61,461	6,178	27,666	27,617
25	Total functional expenses. Add lines 1 through 24e	2,016,038	1,295,188	600,461	120,389
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)				

Part X Balance Sheet

	t X	Check if Schedule O contains a response to any question in this Par	t X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		1,721,417	2	1,411,767
	3	Pledges and grants receivable, net		628,453	3	482,121
	4	Accounts receivable, net		7,698		25,069
	5	Loans and other receivables from current and former officers, direct employees, and highest compensated employees. Complete Part II Schedule L	ors, trustees, key of	,	5	20,000
ŧs	6	Loans and other receivables from other disqualified persons (as def section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, a employers and sponsoring organizations of section $501(c)(9)$ volun beneficiary organizations (see instructions) Complete Part II of Sch	nd contributing tary employees'		6	
Assets	7	Notes and loans receivable, net			7	
ď	8	Inventories for sale or use			8	
	9				9	
	10a	Prepaid expenses and deferred charges	752 200		9	
	ь	Less accumulated depreciation	,		100	440,520
	11	Investments—publicly traded securities	<u> </u>	7,006,593		9,683,734
				18,661,313		
	12	Investments—other securities See Part IV, line 11		10,001,313		18,536,785
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		28,455,542		30,579,996
	17	Accounts payable and accrued expenses		1,559		7,130
	18	Grants payable		603,444	18	531,156
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule			21	
Liabilitie	22	Loans and other payables to current and former officers, directors, t key employees, highest compensated employees, and disqualified				
<u> </u>		persons Complete Part II of Schedule L			22	
-i	23	Secured mortgages and notes payable to unrelated third parties .	•		23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	42,917
	25	Other liabilities (including federal income tax, payables to related the and other liabilities not included on lines 17-24) Complete Part X (of Schedule	1,523,789	25	1,443,336
	26	D		2,128,792		
	26	Total liabilities. Add lines 17 through 25		2, 120, 792	26	2,024,539
φ		Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 an lines 27 through 29, and lines 33 and 34.	a complete			
Ë	27	Unrestricted net assets		25,518,812	27	27,841,832
<u>छ</u>	28	Temporarily restricted net assets		747,938	28	653,625
<u> </u>	29	Permanently restricted net assets	•	60,000	29	60,000
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here		35,550		
7		complete lines 30 through 34.	, unu			
0	30	Capital stock or trust principal, or current funds			30	
Ą	31	Paid-in or capital surplus, or land, building or equipment fund			31	
\$ S	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net 4	33	Total net assets or fund balances		26,326,750		28,555,457
ž	34	Total liabilities and net assets/fund balances		28,455,542	34	30,579,996
	J-4	i otal navinties and net assets/lund valances	• •	26,455,542		30,579,996

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,6	579,021
2	Total expenses (must equal Part IX, column (A), line 25)	2		2.0	16,038
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			326,750
5	Net unrealized gains (losses) on investments	5			510,871
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			54,853
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		28,	555,457
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi a separate basis, consolidated basis, or both	ewed or	ו		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	d 3b		

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As Filed Data -

DLN: 93493305013053

Employer identification number

OMB No 1545-0047

SCHEDULE A

Name of the organization

WAYNE COUNTY INDIANA FOUNDATION INC

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

2012

Open to Public Inspection

									35-14060		
	rt I			blic Charity Sta						structions	
The	organı:		•	te foundation becaus	•			•	•		
1	Г	A chur	ch, conventi	on of churches, or a	ssociation of	churches de	escribed in s e	ection 170(l	o)(1)(A)(i).		
2	Γ	A scho	ol described	in section 170(b)(1	l)(A)(ii). (At	tach Schedu	ıle E)				
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descrı	bed in sectio	n 170(b)(1)	(A)(iii).		
4	Γ	A medi	cal researcl	h organization operat	ted ın conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). E	nter the
	_			ty, and state							
5	ı	_	•	erated for the benefi	_	or universit	ty owned or o	perated by a	a government	al unit desc	ribed in
	_			(A)(iv). (Complete P	•						
6		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									
7	굣	_		•		•	support from	a governme	ntal unit or fr	om the gen	eral public
	_			on 170(b)(1)(A)(vi).			anlata Dart II				
8 9	<u> </u>	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									
3	ı										
				rities related to its ex	•	=		-			
		-	_	oss investment inco				-		cax) II O III Du	1511165565
10	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
10	<u> </u>	An organization organized and operated exclusively to test for public safety See section 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									
11	ı			ganized and operated ly supported organiz							
				bes the type of supp						ee section 5	os(a)(s). Check
				b						n-functiona	ılly ıntegrated
e	Γ	By che	cking this b	ox, I certify that the	organization	ıs not contr	olled directly	or indirectl	y by one or n	nore disqual	ıfıed persons
				on managers and ot	her than one	or more pub	licly support	ed organızat	ions describ	ed in section	n 509(a)(1) or
_			1509(a)(2)			.					
f			rganization this box	received a written de	etermination	from the IRS	S that it is a	Type I, Typ	e II, or I ype	III supporti	ing organization,
g				2006, has the organi	ization accer	ted any gift	or contribution	on from any	of the		,
9			ng persons?			, 9		·,			
		(i) A pe	erson who d	irectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons des	scribed in (ii)		Yes No
		and (III) below, the	governing body of th	ie supported	organızatıor	۱۶			11g	(i)
		(ii) A fa	amıly memb	er of a person descr	ıbed ın (ı) abo	ove?				11g	(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g((iii)
h		Provide	e the follown	ng information about	the supporte	ed organizati	ion(s)				
(i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	:he	(v) Did you	notify	(vi) Is	the	(vii) A mount of
	suppor			organization	organizati		the organiz		organizati		monetary
0	rganiza	ation		(described on	col (i) list		ın col (i) o	•	col (i) org		support
				lines 1-9 above or IRC section	your gove docume	-	suppor	τ,	ın the U	5 /	
				(see	docume	116'					
				instructions))	Vac	N.	Vac	N _a	V	No	1
					Yes	No	Yes	No	Yes	No	

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

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

Se	ection A. Public Support						_
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,338,735	2,192,307	1,276,508	2,245,623	1,039,359	8,092,532
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,338,735	2,192,307	1,276,508	2,245,623	1,039,359	8,092,532
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included						2,400,295
	on line 1 that exceeds 2% of the amount shown on line 11, column						
6	(f) Public support. Subtract line 5 from line 4						5,692,237
	ection B. Total Support						
Cale	endar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,338,735	2,192,307	1,276,508	2,245,623	1,039,359	8,092,532
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	603,007	566,837	577,426	705,629	636,606	3,089,505
9	Net income from unrelated business activities, whether or not the business is regularly carried on	37,073	29,745	23,632	11,439		101,889
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	302,064	294,915	329,122	379,235	386,708	1,692,044
11	Total support (Add lines 7 through 10)						12,975,970
12	Gross receipts from related activit	es, etc (see instr	ructions)	-		12	
13	First five years. If the Form 990 is this box and stop here	_			•	· · · · — -	ization, check
S	ection C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 2012	2 (line 6 , column (f) divided by line	11, column (f))		14	43 870 %
15	Public support percentage for 2011	l Schedule A, Par	t II, line 14			15	44 540 %
16a	33 1/3% support test—2012. If the				ne 14 is 33 1/3%	or more, check t	
	and stop here. The organization qua 33 1/3% support test—2011. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization median	organization did r n qualifies as a pu — 2012. If the orga tion meets the "fa	oot check a box of blicly supported of inization did not c lects-and-circums	n line 13 or 16a, a organization Theck a box on lin tances" test, che	e 13, 16a, or 16 ck this box and s	b, and line 14 top here. Explair	▶ [
b 18	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the organization part IV how the organization Private foundation. If the organization	nization meets the tion meets the "fa	e "facts-and-circu icts-and-circums	ımstances" test, tances" test The	check this box a e organization qua	nd stop here. alifies as a public	ly ▶┌
	instructions			-,,, -, -, -, -, -, -, -, -,	,		▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
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 income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	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						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493305013053

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization

	RE OF THE OF A THE OF T			noyer identification number
Da-	+ T. Organizations Maintaining Dens.: Adv	isod Eunds or Other Similar Fr		1406033
rali	Organizations Maintaining Donor Adv organization answered "Yes" to Form 990,		nas	or Accounts. Complete if th
	organization answered Tes to Form 550,	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year	34		
	Aggregate contributions to (during year)	256,730		
	Aggregate grants from (during year)	64,264		
	Aggregate value at end of year	651,781		
	,	·		
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the org	ganızatıon's exclusive legal control?		✓ Yes
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit?			
ar	Conservation Easements. Complete if	the organization answered "Yes" to	Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the orga Preservation of land for public use (e g , recreation of Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	ertıfıe	
	easement on the last day of the tax year	Г		
	Total number of conservation easements	-		Held at the End of the Year
		-	2a	
	Total acreage restricted by conservation easements	_	2b	
	Number of conservation easements on a certified histor	` '	2c	
	Number of conservation easements included in (c) acquinities historic structure listed in the National Register	uired after 8/17/06, and not on a	2d	
	Number of conservation easements modified, transferre	ed, released, extinguished, or terminated	d by th	ne organization during
	the tax year ▶			
	Number of states where property subject to conservation	on easement is located 🕨		
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?		— ling of	violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspec	ting, and enforcing conservation easem	ents d	during the year
	Amount of expenses incurred in monitoring, inspecting,	and enforcing conservation easements	durin	n the year
	►\$			J ,
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?) above satisfy the requirements of sect	ion 17	70(h)(4)(B)(ι) Yes Γ N c
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	footnote to the organization's financial		nse statement, and
	Organizations Maintaining Collections Complete if the organization answered "Ye	s of Art, Historical Treasures, o	or Ot	her Similar Assets.
	If the organization elected, as permitted under SFAS 1: works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its reven is held for public exhibition, education, o	r rese	arch in furtherance of public
_	If the organization elected, as permitted under SFAS 1: works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	s held for public exhibition, education, o		
	(i) Revenues included in Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			,
	•		c	F \$
	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		ıınan	ciai gaiii, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	TIT Organizations Maintaining Co	llections of Ar	<u>t, His</u>	torica	<u>al Tr</u>	easur	es, or O	the	<u>r Similar As</u>	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck an	y of t	he follo	wing that a	are a	significant use	e of its	
а	Public exhibition		d	Γι	_oan (orexch	ange progi	ams			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	aın hov	w they f	furthe	r the or	ganızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit	or receive donation	s of ar	rt, hısto	rıcal	treasur	es or othe	rsım	ıılar	_	_
	assets to be sold to raise funds rather than t		-							┌ Yes	☐ No
Pai	Part IV, line 9, or reported an an						answere	d "Y	es" to Form 9	990,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					tions o	rother ass	ets r	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing tab	ole		Г				
_								_	Ar	nount	
C	Beginning balance							1c			
d	Additions during the year						F	1d			
e	Distributions during the year						-	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	•						☐ Yes	□ No
_ь	If "Yes," explain the arrangement in Part XII										
Pa	rt V Endowment Funds. Complete									(a)[a.us	ha ale
1a	Beginning of year balance	(a)Current year 23,998,842	(D)	Prior yea 25,79!	_	D (C)IW	24,038,710	_	Three years back 19,263,942	(e)Four	years back 28,262,739
ь	Contributions	474,174			7,568		242,243	-	1,844,764		995,578
c	Net investment earnings, gains, and losses	,			,,,,,,,,						
Ī		2,826,307			9,610		2,884,817	+	4,508,376		-7,908,713
d	Grants or scholarships	752,406		1,76	5,569		842,877		1,056,071		1,353,746
е	Other expenditures for facilities and programs	-39,838		570	0,142		85,691		157,669		339,157
f	Administrative expenses	481,517		499	9,389		441,218		364,632		392,759
g	End of year balance	26,105,238		23,998	8,842		25,795,984		24,038,710		19,263,942
2	Provide the estimated percentage of the cur	rent vear end balan	ice (lir	ne 1a. c	olum	n (a)) h	eld as	1			
а	Board designated or quasi-endowment	97 510 %				(,,					
ь	Permanent endowment ► 0 230 %										
c		60 %									
	The percentages in lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	ssion of the organiz	zation	that are	e held	l and ac	lmınıstere	d for	the		
	organization by	-								Ye	
	(i) unrelated organizations		•					•	3a		No
L	(ii) related organizations If "Yes" to 3a(ii), are the related organization							•	3a(No
ь 4	Describe in Part XIII the intended uses of the							•	3	D	
	t VI Land, Buildings, and Equipme					0.					
	Description of property		/	(a) (Cost o	r other stment)	(b)Cost or basis (oth		(c) Accumulate depreciation	d (d)	Book value
	Land						20	0,000			20,000
	Buildings							2,356	241,8	363	370,493
	Leasehold improvements							*			
	Equipment										
	O + h = r						120),932	70,9	905	50,027
	I. Add lines 1a through 1e (Column (d) must e		X, colu	ımn (B),	. line	10(c).)					440,520

(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests	179,581	F
(3)Other (A) CASH SURRENDER LIFE INSURANCE ANNUITY	134,999	С
(B) MUTUAL FUNDS	12,816,976	F
(C) ALTERNATIVE INVESTMENTS	5,010,782	F
(D) FIXED INCOME FUNDS DOMESTIC AND INTERNATIONAL	394,447	F
	,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	18,536,785	
Part VIII Investments—Program Related. Se		1 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, I	ne 15.	
(a) Descri	ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)	
Part X Other Liabilities. See Form 990, Part X	X, line 25.	
1 (a) Description of liability	(b) Book value	
Federal income taxes		
LIABILITIES ASSOCIATED WITH SPLIT-INTEREST AGREEMENTS	1,443,336	
Nonetheria	1,113,330	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,443,336	

If revenue, gains, and other support per audited financial statements ounts included on line 1 but not on Form 990, Part VIII, line 12 unrealized gains on investments	2a 2b 2c 2d		2e 3	
unrealized gains on investments	2b 2c 2d			
ated services and use of facilities	2b 2c 2d			
overies of prior year grants	2c 2d			
er (Describe in Part XIII)	2d			
Innes 2a through 2d	 			
ract line 2e from line 1				
eunts included on Form 990, Part VIII, line 12, but not on line 1 estment expenses not included on Form 990, Part VIII, line 7b . Per (Describe in Part XIII)			3	
estment expenses not included on Form 990, Part VIII, line 7b.				
er (Describe in Part XIII)				
,	4b			
lines 4a and 4b				
			4c	
l revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	12).		5	
Reconciliation of Expenses per Audited Financial Stat			es per Re	eturn
·			1	
, , ,				
ated services and use of facilities	2a		_	
year adjustments	2b			
erlosses	2c			
er (Describe in Part XIII)..................................	2d		_	
lines 2a through 2d			2e	
			3	
unts included on Form 990, Part IX, line 25, but not on line 1:				
stment expenses not included on Form 990, Part VIII, line 7b	4a		_	
er (Describe in Part XIII)	4b		_	
lines 4a and 4b			4c	
	18) .		5	
	Il expenses and losses per audited financial statements	lexpenses and losses per audited financial statements	In expenses and losses per audited financial statements Founts included on line 1 but not on Form 990, Part IX, line 25 Fated services and use of facilities Fract losses Fract line 2e from line 1 Founts included on Form 990, Part IX, line 25, but not on line 1: Founts included on Form 990, Part IX, line 25, but not on line 1: Founts included in Part XIII) Founts included on Form 990, Part VIII, line 7b Founts included in Part XIII) Founts included in Part XIII)	Il expenses and losses per audited financial statements

Information	Datum Dafarana	Evelendin
Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO OUTPERFORM INFLATION, ESTABLISH A DIVERSIFIED INVESTMENT PORTFOLIO, OFFER EQUITY AND FIXED INCOME INVESTMENTS THAT ARE DIVERSIFIED AMONG SECURITIES AND INDUSTRIES, THUS MINIMIZING THE RISK OF LARGE LOSSES, AND TO MAXIMIZE THE TOTAL RETURN WITHIN REASONABLE AND PRUDENT LEVELS OF RISK THE FOUNDATION'S SPENDING AND INVESTMENT POLICIES WORK TOGETHER TO ACHIEVE THIS OBJECTIVE THE INVESTMENT POLICY ESTABLISHES A RETURN OBJECTIVE THROUGH DIVERSIFICATION OF ASSET CLASSES FOR ITS TOTAL RETURN POOL AND INCOME POOL THE FUNDS ARE INTENDED TO PROVIDE ONGOING SUPPORT FOR THE FOUNDATION'S PHILANTHROPIC ENDEAVORS, INCLUDING GRANTMAKING, SCHOLARSHIPS AND COMMUNITY DEVELOPMENT IN AND AROUND THE WAYNE COUNTY, INDIANA AREA
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE FOUNDATION HAS ADOPTED ACCOUNTING RULES THAT PRESCRIBE WHEN TO RECOGNIZE, AND HOW TO MEASURE THE FINANCIAL STATEMENT EFFECTS OF INCOME TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, ON ITS INCOME TAX RETURNS THESE RULES REQUIRE MANAGEMENT TO EVALUATE THE LIKELIHOOD THAT, UPON EXAMINATION BY RELEVANT TAXING JURISDICTIONS, THOSE INCOME TAX POSITIONS WOULD BE SUSTAINED BASED ON THAT EVALUATION, THE FOUNDATION ONLY RECOGNIZES THE MAXIMUM BENEFIT OF EACH INCOME TAX POSITION THAT IS MORE THAN 50% LIKELY OF BEING SUSTAINED TO THE EXTENT THAT ALL OR A PORTION OF THE BENEFITS OF AN INCOME TAX POSITION ARE NOT RECOGNIZED, A LIABILITY WOULD BE RECOGNIZED FOR THE UNRECOGNIZED BENEFITS, ALONG WITH ANY INTEREST AND PENALTIES THAT WOULD RESULT FROM DISALLOWANCE OF THE POSITION SHOULD ANY SUCH PENALTIES AND INTEREST BE INCURRED, THEY WOULD BE RECOGNIZED AS OPERATING EXPENSES BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE FOUNDATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY POSITION THAT WOULD PLACE THE FOUNDATION'S EXEMPT STATUS IN JEOPARDY AS OF DECEMBER 31, 2012 THE FEDERAL TAX RETURNS OF THE FOUNDATION FOR 2009, 2010, AND 2011 ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITY, GENERALLY FOR THREE YEARS AFTER THE DUE DATE

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

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

DLN: 93493305013053

Open to Public

Department of the Treasury

Schedule I

(Form 990)

nternal Revenue Service			F Attach to Form 550				Inspection
Name of the organization	ATIONING					Employer identification	on number
VAYNE COUNTY INDIANA FOUND	ATIONING					35-1406033	
Part I General Informati	on on Grants and	l Assistance				•	
Does the organization maintain the selection criteria used to a							✓ Yes
2 Describe in Part IV the organic	·	=	<u>-</u>				
			Prganizations in the more than \$5,000. Pa				es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of section 5	I 501(c)(3) and governr	l ment organizations lis	ted in the line 1 table.			· · · ►	39
3 Enter total number of other org	anizations listed in th	e line 1 table				<u> ▶</u>	
						_	

Ш	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, line 22
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	(b)Number of recipients	(c)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
(1) SCHOLARSHIPS FOR POST SECONDARY EDUCATION	209	305,099			
Part IV Supplemental Informa	tion.		•		

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 THE FOUNDATION REQUIRES ALL GRANTEES TO COMPLETE A FINAL REPORT WITHIN ONE YEAR OF RECEIVING GRANT FUNDS THE FINAL GRANT REPORT CONTAINS SPECIFIC QUESTIONS REGARDING HOW GRANT FUNDS RECEIVED WERE ALLOCATED AND SERVES AS VERIFICATION THAT GRANT MONIES WERE SPENT IN ACCORDANCE WITH THE ORIGINAL GRANT IF THE FOUNDATION FEELS IT NECESSARY, A SITE VISIT WILL ALSO BE PERFORMED IN ORDER TO VERIFY THAT GRANT FUNDS ARE USED IN ACCORDANCE WITH THE ORIGINAL GRANT AGREEMENT

Software ID: Software Version: FTN:

EIN: 35-1406033

Name: WAYNE COUNTY INDIANA FOUNDATION INC

(a) Name and address of organization or government		(c) IRC Code section (description (description) (description) (description)	grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance ,	1
ABILITIES RICHMOND 1813 NATIONAL ROAD WEST RICHMOND,IN 47374	26-4527510	501(C)3	6,222				FOR AN OUTDOOR LIGHTED SIGN
BIRTH-TO-FIVE INC315 NORTHWEST THIRD STREET RICHMOND,IN 47374	35-1843800	501(C)3	7,931				\$2,900 WAS DESIGNATED FOR REGISTRATION FEES FOR FIVE STAFF TO BE TRAINED ON NEW PARENTS AS TEACHER'S CURRICULUM
BOYS AND GIRLS CLUBS OF WAYNE COUNTY1717 SOUTH L STREET RICHMOND,IN 47374	35-1065715	501(C)3	13,419				2012 CHALLENGE MATCH PROGRAM, AND \$889 FOR CLUB MEMBERSHIPS
CARDINAL GREENWAYPO BOX 2411 RICHMOND,IN 47375	35-1885151	501(C)3	21,478				TO PURCHASE NEW TRACTOR AND MOWER, 2012 CHALLENGE MATCH PROGRAM
CITY OF RICHMOND50 NORTH 5TH STREET RICHMOND,IN 47374	35-6001174		7,424				RPD K9 UNIT TRAINING SUPPLIES AND STREET TREE COMMISSION TO PURCHASE TREES AND PLANTS FOR PUBLIC AREAS
CIVIC HALL PERFORMING ARTS CENTER380 HUB ETCHISON PARKWAY RICHMOND,IN 47374	35-1071211	501(C)3	5,000				FOR SUPPORT OF THE 2012-2013 PROUDLY PRESENTING SERIES INCLUDING THE PUBLIC PERFORMANCES, COMMUNITY OUTREACH, AND EDUCATIONAL ACTIVITIES
COMMUNITIES IN SCHOOLS OF WAYNE COUNTYPO BOX 1784 RICHMOND,IN 47375	35-2132872	501(C)3	18,965				TO SUPPORT TWO MIDDLE SCHOOL PROGRAMS AND TO PURCHASE TWO COMPUTERS, DONOR ADVISED DISTRIBUTIONS, 2012 CHALLENGE MATCH PROGRAM
EVERY CHILD CAN READ INC (THIRD GRADE ACADEMY)33 SOUTH 7TH STREET RICHMOND,IN 47374	26-4389859	501(C)3	23,678				DONOR ADVISED DONATIONS, TO PROVIDE OPERATIONAL SUPPORT FOR THE 2012 THIRD GRADE READING ACADEMY
GIRLS INCPO BOX 43 RICHMOND,IN 47375	23-7188644	501(C)3	16,394				2012 ALTERNATIVE GIFT FAIR, FEBRUARY DISTRIBUTION, SUPPORT OF THE LEGO ROBOTICS EDUCATIONAL PROGRAM
GLEANERS FOOD BANK OF INDIANA INC 3737 WALDEMER AVE INDIANAPOLIS, IN 46241	35-1483868	501(C)3	5,000				TO ASSIST WITH THE COST OF 12 MOBILE PANTRY FOOD DISTRIBUTIONS IN WAYNE COUNTY
GOLAY COMMUNITY CENTER1007 E MAIN STREET CAMBRIDGE CITY, IN 47327	35-1518699	501(C)3	11,307				2012 CHALLENGE MATCH PROGRAM
CHRISTIAN CHARITIES OF RICHMOND AND WAYNE COUNTY INC3121 SOUTHEAST PARKWAY RICHMOND,IN 47374	20-0850936	501(C)3	11,257				2012 CHALLENGE MATCH PROGRAM, DONOR ADVISED GIFTS, TO PROVIDE MONTHLY LUNCHES TO RCS ELEMENTARY SCHOOLS WITH FREE/REDUCED LUNCH RATES OF 85% OR HIGHER
HABITAT FOR HUMANITY 1114 SOUTH F STREET RICHMOND,IN 47374	35-1803693	501(C)3	12,414				2012 CHALLENGE MATCH PROGRAM, ALTERNATIVE GIFT FAIR, WOMEN BUILD IN MAY PARTNER, 2012 WOMEN'S FUND GRANT
HISTORIC HAGERSTOWN INCPO BOX 126 HAGERSTOWN,IN 47346	23-7225013	501(C)3	13,882				TO EXPAND AND CONTINUE TO OFFER FREE ART AND MUSIC LESSONS TO THE COMMUNITY, GRANT FROM THE NETTLE CREEK ARTS FUND FOR CHALLENGE MATCH PROGRAM, 2012 CHALLENGE MATCH PROGRAM,
HOPE HOUSE275 GROVE RD RICHMOND,IN 47374	35-2130321	501(C)3	10,870				FAIR 2012 CHALLENGE MATCH PROGRAM, DONOR ADVISED GIFTS, FOR KITCHEN EQUIPMENT
HUBBARD FUND240 SOUTH 6TH STREET RICHMOND,IN 47374	35-0992124	501(C)3	132,400				NOVEMBER AND SPRING 2012 GRANTS, SETON TUITION ASSISTANCE, SETON CATHOLIC HIGH SCHOOL SCHOLARSHIPS
INDIANA UNIVERSITY EAST2325 CHESTER BOULEVARD RICHMOND,IN 47374	35-6001673	501(C)3	5,700				1 1 MATCH FOR RETIRED FACULTY FOR THE STUDENT EVENTS CENTER, DONOR ADVISED FUNDS
INDIANA WOMEN IN NEED 2907 CANTERBURY COURT RICHMOND,IN 47374	91-2057735	501(C)3	5,150				TO PROVIDE PERSONAL SERVICES TO FINANCIALLY CHALLENGED WOMEN IN WAYNE COUNTY WHO ARE UNDERGOING TREATMENT FOR BREAST CANCER, ALTERNATIVE GIFT
MODEL T FORD CLUB OF AMERICAPO BOX 126 CENTERVILLE,IN 47330	95-2467053	501(C)3	10,668				DONOR ADVISED FUNDS, 2012 CHALLENGE MATCH
MORRISSON-REEVES LIBRARY80 NORTH 6TH STREET RICHMOND,IN 47374	35-6001895	501(C)3	7,199				PROGRAM DISTRIBUTION, FOR THE NEW PROGRAM CALLED READ 1,000 BOOKS BEFORE KINDERGARTEN A PROJECT TO HELP KIDS ENTER SCHOOL READY TO LEARN, ALTERNATIVE GIFT FAIR

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (d) Amount of cash (e) Amount of non-if applicable grant cash (a) Name and address of **(b)** EIN (f) Method of (g) Description of (h) Purpose of grant organızatıon valuation non-cash assistance or assistance (book, FMV, appraisal, other) or government assistance

or government				assistance	(book, FMV, appraisal, other)	
PEER INFORMATION CENTER FOR TEENS INC 380 HUB ETCHISON PARKWAY RICHMOND,IN 47374	35-1956555	501(C)3	8,200			2012 WOMEN'S FUND GRANT, TO PROVIDE A YEAR'S SUPPORT FOR TWO CHILDREN AND FOUR TEEN PARENTS AT RHS
PARKS FOUNDATION COPE ENVIRONMENTAL CENTER 4910 SHOEMAKER ROAD CENTERVILLE,IN 47330	35-1856406	501(C)3	14,749			DISTRIBUTION, 2012 CHALLENGE MATCH PROGRAM, 2012 WOMEN'S FUND GRANT, DOXPOP MATCHING GIFT
RICHMOND ART MUSEUM PO BOX 816 RICHMOND,IN 47375	35-6005040	501(C)3	13,589			TO UPDATE AND ENHANCE THE CURRENT AUDIO/VISUAL SYSTEM USED FOR THE PHANTOSCOPE FILM FESTIVAL IN MCGUIRE HALL AUDITORIUM, 2012 CHALLENGE MATCH PROGRAM
RICHMOND CIVIC THEATRE1003 EAST MAIN STREET RICHMOND,IN 47374	35-0886844	501(C)3	16,637			TO ASSIST WITH THE RIPPLE EFFECT A COMMUNITY READS OUTREACH PROJECT, DISTRIBUTION, 2012 CHALLENGE MATCH PROGRAM
RICHMOND PARKS AND RECREATION DEPARTMENT 50 NORTH 5TH STREET RICHMOND,IN 47374	35-6001174		7,820			TO ASSIST WITH THE ARTIST FEES AND MARKETING FOR THE 2012 LIVE AT THE PARK OUTDOOR CONCERT SERIES, DISTRIBUTIONS
RICHMOND SYMPHONY ORCHESTRA300 HUB ETCHISON PARKWAY RICHMOND,IN 47374	35-6042479	501(C)3	17,930			DISTRIBUTIONS, 2012 RODEFELD AWARD, TO ASSIST WITH THE PRODUCTION OF "THE NUTCRACKER" IN DECEMBER 2012
ROCK SOLID MINISTRIES INCPO BOX 2606 RICHMOND,IN 47375	35-2153457	501(C)3	5,600			DONOR ADVISED DISTRIBUTIONS, DONATION FOR WALL REPAIRS
SETON CATHOLIC HIGH SCHOOL240 SOUTH 6TH STREET RICHMOND,IN 47374	30-0036396	501(C)3	9,200			DISTRIBUTIONS, FOR SETON HIGH SCHOOL IN MEMORY OF SAM KITCHEN
SPECIAL OLYMPICS INDIANA - WAYNE COUNTY 5240 STATE ROUTE 44 EAST LIBERTY,IN 47353	35-1262574	501(C)3	5,000			TO ASSIST WITH REGISTRATION FEES AND TRANSPORATION FOR ATHLETES
STARR GENNETT FOUNDATION33 SOUTH 7TH STREET RICHMOND,IN 47374	35-1406033	501(C)3	5,900			TO PURCHASE SCRAPPER BLACKWELL DONOR PLAQUE, 2012 CHALLENGE MATCH PROGRAM, DONOR ADVISED GIFT
SUNRISE INC2670 MINNEMAN ROAD RICHMOND,IN 47374	31-0979407	501(C)3	5,000			TO HELP PURCHASE NEW SADDLES
SYLVAN NOOK CHURCH OF CHRIST1221 SYLVAN NOOK DRIVE RICHMOND,IN 47374	35-1089446	501(C)3	10,500			TO HELP PURCHASE A 12 PASSENGER VAN TO BE USED TO DELIVER FOOD AND TOILETRIES TO NON-PROFIT PARTNERS IN THE COMMUNITY
TOWN OF DUBLIN2250 EAST CUMBERLAND STREET PO BOX 145 DUBLIN,IN 47335	35-6001006	170(C)1	10,000			TO REPLACE PLAYGROUND EQUIPMENT AT WILSON PARK
UNITED WAY OF WHITEWATER VALLEY129 SOUTH NINTH STREET RICHMOND,IN 47374	35-1020935	501(C)3	10,507			FEBRUARY DISTRIBUTION, DONOR ADVISED GIFT, STAFF MINI- GRANT
VINEYARD GATEWAY FELLOWSHIP CHURCH3361 INDIANA 227 RICHMOND,IN 47374	31-1119115	501(C)3	8,389			2012 CHALLENGE MATCH PROGRAM, ALTERNATIVE GIFT FAIR, TO PURCHASE TWO FREEZERS FOR THE FOOD PANTRY
WAYNE COUNTY HISTORICAL MUSEUM1150 NORTH A STREET RICHMOND,IN 47374	35-0899077	501(C)3	26,303			TO REPLACE THE ROOF ON THE 1953 ADDITION TO THE MUSEUM, PASS- THROUGH GRANT FOR THE BUILDING CAMPAIGN, DISTRIBUTION, 2012 CHALLENGE MATCH PROGRAM, ROOF REPLACEMENT ON ADDITION, DONOR ADVISED GIFT
WESTERN WAYNE DOLLARS FOR SCHOLARS215 PARKWAY DRIVE CAMBRIDGE CITY, IN 47327	36-4692070	501(C)3	6,632			2012 CHALLENGE MATCH PROGRAM
WHITEWATER COMMUNITY TELEVISION2325 CHESTER BOULEVARD RICHMOND,IN 47374	35-1750716	501(C)3	10,871			TO PURCHASE DIGITAL VIDEO ENCODER AND ONE YEAR WEB MEDIA HOSTING AND STREAMING VIDEO- ON-DEMAND SERVICE, 2012 CHALLENGE MATCH PROGRAM, DONOR ADVISED GIFT
WHITEWATER VALLEY LAND TRUST4910 SHOEMAKER ROAD CENTERVILLE,IN 47330	35-2106655	501(C)3	8,580			TO ASSIST WITH THE PURCHASE OF COFFMAN BLUFF (A STATE NATURE PRESERVE) AND

PRESERVE) AND ABINGTON-

YANKEETOWN CORRIDOR, ALTERNATIVE GIFT FAIR

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DLN: 93493305013053

OMB No 1545-0047

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Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

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

Noncash Contributions

Name of the organization WAYNE COUNTY INDIANA FOUNDATION INC

Employer identification number

В-	Tunes of Duenouty	35-1406033						
Ра	It I Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	- etermı	_	ts
1	Art—Works of art			- 9				
	Art—Historical treasures							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	8	104,526	FAIR MARKET VAL	.U E		
.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							
7	Real estate—Other							
8	Collectibles							
9	Food inventory							
0	Drugs and medical supplies .							
1	Taxıdermy							
2	Historical artifacts							
3	Scientific specimens							
4	Archeological artifacts							
5	O ther ► ()							
26	O ther ►()							
	O ther ►()							
	O ther ► ()				1			
	Number of Forms 8283 received for which the organization comple				29		W 1	
ın-	During the year, did the organiza	tion receiv	a by contribution any prope	arty reported in Part I. lines	1_28 that it		Yes	No
va	must hold for at least three year							
	for exempt purposes for the enti			on, and which is not require	a to be used			No.
						30a		No
ь 1	If "Yes," describe the arrangement			rowow of any non-standard	contributions?	31	Yes	
	Does the organization have a gif					<u></u>	162	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	noncash • • •	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	an amount	in column (c) for a type of	property for which column (a) is checked,			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

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

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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SCHEDULE O

As Filed Data -

DLN: 93493305013053

OMB No 1545-0047

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Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Name of the organization
WAYNE COUNTY INDIANA FOUNDATION INC

(Form 990 or 990-EZ)

Employer identification number

35-1406033

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	PER THE BY-LAWS, THE MEMBERS OF THE CORPORATION CONSIST SOLELY OF THE ACTIVE MEMBERS OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	1 '	THE FORM 990 IS REVIEWED AT A BOARD MEETING BEFORE THE DUE DATE OF THE INFORMATION RETURN IF CHANGES ARE REQUIRED, THEY ARE MADE AND A FINAL COPY IS EITHER REVIEWED AT A SUBSEQUENT MEETING PRIOR TO SUBMISSION OR PROVIDED TO EACH BOARD MEMBER VIA AN EMAIL ATTACHMENT

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	MEMBERS OF THE BOARD OF DIRECTORS, VOLUNTEERS WHO SERVE ON COMMITTEES AND STAFF MEMBERS REVIEW THE POLICY ANNUALLY AFTER REVIEW, THE INDIVIDUALS SIGN A DECLARATION ACKNOWLEDGING THE RECEIPT OF THE POLICY AND DISCLOSING ANY CURRENT, POTENTIAL CONFLICTS THEY ALSO AGREE TO DISCLOSE ANY FUTURE CONFLICTS AS REQUIRED BY THE POLICY WHEN CONFLICTS ARISE IN AN OFFICIAL ACTION BY A COMMITTEE OR THE BOARD OF DIRECTORS, THE PERSON WITH THE CONFLICT DISCLOSES THE CONFLICT, AND THE DISCLOSURE IS NOTED IN THE MINUTES OF THE MEETING THE PERSON WITH THE CONFLICT MAY BRIEFLY ADDRESS THE BOARD OF DIRECTORS OR COMMITTEE AND MAY ANSWER QUESTIONS TO PROVIDE KNOWLEDGE THAT MAY BE OF BENEFIT TO THE OTHER MEMBERS THE PERSON WHO DECLARES THE CONFLICT THEN ABSTAINS FROM FURTHER DISCUSSION AND VOTING ON SOME OCCASSIONS, THE PERSON WHO DECLARES THE CONFLICT IS ASKED TO LEAVE THE ROOM DURING THE DISCUSSION

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	DETERMINING THE SALARY AND BENEFITS FOR THE EXECUTIVE DIRECTOR IS THE RESPONSIBILITY OF THE BOARD OF DIRECTORS THE FOUNDATION STAFF AND FINANCE COMMITTEE BEGIN WORK IN OCTOBER TO DRAFT AN OPERATING BUDGET FOR THE COMING YEAR AT THIS TIME, THE STAFF ASSEMBLES COMPARATIVE SALARY INFORMATION FOR ALL STAFF POSITIONS FROM NATIONAL, REGIONAL AND LOCAL SALARY SURVEYS THE FINANCE COMMITTEE USES THIS INFORMATION AS A POINT OF REFERENCE, IN ADDITION TO OTHER PERTINENT FACTORS, TO RECOMMEND A TOTAL SALARIES EXPENSE THIS REPRESENTS A MAXIMUM AMOUNT POOL FROM WHICH ALL STAFF SALARIES, INCLUDING ANY COST OF LIVING AND MERIT RAISES, MUST BE DERIVED THE EXECUTIVE DIRECTOR PREPARES A REPORT OF THE PREVIOUS YEAR'S ACTIVITIES AND ACHIEVEMENTS FOR THE BOARD OF DIRECTORS EACH JANUARY THIS DOCUMENT ALSO OUTLINES THE GOALS AND OBJECTIVES FOR THE NEW YEAR BOARD MEMBERS ALSO RECEIVE A COPY OF THE EXECUTIVE DIRECTOR'S CURRENT JOB DESCRIPTION AND A SURVEY INSTRUMENT RELATING TO HIS OR HER PERFORMANCE DURING THE PREVIOUS YEAR AND THE GOALS SUGGESTED THE BOARD CHAIR COLLECTS THE RETURNED SURVEYS AND SHARES THE ASSIMILATED INFORMATION WITH THE EXECUTIVE COMMITTEE BASED ON THIS INFORMATION AND SALARY SURVEY DATA USED IN THE BUDGET DEVELOPMENT PROCESS, THE EXECUTIVE COMMITTEE WILL SET THE EXECUTIVE DIRECTOR'S SALARY FOR THE CURRENT YEAR (WITH ANY INCREASES OR DECREASES IN COMPENSATION BEING RETROACTIVE TO JANUARY 1) AND CHARGE THE BOARD CHAIR WITH CONDUCTING A PERFORMANCE REVIEW AT THIS TIME, THE EXECUTIVE DIRECTOR'S PERSONAL PERFORMANCE GOALS WILL BE SET AND THE EXECUTIVE DIRECTOR WILL HAVE THE OPPORTUNITY TO REACT TO THE PERFORMANCE GOALS WILL BE SET AS NEEDED AND THE BOARD CHAIR WILL REPORT BACK TO THE BOARD ANY SUBSTANTIVE OUTCOMES OF THE INDIVIDUAL PERFORMANCE REVIEW

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC IMMEDIATELY UPON REQUEST THROUGH THE FOUNDATION OFFICE ADDITIONALLY, FINANCIAL INFORMATION IS MADE AVAILABLE IN ITS ANNUAL REPORT WHICH IS WIDELY DISTRIBUTED TO THE PUBLIC VIA MAILINGS AND OTHER MEANS OF DISBURSEMENT, AS WELL AS ON THE FOUNDATION'S WEBSITE THE FOUNDATION'S FORM 990 IS AVAILABLE ONLINE AT WWW GUIDESTAR ORG A LINK TO WWW GUIDESTAR ORG IS ON THE FOUNDATION'S WEBSITE THE FORM 990 IS ALSO IMMEDIATELY AVAILABLE UPON REQUEST THROUGH THE FOUNDATION OFFICE

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND	FORM 990, PART XI,	FAS 136 ADJUSTMENT 129,956 CHANGE IN SPLIT INTEREST AGREEMENTS
BALANCES	LINE 9	-75,100 ROUNDING -3

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE IN THE SELECTION PROCESS FOR THE INDEPENDENT AUDITOR OR IN THE METHOD OF OVERSIGHT

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DLN: 93493305013053

OMB No 1545-0047

Employer identification number

2012

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SCHEDULE R (Form 990)

Name of the organization

WAYNE COUNTY INDIANA FOUNDATION INC

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

					35-14060	33			
Part I Identification of Disregarded Entities (Compl	ete if the organization a	answered "Yes" to	Form 990, Pa	art IV,	line 33.)				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income		(e) year assets	D	(f) irect controlling entity		
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during t	zations (Complete if t he tax year.)	he organization ai	nswered "Yes'	" to Fo	rm 990, P	art IV,	line 34 because it	had o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	(d) Exempt Code section Public c (if section			(f) Direct controlling entity	Section (13) co	g) i 512(b ontrolle tity?
(1) VIGRAN FAMILY FOUNDATION INC	SUPPORTING ORGANIZATION	IN	501(C)(3)	L	INE 11A, I			Yes	No No
33 SOUTH 7TH STREET					•				
RICHMOND, IN 47374 35-2107926									
For Paperwork Reduction Act Notice, see the Instructions for Form 990		Cat No 5013	15.4				Schedule R (Forn	n 000) 1	2012
i oi rapeiwoik keuuctioii Act Notice, see the Instructions i Of FORM 990		Cal NO DULS	ا د ا				Schedule K (10M	11 33U) Z	ULZ

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h) Dispropition ar allocations		conate Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		i) ral or aging ner?		
					514)			Yes	No		Yes	No		
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domıcıle (state or foreign country)		(d) Direct controlli entity	(e) Type of enti (C corp, S corp, or trust)	y Share of to income	total Share e of	(g) e of end- year ssets		(h) ercentage wnership	(i) Section 512 (b)(13) controlled entity?			
					,						Yes		No	

Pa	rt V	Transactions With Related Organizations (Complete if the organization	n answered "Yes	s" to Form	ı 990, Part IV, lıne	e 34, 35b, or 36.)					
	Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule						Yes	No		
1 D	uring th	e tax year, did the orgranization engage in any of the following transactions with one or n	nore related organ	nizations lis	ted in Parts II-IV?						
а	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity										
b	b Gift, grant, or capital contribution to related organization(s)										
c	c Gift, grant, or capital contribution from related organization(s)										
d	d Loans or loan guarantees to or for related organization(s)										
е	e Loans or loan guarantees by related organization(s)										
f	Divide	ends from related organization(s)					1f		No		
g	g Sale of assets to related organization(s)										
h	h Purchase of assets from related organization(s)										
i	i Exchange of assets with related organization(s)										
j	Lease	of facilities, equipment, or other assets to related organization(s)					1j		No		
k	k Lease of facilities, equipment, or other assets from related organization(s)										
- 1	l Performance of services or membership or fundraising solicitations for related organization(s)										
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)											
• Sharing of paid employees with related organization(s)									No		
р	p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses											
r	Other	transfer of cash or property to related organization(s)					1r		No		
s	Other	transfer of cash or property from related organization(s)					1s		No		
_2	Ifthe	answer to any of the above is "Yes," see the instructions for information on who must cor	mplete this line, in	cluding co	vered relationships a	and transaction thresholds					
(a) Name of other organization) ction a-s)	(c) Amount involved	(d) Method of determining am	ount ı	nvolved	I		
(1) V	IGRAN FA	MILY FOUNDATION INC	С	,	2,500						
(2) V	IGRAN FA	MILY FOUNDATION INC	L		17,147						
(3) V	IGRAN FA	MILY FOUNDATION INC	Q		680						

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				`	,		_		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	end-of-year	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No		
												1		

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Additional Data Return to Form

Software ID: Software Version:

EIN: 35-1406033

Name: WAYNE COUNTY INDIANA FOUNDATION INC

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