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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE VAN WERT COUNTY FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
138 E MAIN ST

City or town, state or province, country, and ZIP or foreign postal code
VAN WERT, OH 45891

D Employer identification number
34-0907558

E Telephone number
(419) 238-1743

G Gross receipts $ 20,658,278

F Name and address of principal officer
SETH BAKER
138 E MAIN ST
VAN WERT, OH 45891

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW VANWERTCOUNTYFOUNDATION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1925

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION IS TO RECEIVE AND INVEST CONTRIBUTIONS TO FURTHER THE MENTAL, MORAL, INTELLECTUAL OR PHYSICAL WELFARE AND ADVANCEMENT OF CITIZENS OF VAN WERT COUNTY, OHIO AND SUCH OTHER AREAS AS DIRECTED BY A DONOR

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	6
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	4,490,040	2,751,216
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,970,016	4,010,169
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	655,043	468,341
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,115,099	7,229,726
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,752,726	1,838,012
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	221,738	244,110
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	254,978	297,983
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,229,442	2,380,105
19	Revenue less expenses Subtract line 18 from line 12	6,885,657	4,849,621

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	51,375,549	54,344,877
21	Total liabilities (Part X, line 26)	83,073	82,019
22	Net assets or fund balances Subtract line 21 from line 20	51,292,476	54,262,858

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2015-05-11
Signature of officer | Date

SETH BAKER EXECUTIVE SECRETARY
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GLORIA A WATERMAN	GLORIA A WATERMAN	2015-05-13		P00080971

Firm's name ▶ BASHORE REINECK STOLLER & WATERMAN INC
Firm's EIN ▶ 34-1495118
Firm's address ▶ 685 FOX ROAD SUITE 101
VAN WERT, OH 45891
Phone no (419) 238-0658

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

THE MISSION IS TO RECEIVE AND INVEST CONTRIBUTIONS TO FURTHER THE MENTAL, MORAL, INTELLECTUAL OR PHYSICAL WELFARE AND ADVANCEMENT OF CITIZENS OF VAN WERT COUNTY, OHIO AND SUCH OTHER AREAS AS DIRECTED BY A DONOR

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 579,817 including grants of $ 551,900) (Revenue $)

SCHOLARSHIPS PROVIDED TO INDIVIDUALS IN VAN WERT,PAULDING, AND OTHER COUNTIES IN OHIO WHERE THE FOUNDATION HAS SIGNIFICANT INVOLVEMENT MONITORING QUALIFICATIONS

4b (Code) (Expenses $ 1,249,449 including grants of $ 1,206,691) (Revenue $)

ALLOCATIONS TO CHARITABLE ORGANIZATIONS AND TO GOVERNMENTAL UNITS TO FURTHER THE MENTAL, MORAL,INTELLECTUAL OR PHYSICAL WELFARE AND ADVANCEMENT OF CITIZENS OF VAN WERT COUNTY, OHIO AND SUCH OTHER AREAS AS DIRECTED BY THE DONOR INCLUDED ARE ALLOCATIONS TO AND EXPENSES PAID FOR THE OPERATION OF THE WASSENBERG ART CENTER, VAN WERT AREA PERFORMING ARTS FOUNDATION, AND HIESTAND WOODS

4c (Code) (Expenses $ 93,074 including grants of $ 79,421) (Revenue $)

THE FOUNDATION ALLOCATES FUNDS TO PROVIDE COMMUNITY CONCERTS IN THE PARK FOR AREA RESIDENTS

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 1,922,340

Part IV Checklist 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? *If "Yes," complete Schedule C, Part II*	4		No
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*	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	Yes	
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		No
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*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		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		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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 25a*	**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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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**	Yes	
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**	Yes	
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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	2		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
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	2a	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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			No
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 file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b		Yes	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	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	**1b**	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ OH

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

▶ VAN WERT COUNTY FOUNDATION

138 E MAIN ST
VAN WERT, OH 45891 (419) 238-1743

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES F KOCH TRUSTEE	1 00	X						0	0	0
(2) THAD LICHTENSTEIGER PRESIDENT	1 00	X		X				0	0	0
(3) BRUCE C KENNEDY TRUSTEE	1 00	X						0	0	0
(4) BRIAN RENNER TRUSTEE	1 00	X						0	0	0
(5) MICHAEL GEARHART VICE-PRESIDE	1 00	X		X				0	0	0
(6) EVA YARGER TRUSTEE	1 00	X						0	0	0
(7) GARY L CLAY TRUSTEE	1 00	X						0	0	0
(8) MICHAEL T CROSS TRUSTEE	1 00	X						0	0	0
(9) ANDREW CZAJKOWSKI TRUSTEE	1 00	X						0	0	0
(10) PAUL SVABIK SECRETARY	1 00	X		X				0	0	0
(11) ROBERT C YOUNG TRUSTEE	1 00	X						0	0	0
(12) MICHAEL ZEDAKER TRUSTEE	1 00	X						0	0	0
(13) FRANCIS W PURMORT III TRUSTEE	1 00	X						0	0	0
(14) GARY TAYLOR TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LARRY GREVE PAST PRESIDE	1 00	X		X				0	0	0
(16) SETH BAKER EXEC SEC	40 00			X				50,750	0	6,526
(17) LARRY L WENDEL EXEC SEC	20 00			X				38,554	0	6,450

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	89,304		12,976

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ALEXANDER & BEBOUT 10098 LINCOLN HIGHWAY VAN WERT, OH 45891	CONSTRUCTION	281,645

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	1,449,001			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,302,215			
	g	Noncash contributions included in lines 1a-1f $		86,057			
	h	**Total.** Add lines 1a-1f . . . . . ▶		2,751,216			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶					
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,040,012			1,040,012
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents	619,768				
	b	Less rental expenses	151,427				
	c	Rental income or (loss)	468,341				
	d	Net rental income or (loss) . . . . . ▶		468,341			468,341
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	15,110,096	1,137,186			
	b	Less cost or other basis and sales expenses	13,166,290	110,835			
	c	Gain or (loss)	1,943,806	1,026,351			
	d	Net gain or (loss) . . . . . ▶		2,970,157			2,970,157
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		7,229,726			4,478,510

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,194,300	1,194,300		
2 Grants and other assistance to domestic individuals See Part IV, line 22	643,712	643,712		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	89,304	13,396	75,908	
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	94,656	17,778	76,878	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,254	1,567	7,687	
9 Other employee benefits	35,865	6,282	29,583	
10 Payroll taxes	15,031	2,547	12,484	
11 Fees for services (non-employees)				
a Management				
b Legal	50		50	
c Accounting	43,236		43,236	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	156,399		156,399	
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	1,840		1,840	
13 Office expenses	7,786		7,786	
14 Information technology				
15 Royalties				
16 Occupancy	6,859		6,859	
17 Travel	3,894		3,894	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,330	42,758	7,572	
23 Insurance	9,229		9,229	
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)				
a REPAIRS & MAINTENANCE	10,231		10,231	
b BAD STUDENT LOAN WRITEOFF	3,384		3,384	
c DUES AND SUBSCRIPTIONS	3,159		3,159	
d INTERNET FEES & WEBSITE	949		949	
e All other expenses	637		637	
25 **Total functional expenses.** Add lines 1 through 24e	2,380,105	1,922,340	457,765	0
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

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		298,670	1	407,138
	2	Savings and temporary cash investments		811,306	2	1,493,374
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		3,384	7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 6,861,249			
	b	Less accumulated depreciation	10b 643,125	5,938,041	10c	6,218,124
	11	Investments—publicly traded securities		43,085,639	11	45,000,345
	12	Investments—other securities See Part IV, line 11		1,212,764	12	1,203,182
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		25,745	15	22,714
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		51,375,549	16	54,344,877
Liabilities	17	Accounts payable and accrued expenses		1,912	17	858
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		81,161	25	81,161
	26	**Total liabilities.** Add lines 17 through 25		83,073	26	82,019
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds		51,292,476	32	54,262,858
	33	Total net assets or fund balances		51,292,476	33	54,262,858
	34	Total liabilities and net assets/fund balances		51,375,549	34	54,344,877

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,229,726
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,380,105
3	Revenue less expenses Subtract line 2 from line 1	3	4,849,621
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51,292,476
5	Net unrealized gains (losses) on investments	5	-1,348,186
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-531,053
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54,262,858

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☑ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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 reviewed on a separate basis, consolidated basis, or both ☐ 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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE VAN WERT COUNTY FOUNDATION

Employer identification number
34-0907558

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,185,019	1,888,137	1,247,539	4,490,040	2,751,216	11,561,951
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,185,019	1,888,137	1,247,539	4,490,040	2,751,216	11,561,951
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,347,863
6 **Public support.** Subtract line 5 from line 4						7,214,088

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	1,185,019	1,888,137	1,247,539	4,490,040	2,751,216	11,561,951
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,184,256	1,335,084	1,572,565	1,608,420	1,659,780	7,360,105
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						18,922,056

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**	38 130 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**	34 510 %

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt 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 furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2013.** 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 ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE VAN WERT COUNTY FOUNDATION

Employer identification number
34-0907558

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	25	
2	Aggregate value of contributions to (during year)	224,607	
3	Aggregate value of grants from (during year)	212,332	
4	Aggregate value at end of year	595,229	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	3,923,938
d Additions during the year	1d	472,139
e Distributions during the year	1e	255,778
f Ending balance	1f	4,140,299

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	50,194,171	40,815,748	37,275,393	36,851,396	32,789,703
b Contributions	2,522,374	3,862,834	439,890	1,637,816	1,061,861
c Net investment earnings, gains, and losses	2,977,384	7,293,171	4,692,254	185,974	4,281,222
d Grants or scholarships	1,640,680	1,447,331	1,273,433	1,056,737	915,262
e Other expenditures for facilities and programs	42,758	14,682	10,456	10,968	10,938
f Administrative expenses	342,862	315,569	307,900	332,088	355,190
g End of year balance	53,667,629	50,194,171	40,815,748	37,275,393	36,851,396

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	3,771,277	351,863		4,123,140
b Buildings		2,051,347	230,827	1,820,520
c Leasehold improvements	649,953		383,962	265,991
d Equipment		36,809	28,336	8,473
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				6,218,124

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED REAL ESTATE DAMAGES	73,606
DUE TO WRIGHT TRUST	7,555
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	81,161

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	6,054,590
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-1,348,186		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	173,050		
e	Add lines **2a** through **2d**			2e	-1,175,136
3	Subtract line **2e** from line **1**			3	7,229,726
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	7,229,726

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,380,105
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	2,380,105
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	2,380,105

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART IV, LINE 1B	THE VAN WERT COUNTY FOUNDATION IS THE TRUSTEE FOR FIVE CHARITABLE REMAINDER TRUSTS THE FOUNDATION HAS A SIGNIFICANT REMAINDER INTEREST IN EACH OF THE CHARITABLE REMAINDER TRUSTS EACH CHARITABLE REMAINDER TRUST FILES ITS OWN FEDERAL TAX FORM 5227 OR FORM 1041
SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT FUNDS ARE INVESTED SO THAT THE INCOME CAN BE USED TO FURTHER THE MENTAL, MORAL, INTELLECTUAL OR PHYSICAL WELFARE AND ADVANCEMENT OF CITIZENS OF VAN WERT COUNTY, OHIO AND SUCH OTHER AREAS AS DIRECTED BY DONORS
SCHEDULE D, PAGE 4, PART XI, LINE 2D	CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS 173,050

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE VAN WERT COUNTY FOUNDATION

Employer identification number
34-0907558

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 32

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

Part III **Grants and Other Assistance to Domestic Individuals.** 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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS TO STUDENTS	220	545,900			
(2) SENIOR/SECRETARIAL AWARDS	5	6,000			
(3) COMMUNITY CONCERT EXPENSE		79,421			
(4) FAIR AWARDS	386	12,391			

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	THE VAN WERT COUNTY FOUNDATION MAINTAINS EXPENDITURE RESPONSIBILITY FOR ANY GRANT FUNDS AWARDED TO ENTITIES OTHER THAN GOVERNMENTAL UNITS OR 501(C)(3) ORGANIZATIONS REPORTS AND DOCUMENTATION ARE OBTAINED FROM THESE ENTITIES TO ENSURE FUNDS ARE SPENT ACCORDING TO THE PURPOSES DESIGNATED

Additional Data

Software ID:
Software Version:
EIN: 34-0907558
Name: THE VAN WERT COUNTY FOUNDATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF VAN WERT-FIRE DEPT515 EAST MAIN ST VAN WERT,OH 45891	34-6401506	GOV	49,993				SMOKE DETECTORS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CULVER EDUCATIONAL FOUNDATION1300 ACADEMY RD 153 CULVER,IN 46511	35-0868071	3	19,940				SCHOLARSHIP GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY HEALTH CARE OF NORTHWEST OH1052 S WASHINGTON ST VAN WERT,OH 45891	34-1977316	3	15,000				BUILDING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH110 W CRAWFORD VAN WERT,OH 45891	34-4428937	3	83,645				GENERAL USE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FIRST UNITED METHODIST CHURCH113 W CENTRAL AVE VAN WERT, OH 45891	34-4451869	3	11,510				GENERAL & RECITALS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LINCOLNVIEW LOCAL SCHOOLS15945 MIDDLE POINT RD VAN WERT,OH 45891	34-6408870	GOV	5,500				MUSIC PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OSU EXTENSION OF VAN WERT COUNTY1055 S WASHINGTON ST VAN WERT,OH 45891	31-6025986	GOV	9,500				AG TESTING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OSU EXTENSION OF VAN WERT COUNTY1055 S WASHINGTON ST VAN WERT,OH 45891	31-6025986	GOV	8,600				4-H YOUTH DEV/INTERN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PLEASANT TOWNSHIP CEMETARY10968 WOODLAND AVE VAN WERT,OH 45891	34-6401609	GOV	9,970				MAINTENANCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SIGMA CHI FOUNDATIONS 1714 HINMAN AVE EVANSTON,IL 60201	36-2208386	3	9,970				GENERAL USE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE BRUMBACK LIBRARY 215 W MAIN ST VAN WERT,OH 45891	34-1682720	GOV	16,765				GENERAL USE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VAN WERT AREA PERFORMING ARTS CTR 10700 ST RT 118 VAN WERT,OH 45891	87-0753478	3	75,000				OPERATIONAL GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VAN WERT AREA PERFORMING ARTS CTR 10700 ST RT 118 VAN WERT,OH 45891	87-0753478	3	31,138				OPERATIONAL PURPOSES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VAN WERT CITY SCHOOLS 205 W CRAWFORD VAN WERT,OH 45891	34-6401505	GOV	21,750				GENERAL USE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VAN WERT CITY SCHOOLS 205 W CRAWFORD VAN WERT,OH 45891	34-6401505	GOV	16,533				NEEDY CHILDREN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VAN WERT CITY SCHOOLS 205 W CRAWFORD VAN WERT,OH 45891	34-6401505	GOV	14,000				TENNIS COMPLEX

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VAN WERT CO AGRICULTURAL SOCIETY 1055 S WASHINGTON ST VAN WERT,OH 45891	34-4429710	3	68,375				RABBIT BARN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VAN WERT CO AGRICULTURAL SOCIETY 1055 S WASHINGTON ST VAN WERT,OH 45891	34-4429710	3	23,000				BLDG & BLDG REPAIRS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VAN WERT CO HISTORICAL SOCIETY602 N WASHINGTON STREET VAN WERT,OH 45891	34-6535461	3	5,610				GENERAL USE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VAN WERT COUNCIL ON AGING220 FOX RD VAN WERT,OH 45891	34-1158231	3	10,000				BUILDING CAMPAIGN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VAN WERT COUNTY HOSPITAL1250 S WASHINGTON ST VAN WERT,OH 45891	34-4429514	GOV	120,540				GENERAL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VAN WERT COUNTY TREASURER121 E MAIN ST VAN WERT,OH 45891	34-6401507	GOV	21,000				PARKS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VAN WERT RECREATIONAL & PARKS DEPT515 E MAIN ST VAN WERT,OH 45891	34-6401506	GOV	10,419				HIESTAND WOODS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VAN WERT SERVICE CLUB PO BOX 161 VAN WERT,OH 45891	20-5216697	4	10,953				SCHOLARSHIPS/BANQUET

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VAN WERT SOIL & WATER CONSERVATION1185 PROFESSIONAL DR VAN WERT,OH 45891	34-6401507	3	7,000				EDU PROG,WATER STUDY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VANTAGE CAREER CENTER 818 N FRANKLIN VAN WERT,OH 45891	34-1146218	GOV	86,110				GED TEST, EDUC PROG

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASSENBURG ART CENTER 643 S WASHINGTON ST VAN WERT,OH 45891	34-1377187	3	12,666				ARMORY RENOVATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASSENBURG ART CENTER 643 S WASHINGTON ST VAN WERT,OH 45891	34-1377187	3	5,025				AWARDS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASSENBURG ART CENTER 643 S WASHINGTON ST VAN WERT,OH 45891	34-1377187	3	144,754				OPERATION OF ART CTR

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA241 W MAIN ST VAN WERT,OH 45891	34-4428264	3	25,000				BLDG & CAMP CLAY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA241 W MAIN ST VAN WERT,OH 45891	34-4428264	3	43,150				GENERAL USE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YWCA408 E MAIN ST VAN WERT,OH 45891	34-4430540	3	33,785				GENERAL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YWCA408 E MAIN ST VAN WERT,OH 45891	34-4430540	3	25,000				HOUSING PROGRAM

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE VAN WERT COUNTY FOUNDATION

Employer identification number
34-0907558

Part 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 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential	X	1	86,057	SOLD SOON AFTER DONATION
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** 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.

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
THE VAN WERT COUNTY FOUNDATION	34-0907558

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	
FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE 990 WAS PROVIDED TO THE EXECUTIVE SECRETARY PRIOR TO FILING BEFORE FILING T HE 990, THE EXECUTIVE SECRETARY REVIEWS THE 990 WITH THE CPA IN DETAIL A GENERAL REVIEW I S PERFORMED AT THE BOARD MEETING IN JUNE BY THE FULL GOVERNING BOARD
FORM 990, PAGE 6, PART VI, LINE 12C	EACH TRUSTEE, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE TO WHOM THE BOARD OF TRUSTEES HA S DELEGATED POWERS ANNUALLY SIGNS A STATEMENT THAT AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE PO LICY, AND UNDERSTANDS THAT THE FOUNDATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDER AL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF IT S TAX-EXEMPT PURPOSES COMPLIANCE IS MONITORED AT LEAST ANNUALLY DISCIPLINARY AND CORRECT IVE ACTION IS TAKEN FOR ANY VIOLATIONS OF THE CONFLICT OF INTEREST POLICY
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCES AND SALARIES OF ALL EMPLOYEES AND RECOMME NDS ANY SALARY ADJUSTMENTS TO THE BOARD OF TRUSTEES ANY SALARY AJUSTMENTS ARE APPROVED BY THE BOARD OF TRUSTEES
FORM 990, PAGE 6, PART VI, LINE 19	THE FOUNDATION'S TAX RETURN, GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF IN TEREST POLICY ARE AVAILABLE FOR REVIEW UPON REQUEST TO THE TRUSTEES OR EXECUTIVE SECRETARY COPIES ARE MADE IF REQUESTED
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS 173,050
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF CRT NOT IN 990 (SEE SCH D) 173,050

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE VAN WERT COUNTY FOUNDATION

Employer identification number
34-0907558

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part 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) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) VAN WERT AREA PERFORMING ARTS FOUND 138 E MAIN ST VAN WERT, OH 45891 87-0753478	PERF ARTS	OH	3	11A	VW CO FOUN	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(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
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
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 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VAN WERT AREA PERFORMING ARTS FOUND	B	76,440	
(2) VAN WERT AREA PERFORMING ARTS FOUND	C	1,472,656	
(3) VAN WERT AREA PERFORMING ARTS FOUND	O	31,138	
(4) VAN WERT AREA PERFORMING ARTS FOUND	P	610	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(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
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133023855

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ **Attach to your tax return.**

▶ **Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562.***

OMB No 1545-0172

2014

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
THE VAN WERT COUNTY FOUNDATION	INDIRECT DEPRECIATION	34-0907558

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	47,064
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

	(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a	3-year property						
b	5-year property		1,273	5 0	MQ	S/L	159
c	7-year property		2,299	7 0	MQ	S/L	134
d	10-year property						
e	15-year property		329,523	15 0	MQ	S/L	2,780
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property	2014-01	1,754	39 yrs	MM	S/L	42
			27,303	39 0	MM	S/L	151

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year		40 yrs	MM	S/L	

Part IV **Summary** (see instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	50,330
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions)					
43 Amortization of costs that began before your 2014 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

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Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ **Attach to your tax return.**

▶ **Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562.***

OMB No 1545-0172

2014

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
THE VAN WERT COUNTY FOUNDATION	FARMS-VAN WERT & PAULD CO'S	34-0907558

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	23,894
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

	(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property		8,265	20 0	MQ	S/L	155
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year		40 yrs	MM	S/L	

Part IV **Summary** (see instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	24,049
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions)					
43 Amortization of costs that began before your 2014 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

THE VAN WERT COUNTY FOUNDATION

138 East Main Street, Van Wert, Ohio, 45891
419.238.1743 | info@vanwertcountyfoundation org

HIGH SCHOOL INFORMATION FORM

(Required for first time scholarship applicants)

NAME: _____ DATE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE. _____

PHONE: _____ EMAIL ADDRESS: _____

COUNTY OF RESIDENCE DURING SENIOR YEAR OF HIGH SCHOOL: _____

NAME OF HIGH SCHOOL _____ GRADUATION DATE: _____

HOW MANY YEARS WERE YOU IN HIGH SCHOOL MARCHING BAND: ❑ 0 years ❑ 1 year ❑ 2 years ❑ 3 years ❑ 4 years

HAVE YOU PARTICIPATED IN THE VAN WERT COUNTY JUNIOR FAIR? ❑ Yes ❑ No

MEMBER OF WHAT CHURCH (Scholarships available for members of certain churches): _____

DID YOU ATTEND VANTAGE CAREER CENTER? ❑ Yes ❑ No

IF SO - WHAT AREA OF STUDY _____

LIST HIGH SCHOOL VARSITY SPORTS YOU PARTICIPATED IN AND YEARS LETTERED IN EACH.

_____

_____

_____

ADDITIONAL ITEMS THAT MUST BE INCLUDED WITH THIS FORM:

1. High School Transcript
2. Small Portrait Picture

By submitting this form, high school transcript, and photo, you will automatically receive the college scholarship application form during the spring of your freshman year.

REVISED 3.14

THE VAN WERT COUNTY FOUNDATION

138 East Main Street, Van Wert, Ohio, 45891
419.238.1743 | info@vanwertcountyfoundation.org

COLLEGE SCHOLARSHIP APPLICATION

STUDENT NAME: DATE.

MAILING ADDRESS

COUNTY OF RESIDENCE: TOWNSHIP:

PHONE: EMAIL ADDRESS:

STUDENT'S STATUS: ❑ Single ❑ Married

NAME OF COLLEGE. TERMS: ❑ Quarter ❑ Semester

COLLEGE ADDRESS.

MAJOR OR CONCENTRATION:

LENGTH OF PROGRAM: ❑ Two years ❑ Three years ❑ Four years ❑ Five years

STATUS SEPTEMBER 2014: ❑ Sophomore ❑ Junior ❑ Senior ❑ 5th year

DO YOU ANTICIPATE PARTICIPATING IN A CO-OP OR STUDY ABROAD PROGRAM IN THE NEXT YEAR? ❑ Yes ❑ No

EXPECTED DATE OF GRADUATION:

PARENT'S NAME:

PARENT'S ADDRESS:

PARENT'S PHONE PARENT'S STATUS: ❑ Married ❑ Divorced ❑ Separated ❑ Widowed

PLACE OF EMPLOYMENT: FATHER. MOTHER:

NUMBER OF DEPENDENT CHILDREN IN COLLEGE DURING 2014-2015 ACADEMIC YEAR:

ADDITIONAL ITEMS THAT MUST BE INCLUDED WITH THIS APPLICATION:

1. Copy of parents' (or student's if Independent) IRS Form 1040 - Pages 1 and 2. Both parents' form if filing separately is required If student is claiming Independent, form must show student claiming themselves.
2. Small picture if not previously submitted.
3. College Transcript for first time applicant - spring term grade sheet thereafter.
4. High School Information Form if not previously submitted.

COMMENTS REGARDING UNUSUAL FAMILY FINANCIAL SITUATION.

THE VAN WERT COUNTY FOUNDATION

138 East Main Street, Van Wert, Ohio, 45891
419.238.1743 | info@vanwertcountyfoundation.org

COLLEGE SCHOLARSHIP GUIDELINES

1. A maximum of three (3) grants will be made to a student earning a baccalaureate degree in four years A student whose course of study **requires** five (5) years to earn a baccalaureate degree may be awarded a fourth grant

2. Students who have completed their freshman year in college are eligible to have their application considered **provided** they have a 2.75 accumulative grade point average.

3. Students who have been granted a scholarship must maintain a 3.0 accumulative grade point average to warrant continuation of the scholarship grant.

4. A first time applicant with above sophomore standing must have a 3.0 accumulative grade point average

5. An applicant must be a full time student enrolled in a minimum of 12 quarter or 12 semester hours per term Special consideration may be given to part-time students.

6. Scholarship grants, in general, will not be awarded to students whose parent's annual income is in excess of $65,000.00. This figure may be modified depending upon the number of children in college.

7. Honor scholarships may be awarded to those who exceed the income standard stated above and whose accumulative point average is 3.2 or above.

8. An applicant must have been a resident of Van Wert, Paulding, or Allen Counties when they graduated from one of the following eligible High Schools:
   - Antwerp Local School
   - Crestview Local Schools
   - Delphos Jefferson
   - Delphos St. Johns
   - Lincolnview Local Schools
   - Parkway Local School - Only Van Wert County Residents Eligible
   - Paulding Local Schools
   - Spencerville Local School - Only Van Wert County Residents Eligible
   - Vantage Vocational School
   - Van Wert High School
   - Wayne Trace Local School

9. An applicant who receives a diploma through the General Education Development testing program is eligible for a scholarship provided they attended one of the eligible high schools. Home-schooled students are also eligible.

GRANT GUIDELINES
THE VAN WERT COUNTY FOUNDATION

The Van Wert County Foundation was incorporated under the laws of the State of Ohio on September 15, 1925.

The said corporation is formed for the purpose of receiving charitable contributions, investing the same, and using the income to further the mental, moral, intellectual or physical welfare and advancement of citizens of Van Wert County, Ohio, and such other areas as directed by a donor.

While the Foundation endeavors to maintain a degree of flexibility in its grants the following limitations should be noted.

1. Grants are made to organizations accorded a tax-exempt 501 © (3) public charity status by the Internal Revenue Service and to governmental units.

2. Grants are not made to individuals except those who are accepted as a part of the college scholarship program.

3. The Foundation does not provide grants for projects that taxpayers or commercial interests normally support.

4. The Foundation does not support religious activities or programs that serve specific religious groups or denominations.

Grant proposals should include:

(a) A description of the project and what will be accomplished.

(b) A description of the population to be served.

(c) A documented line-item budget for the proposed grant.

(d) Information about the organization seeking funds including its tax-exempt status.

Grants are considered in June and December each year. Grant applications **must** be received by May 15 for June consideration and November 15 for December consideration.

Grant proposal should be sent to: Seth A. Baker, Executive Secretary
Van Wert County Foundation
138 East Main Street
Van Wert, Ohio, 45891

GRANT APPLICATION FORM
THE VAN WERT COUNTY FOUNDATION

DATE _____
NAME OF ORGANIZATION _____
OFFICERS OF ORGANIZATION **President** _____
Vice-President _____
Secretary _____
Treasurer _____

1) The Van Wert County Foundation has the responsibility to verify that an organization requesting a grant is incorporated not for profit, I.R.S. exempt and has a 501 © (3) classification.

   Are you so classified? Yes _____ No _____
   Please provide evidence of this for your organization.
   Please provide Federal I.D. #_____

2) State the purpose of your organization.

3) What population group do you serve? (age, sex, special interest)?

4) What geographic area do you serve?

5) Approximately how many different individuals will be served?

6) What specific use or program will be made of the requested funds?

7) Total budget for program being funded? $_____

8) How is this program currently funded? List other organizations that are financially supporting this program.

9) Please include a copy of your latest operating budget and a balance statement.

10) **Amount requested from The Van Wert County Foundation? $_____**

11) Please indicate the date by which you would need these funds?

12) How should check by made payable?

13) What type of recognition will The Van Wert County Foundation receive?

14) Please return by **May 15 or November 15**

Name of Submitter _____
Address _____
Email _____
Telephone _____

Grant proposal should be sent to: Seth A. Baker, Executive Secretary
Van Wert County Foundation
138 East Main Street
Van Wert, Ohio, 45891

LPL Financial

Account 21951299

Proceeds Not Reported to the IRS

2014

SHORT-TERM TRANSACTIONS

NOT reported on Form 1099-B

Report on Form 8949, Part I, with Box C checked

Description of property

Date sold or disposed	Quantity	Proceeds Shown (G)ross (N)et	Date acquired	Cost or other basis	Adjustments & Code(s), if any	Gain or loss(-) & 7- Loss not allowed(X)	Additional Information
CAP INCM BLDR F2 / CUSIP: 140194101 / Symbol: CAIFX							
08/08/14	656.070	39,173.95	VARIOUS	37,847.61	0.00	1,326.34	Total of 4 lots
INCOME FD OF AMER F2 / CUSIP: 453320822 / Symbol: AMEFX							
08/04/14	6,787.235	145,586.20	VARIOUS	135,010.13	0.00	10,576.07	Total of 5 lots
THORN INCM BLDR A / CUSIP: 885215558 / Symbol: TIBAX							
05/08/14	726.459	15,647.94	VARIOUS	14,694.46	0.00	953.48	Total of 4 lots
VNGRD WELLESLY INCM INVS / CUSIP: 921938106 / Symbol: VWINX							
08/06/14	2,312.411	59,243.98	VARIOUS	57,470.77	0.00	1,773.21	Total of 6 lots
	Totals:	**259,652.07**		**245,022.97**	**0.00**	**14,629.10**	

LONG-TERM TRANSACTIONS

NOT reported on Form 1099-B

Report on Form 8949, Part II, with Box F checked

Description of property

Date sold or disposed	Quantity	Proceeds Shown (G)ross (N)et	Date acquired	Cost or other basis	Adjustments & Code(s), if any	Gain or loss(-) & 7- Loss not allowed(X)	Additional Information
CAP INCM BLDR F2 / CUSIP: 140194101 / Symbol: CAIFX							
05/08/14	7,796.948	470,000.00	07/27/12	407,234.59	0.00	62,765.41	Sale
08/01/14	6,318.000	378,448.20	07/27/12	329,989.13	0.00	48,459.07	Sale
08/08/14	2,311.314	138,008.55	VARIOUS	121,908.60	0.00	16,099.95	Total of 5 lots
	Security total:	986,456.75		859,132.32	0.00	127,324.43	
INCOME FD OF AMER F2 / CUSIP: 453320822 / Symbol: AMEFX							
08/04/14	44,627.837	957,267.09	VARIOUS	877,678.29	0.00	79,588.80	Total of 2 lots
THORN INCM BLDR A / CUSIP: 885215558 / Symbol: TIBAX							
05/08/14	15,020.611	323,543.95	VARIOUS	282,788.81	0.00	40,755.14	Total of 4 lots

LPL Financial

Account 21951299

Proceeds Not Reported to the IRS

2014

(continued)

LONG-TERM TRANSACTIONS

NOT reported on Form 1099-B

Report on Form 8949, Part II, with Box F checked

Description of property

Date sold or disposed	Quantity	Proceeds Shown (G)ross (N)et	Date acquired	Cost or other basis	Adjustments & Code(s), if any	Gain or loss(-) & 7- Loss not allowed(X)	Additional Information
VNGRD WELLESLY INCM INVS / CUSIP: 921938106 / Symbol: VWINX							
08/06/14	38,423 626	984,413.29	VARIOUS	946,080.40	0 00	38,332.89	Total of 9 lots
VNGRD SHRT TRM CORP ETF / CUSIP: 92206C409 / Symbol: VCSH							
11/26/14	374.000	29,972.44	02/04/13	29,973.11	0.00	-0 67	Sale
VNGRD SMLL CAP GRWTH ETF / CUSIP: 922908595 / Symbol: VBK							
08/01/14	537.000	64,497.64	VARIOUS	21,583 14	0.00	42,914 50	Total of 2 lots
VNGRD MID CAP ETF / CUSIP: 922908629 / Symbol: VO							
08/01/14	1,405.000	162,403.45	VARIOUS	112,423.14	0 00	49,980.31	Total of 2 lots
WSDMTR E/M SMCP DIV ETF / CUSIP: 97717W281 / Symbol: DGS							
08/01/14	649.000	31,588 21	11/09/11	27,729 75	0 00	3,858.46	Sale
WSDMTR E/M EQ INCM ETF / CUSIP: 97717W315 / Symbol: DEM							
08/01/14	537 000	27,901.90	11/09/11	27,714.54	0.00	187.36	Sale
	Totals:	**3,568,044.72**		**3,185,103.50**	**0.00**	**382,941.22**	

STIFEL

ONE FINANCIAL PLAZA
501 NORTH BROADWAY
ST. LOUIS, MO 63102

THE VAN WERT COUNTY FOUNDATION
ATTN SETH BAKER EXEC SEC

2014 CONSOLIDATED FORM 1099
CORRECTED AS OF 03/27/15

PAYER NAME:
STIFEL, NICOLAUS & COMPANY, INCORPORATED
PAYER FEDERAL ID NO: 43-0538770

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TAXPAYER ID NO: XX-XXX7558

1099-INT DETAIL INFORMATION (CONTINUED)

The following detail is being provided for your information only and will not be furnished to the IRS.

BOND PREMIUM (INCLUDED IN IRS BOX 11 - NON-EXEMPT COVERED LOTS)

DESCRIPTION	CUSIP/ SEC NO	DATE	CATEGORY	ACTIVITY	AMOUNT	IRS BOX	CNTRY
TUPPERWARE BR4 75 060121	899896AC8	12/31/14	Non-Exempt	Bond Premium	$129.60	11	
WF MTN 4.125 081523	94974BFN5	12/31/14	Non-Exempt	Bond Premium	$45.84	11	
TOTAL BOND PREMIUM (INCLUDED IN IRS BOX 11 - NON-EXEMPT COVERED LOTS)					**$798.93**		
TOTAL BOND PREMIUM (COVERED LOTS)					**$798.93**		

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1099-B DETAIL INFORMATION

The following detail is being provided for your information only and will not be furnished to the IRS.

SALES PRICE LESS COMMISSIONS AND OPTION PREMIUMS
Gross Proceeds LONG-TERM transactions with cost basis NOT reported to the IRS - Report on Form 8949, Part II, with Box E checked

DESCRIPTION	QUANTITY	DATE ACQUIRED	DATE SOLD	PROCEEDS	COST BASIS	ADJUSTMENTS	GAIN/(LOSS)	ACTIVITY
ABBEY NATL 2.875 042514 CUSIP/SECNO/SYMBOL: 002799AK0	25,000 00	08/02/12	04/25/14	$25,000.00	$25,000.00		$0 00	Redemption
FORD CR NT 1.5 082014 CUSIP/SECNO/SYMBOL: 34540TDB5	25,000.00	08/06/12	08/20/14	$25,000.00	$25,000 00		$0.00	Redemption
HSBC INTRNTS 4.0 101514 CUSIP/SECNO/SYMBOL: 40429XWP7	25,000.00	08/02/12	10/15/14	$25,000.00	$25,000 00		$0.00	Redemption
PITNEY BOWES5.75 091517 CUSIP/SECNO/SYMBOL: 724MMl9C9	21,000 00	08/02/12	03/18/14	$23,296.56	$21,743 25		$1,553.31	Tender

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PAYER NAME:
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PAYER FEDERAL ID NO: 43-0538770

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TAXPAYER ID NO: XX-XXX7558

1099-B DETAIL INFORMATION (CONTINUED)

The following detail is being provided for your information only and will not be furnished to the IRS.

SALES PRICE LESS COMMISSIONS AND OPTION PREMIUMS (CONTINUED)
Gross Proceeds LONG-TERM transactions with cost basis NOT reported to the IRS - Report on Form 8949, Part II, with Box E checked (continued)

DESCRIPTION	QUANTITY	DATE ACQUIRED	DATE SOLD	PROCEEDS	COST BASIS	ADJUSTMENTS	GAIN/(LOSS)	ACTIVITY
SAFEWAY INC CUSIP/SECNO/SYMBOL. 786514BT5	20,000.00	08/02/12	08/18/14	$21,169.20	$20,264.89		$904.31	Redemption
Total Gross Proceeds LONG-TERM transactions with cost basis NOT reported to the IRS	**116,000.00**			**$119,465.76**	**$117,008.14**	**$0.00**	**$2,457.62**	
TOTAL SALES PRICE LESS COMMISSIONS AND OPTION PREMIUMS (BOX 1D AND 1E)				**$119,465.76**	**$117,008.14**			

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1099-MISC DETAIL INFORMATION

The following detail is being provided for your information only and will not be furnished to the IRS.

MISCELLANEOUS INCOME

DESCRIPTION	CUSIP/ SEC NO	DATE	ACTIVITY	AMOUNT	IRS BOX	CNTRY
PITNEY BOWES5 75 091517	724MMI9C9	03/18/14	Other Income	$630.00	3	
SAFEWAY INC 3.4 120116	78699AES4	10/06/14	Other Income	$25.00	3	
			TOTAL OTHER INCOME	**$655.00**		

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STIFEL

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501 NORTH BROADWAY
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VAN WERT COUNTY FOUNDATION
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2014 CONSOLIDATED FORM 1099
ORIGINAL 02/06/15

PAYER NAME:
STIFEL, NICOLAUS & COMPANY, INCORPORATED
PAYER FEDERAL ID NO: 43-0538770

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TAXPAYER ID NO: XX-XXX7558

1099-B DETAIL INFORMATION

The following detail is being provided for your information only and will not be furnished to the IRS.

SALES PRICE LESS COMMISSIONS AND OPTION PREMIUMS
Gross Proceeds LONG-TERM transactions with cost basis reported to the IRS - Report on Form 8949, Part II, with Box D checked

DESCRIPTION	QUANTITY	DATE ACQUIRED	DATE SOLD	PROCEEDS	COST BASIS	ADJUSTMENTS	GAIN/(LOSS)	ACTIVITY
CDK GLOBAL INC								
CUSIP/SECNO/SYMBOL: 12508E101		08/16/12	09/30/14	$20.38	$14.73		$5.65	Cash In Lieu
	220.00	08/16/12	10/28/14	$7,247.81	$4,857.67		$2,390.14	Sale
TOTAL:	**220.00**			**$7,268.19**	**$4,872.40**	**$0.00**	**$2,395.79**	
COMMERCE BANCSHARES INC								
CUSIP/SECNO/SYMBOL: 200525103		08/16/12	12/15/14	$32.12	$25.56		$6.56	Cash In Lieu
HALYARD HEALTH INC								
CUSIP/SECNO/SYMBOL: 40650V100	59.00	08/16/12	11/13/14	$2,243.13	$1,630.75		$612.38	Sale
INTEL CORP								
CUSIP/SECNO/SYMBOL: 458140100	1,702.00	Various	08/19/14	$58,462.40	$43,851.79		$14,610.61	Sale
REPUBLIC SERVICES INC								
CUSIP/SECNO/SYMBOL: 760759100	192.00	08/16/12	08/14/14	$7,482.09	$5,542.84		$1,939.25	Sale
STERIS CORP								
CUSIP/SECNO/SYMBOL 859152100	219.00	12/27/12	11/10/14	$13,880.60	$7,634 17		$6,246.43	Sale
UNS ENERGY CORP								
CUSIP/SECNO/SYMBOL: 903119105	931.00	08/16/12	01/13/14	$55,249 88	$37,481.96		$17,767 92	Sale
Total Gross Proceeds LONG-TERM transactions with cost basis reported to the IRS	**3,323.00**			**$144,618.41**	**$101,039.47**	**$0.00**	**$43,578.94**	

TOTAL SALES PRICE LESS COMMISSIONS AND OPTION PREMIUMS (BOX 1D AND 1E)	**$144,618.41**	**$101,039.47**

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STIFEL

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501 NORTH BROADWAY
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VAN WERT COUNTY FOUNDATION
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2014 CONSOLIDATED FORM 1099
ORIGINAL 02/06/15

PAYER NAME:
STIFEL, NICOLAUS & COMPANY, INCORPORATED
PAYER FEDERAL ID NO: 43-0538770

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TAXPAYER ID NO: XX-XXX7558

1099-B DETAIL INFORMATION

The following detail is being provided for your information only and will not be furnished to the IRS.

SALES PRICE LESS COMMISSIONS AND OPTION PREMIUMS
Gross Proceeds SHORT-TERM transactions with cost basis reported to the IRS - Report on Form 8949, Part I, with Box A checked

DESCRIPTION	QUANTITY	DATE ACQUIRED	DATE SOLD	PROCEEDS	COST BASIS	ADJUSTMENTS	GAIN/(LOSS)	ACTIVITY
PERRIGO COMPANY PLC CUSIP/SECNO/SYMBOL: G97822103	117.00	12/18/13	10/14/14	$17,227 27	$18,174.74		($947.47)	Sale
Total Gross Proceeds SHORT-TERM transactions with cost basis reported to the IRS	**117.00**			**$17,227.27**	**$18,174.74**	**$0.00**	**($947.47)**	

Gross Proceeds LONG-TERM transactions with cost basis reported to the IRS - Report on Form 8949, Part II, with Box D checked

DESCRIPTION	QUANTITY	DATE ACQUIRED	DATE SOLD	PROCEEDS	COST BASIS	ADJUSTMENTS	GAIN/(LOSS)	ACTIVITY
AMERN EXPRESS CO CUSIP/SECNO/SYMBOL: 025816109	75.00	08/15/12	01/09/14	$6,608.55	$4,248.00		$2,360.55	Sale
	300.00	08/15/12	02/03/14	$24,956 72	$16,992.00		$7,964.72	Sale
TOTAL:	**375.00**			**$31,565.27**	**$21,240.00**	**$0.00**	**$10,325.27**	
APPLE INC CUSIP/SECNO/SYMBOL 037833100	19.00	08/15/12	05/13/14	$11,290.54	$11,977.10		($686.56)	Sale
	262.00	08/15/12	07/14/14	$25,244.21	$23,593.98		$1,650.23	Sale
	196.00	08/15/12	10/29/14	$20,962.55	$17,650.45		$3,312.10	Sale
	75.00	08/15/12	12/22/14	$8,478.57	$6,754.00		$1,724.57	Sale
TOTAL:	**552.00**			**$65,975.87**	**$59,975.53**	**$0.00**	**$6,000.34**	
BERKSHIRE HATHAWAY B NEW CUSIP/SECNO/SYMBOL: 084670702	154.00	08/15/12	05/12/14	$19,547 79	$13,049.58		$6,498.21	Sale
	152.00	08/15/12	11/18/14	$22,211.36	$12,880.10		$9,331.26	Sale
TOTAL:	**306.00**			**$41,759.15**	**$25,929.68**	**$0.00**	**$15,829.47**	
CUMMINS INC CUSIP/SECNO/SYMBOL: 231021106	159.00	08/15/12	05/07/14	$23,768.49	$16,013.78		$7,754.71	Sale

STIFEL

ONE FINANCIAL PLAZA
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ATTN SETH BAKER EXEC SEC

2014 CONSOLIDATED FORM 1099
ORIGINAL 02/06/15

PAYER NAME:
STIFEL, NICOLAUS & COMPANY, INCORPORATED
PAYER FEDERAL ID NO: 43-0538770

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1099-B DETAIL INFORMATION (CONTINUED)

The following detail is being provided for your information only and will not be furnished to the IRS.

SALES PRICE LESS COMMISSIONS AND OPTION PREMIUMS (CONTINUED)
Gross Proceeds LONG-TERM transactions with cost basis reported to the IRS - Report on Form 8949, Part II, with Box D checked (continued)

DESCRIPTION	QUANTITY	DATE ACQUIRED	DATE SOLD	PROCEEDS	COST BASIS	ADJUSTMENTS	GAIN/(LOSS)	ACTIVITY
EMC CORP MASS CUSIP/SECNO/SYMBOL: 268648102	1,700.00	Various	12/02/14	$51,420.80	$42,586.06		$8,834.74	Sale
GILEAD SCIENCES INC CUSIP/SECNO/SYMBOL: 375558103	460.00	08/15/12	04/23/14	$34,415.46	$13,339.19		$21,076.27	Sale
GOOGLE INC CL A CUSIP/SECNO/SYMBOL: 38259P508	15.00	08/15/12	01/09/14	$16,923.15	$10,013.34		$6,909 81	Sale
MONSTER BEVERAGE CORP CUSIP/SECNO/SYMBOL: 611740101	470.00	10/25/12	03/13/14	$33,058.54	$22,356.49		$10,702.05	Sale
VISA INC CLASS A CUSIP/SECNO/SYMBOL: 92826C839	105.00	08/15/12	02/03/14	$22,479.55	$13,543.35		$8,936.20	Sale
Total Gross Proceeds LONG-TERM transactions with cost basis reported to the IRS	**4,142.00**			**$321,366.28**	**$224,997.42**	**$0.00**	**$96,368.86**	
TOTAL SALES PRICE LESS COMMISSIONS AND OPTION PREMIUMS (BOX 1D AND 1E)				**$338,593.55**	**$243,172.16**			

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STIFEL

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2014 CONSOLIDATED FORM 1099
ORIGINAL 02/06/15

PAYER NAME:
STIFEL, NICOLAUS & COMPANY, INCORPORATED
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1099-B DETAIL INFORMATION

The following detail is being provided for your information only and will not be furnished to the IRS.

SALES PRICE LESS COMMISSIONS AND OPTION PREMIUMS
Gross Proceeds SHORT-TERM transactions with cost basis reported to the IRS - Report on Form 8949, Part I, with Box A checked

DESCRIPTION	QUANTITY	DATE ACQUIRED	DATE SOLD	PROCEEDS	COST BASIS	ADJUSTMENTS	GAIN/(LOSS)	ACTIVITY
AMCAP F2								
CUSIP/SECNO/SYMBOL: 023375827	23,261.00	07/25/13	02/03/14	$615,486.06	$597,575.10		$17,910.96	Sale
FID ADVS NEW INSIGHTS I								
CUSIP/SECNO/SYMBOL: 316071604	22,261 00	07/26/13	02/03/14	$575,001.63	$604,386.15		($29,384.52)	Sale
	393.48	07/26/13	07/08/14	$11,100.00	$10,682.91		$417 09	Sale
TOTAL:	**22,654.48**			**$586,101.63**	**$615,069.06**	**$0.00**	**($28,967.43)**	
HEARTLAND VAL PLS I								
CUSIP/SECNO/SYMBOL: 422352849	2,278.00	07/26/13	02/03/14	$74,513.38	$79,023.83		($4,510.45)	Sale
	4,744.63	07/26/13	05/07/14	$170,000.00	$164,591.11		$5,408.89	Sale
TOTAL:	**7,022.63**			**$244,513.38**	**$243,614.94**	**$0.00**	**$898.44**	
Total Gross Proceeds SHORT-TERM transactions with cost basis reported to the IRS	**52,938.10**			**$1,446,101.07**	**$1,456,259.10**	**$0.00**	**($10,158.03)**	

Gross Proceeds LONG-TERM transactions with cost basis reported to the IRS - Report on Form 8949, Part II, with Box D checked

DESCRIPTION	QUANTITY	DATE ACQUIRED	DATE SOLD	PROCEEDS	COST BASIS	ADJUSTMENTS	GAIN/(LOSS)	ACTIVITY
RDGWRTH SMCP VAL EQ I								
CUSIP/SECNO/SYMBOL: 76628R474	4,013.00	01/31/13	02/03/14	$65,331.64	$59,673.32		$5,658.32	Sale
	5,724.10	01/31/13	05/07/14	$100,000.00	$85,117.34		$14,882.66	Sale
TOTAL:	**9,737.10**			**$165,331.64**	**$144,790.66**	**$0.00**	**$20,540.98**	

STIFEL

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ORIGINAL 02/06/15

PAYER NAME:
STIFEL, NICOLAUS & COMPANY, INCORPORATED
PAYER FEDERAL ID NO: 43-0538770

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1099-B DETAIL INFORMATION (CONTINUED)

The following detail is being provided for your information only and will not be furnished to the IRS.

SALES PRICE LESS COMMISSIONS AND OPTION PREMIUMS (CONTINUED)
Gross Proceeds LONG-TERM transactions with cost basis reported to the IRS - Report on Form 8949, Part II, with Box D checked (continued)

DESCRIPTION	QUANTITY	DATE ACQUIRED	DATE SOLD	PROCEEDS	COST BASIS	ADJUSTMENTS	GAIN/(LOSS)	ACTIVITY
VNGRD S/TRM INVT GR INVS CUSIP/SECNO/SYMBOL: 922031406	1,008.40	10/24/12	10/03/14	$10,800.00	$10,971.43		($171.43)	Sale
Total Gross Proceeds LONG-TERM transactions with cost basis reported to the IRS	**10,745.50**			**$176,131.64**	**$155,762.09**	**$0.00**	**$20,369.55**	

Gross Proceeds LONG-TERM transactions with cost basis NOT reported to the IRS - Report on Form 8949, Part II, with Box E checked

DESCRIPTION	QUANTITY	DATE ACQUIRED	DATE SOLD	PROCEEDS	COST BASIS	ADJUSTMENTS	GAIN/(LOSS)	ACTIVITY
ARTISAN MDCP VAL INVS CUSIP/SECNO/SYMBOL: 04314H709	1,087.75	01/22/10	06/04/14	$30,000.00	$19,155.19		$10,844.81	Sale
	1,013.38	01/22/10	12/01/14	$25,000.00	$17,845.57		$7,154.43	Sale
TOTAL:	**2,101.12**			**$55,000.00**	**$37,000.76**	**$0.00**	**$17,999.24**	
DODGE & COX INCM CUSIP/SECNO/SYMBOL: 256210105	28,797.70	01/22/10	10/29/14	$400,000.00	$378,113.74		$21,886.26	Sale
JPM MDCP VAL SEL CUSIP/SECNO/SYMBOL: 339183105	149.97	01/22/10	01/13/14	$5,150.00	$2,853 44		$2,296.56	Sale
	814.33	01/22/10	06/04/14	$30,000.00	$15,493.97		$14,506.03	Sale
	640.04	01/22/10	12/01/14	$25,000.00	$12,177.81		$12,822.19	Sale
TOTAL:	**1,604.34**			**$60,150.00**	**$30,525.22**	**$0.00**	**$29,624.78**	

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STIFEL

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2014 CONSOLIDATED FORM 1099
ORIGINAL 02/06/15

PAYER NAME:
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1099-B DETAIL INFORMATION (CONTINUED)

The following detail is being provided for your information only and will not be furnished to the IRS.

SALES PRICE LESS COMMISSIONS AND OPTION PREMIUMS (CONTINUED)
Gross Proceeds LONG-TERM transactions with cost basis NOT reported to the IRS - Report on Form 8949, Part II, with Box E checked (continued)

DESCRIPTION	QUANTITY	DATE ACQUIRED	DATE SOLD	PROCEEDS	COST BASIS	ADJUSTMENTS	GAIN/(LOSS)	ACTIVITY
IVY MDCP GRW I								
CUSIP/SECNO/SYMBOL: 466001609	1,221.00	08/12/11	06/04/14	$30,000.00	$20,415.14		$9,584.86	Sale
	962.65	08/12/11	12/01/14	$25,000.00	$16,095.50		$8,904.50	Sale
TOTAL:	**2,183.65**			**$55,000.00**	**$36,510.64**	**$0.00**	**$18,489.36**	
NATWD GENEVA MDCP GRW IS								
CUSIP/SECNO/SYMBOL: 63868B690	33.31	01/22/10	04/02/14	$1,000.00	$558.24		$441.76	Sale
	1,041.31	01/22/10	06/04/14	$30,000.00	$17,450.58		$12,549.42	Sale
	807.23	01/22/10	12/01/14	$25,000.00	$13,527.91		$11,472.09	Sale
TOTAL:	**1,881.85**			**$56,000.00**	**$31,536.73**	**$0.00**	**$24,463.27**	
PIONEER OAK SMCP GRW Y								
CUSIP/SECNO/SYMBOL: 72387T785	1,740.00	01/22/10	02/03/14	$64,954.20	$38,527.66		$26,426.54	Sale
	2,135.04	01/22/10	05/07/14	$80,000.00	$47,274.78		$32,725.22	Sal
TOTAL:	**3,875.04**			**$144,954.20**	**$85,802.44**	**$0.00**	**$59,151.76**	
SMALLCAP WORLD F2								
CUSIP/SECNO/SYMBOL: 831681820	1,309.00	01/22/10	02/03/14	$62,216.77	$41,063.33		$21,153.44	Sale
	601.69	01/22/10	06/04/14	$30,000.00	$18,874.86		$11,125.14	Sale
TOTAL:	**1,910.69**			**$92,216.77**	**$59,938.19**	**$0.00**	**$32,278.58**	
Total Gross Proceeds LONG-TERM transactions with cost basis NOT reported to the IRS	**42,354.39**			**$863,320.97**	**$659,427.72**	**$0.00**	**$203,893.25**	
TOTAL SALES PRICE LESS COMMISSIONS AND OPTION PREMIUMS (BOX 1D AND 1E)				**$2,485,553.68**	**$2,271,448.91**			

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(continued on backside)

2014 Year-End Account Summary

As of Date: 03/14/15

Account Number: 4325-2491

THE VAN WERT COUNTY FOUNDATION
ATTN: SETH A BAKER EXEC SEC

This information is NOT provided to the Internal Revenue Service, but is being provided to you for courtesy purposes. Please consult with your Financial Advisor or tax advisor regarding specific questions.

Proceeds from Broker and Barter Exchange Transactions

Short Term Gains or Losses (Box 2) For Covered Securities (Box 5)

Description CUSIP (Box 1a)	Quantity Sold	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Code (Box 1f)	Adjustments (Box 1g)	Gain/Loss Amount	Additional Information
BROWN ADVISORY FDS * ADVISORY GROWTH EQUITY CUSIP 115233504	182 35600	12/17/2013	02/03/2014	3,275 12	3,049 46		0.00	225 66	
COLUMBIA FUNDS TR * SMALL CAP INDEX FUND CUSIP 19765J814	3246.75300	12/11/2013	06/02/2014	75,000 00	72,629 86		0 00	2,370.14	
	19104 61000	12/11/2013	10/30/2014	441,698 58	427,822 11		0 00	13,876 47	
	503 61800	06/25/2014	10/30/2014	11,643 65	11,277 84		0 00	365.81	
	56 74500	06/25/2014	10/30/2014	1,311 94	1,270 72		0.00	41 22	
	14.41500	06/25/2014	10/30/2014	333.28	322.80		0 00	10 48	
Subtotals	**22926.14100**			**$529,987.45**	**$513,323.33**		**$0.00**	**$16,664.12**	
DWS INCOME TR * ULTRA-SHORT DURATION FD CUSIP 23339E772	27593 81900	10/24/2013	07/31/2014	250,000.00	249,179 90		0 00	820 10	
DEUTSCHE INCOME TR * ULTRA-SHORT DURATION CUSIP: 25155T874	125 81899	11/25/2013	10/30/2014	1,127 33	1,135 18		0.00	-8 85	
	154 72199	01/02/2014	10/30/2014	1,386 31	1,397 18		0 00	-10 87	
	105 88099	01/28/2014	10/30/2014	948 69	956.14		0.00	-7 45	
	125.44099	02/25/2014	10/30/2014	1,123.95	1,132.77		0 00	-8 82	
	127.06199	03/26/2014	10/30/2014	1,138.47	1,147 41		0 00	-8 94	
	120.67599	04/25/2014	10/30/2014	1,081 26	1,089 74		0.00	-8.48	
	116.21399	05/27/2014	10/30/2014	1,041 28	1,049 44		0 00	-8.16	
	118 18799	06/25/2014	10/30/2014	1,058.97	1,067.27		0 00	-8 30	
	131.56709	07/28/2014	10/30/2014	1,178 84	1,188 09		0.00	-9 25	
	74 30500	08/26/2014	10/30/2014	665.78	668.58		0.00	-2 80	

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THE VAN WERT COUNTY FOUNDATION
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Proceeds from Broker and Barter Exchange Transactions, continued

Short Term Gains or Losses (Box 2) For Covered Securities (Box 5)

Description CUSIP (Box 1a)	Quantity Sold	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Code (Box 1f)	Adjustments (Box 1g)	Gain/Loss Amount	Additional Information
DEUTSCHE INCOME TR * ULTRA-SHORT DURATION CUSIP 25155T874	77 48900	09/25/2014	10/30/2014	694 30	697.23		0 00	-2 93	
	83 68100	10/28/2014	10/30/2014	749 80	752.95		0 00	-3.15	
Subtotals	**1361.04501**			**$12,194.98**	**$12,282.98**		**$0.00**	**($88.00)**	
LORD ABBETT INVESTMENT * TR SHORT DURATION INCM CUSIP. 543916464	22271.71500	12/11/2013	11/26/2014	100,000 00	101,543 07		0.00	-1,543 07	
METROPOLITAN WEST FDS * ULTRA SHORT BOND FD CL I CUSIP: 592905798	58139.53500	10/24/2013	07/31/2014	250,000.00	250,002 52		0 00	-2.52	
	15 58600	11/01/2013	07/31/2014	67.01	67.02		0 00	-0.01	
	46 28800	12/02/2013	07/31/2014	199.03	199 04		0.00	-0 01	
	69767.44200	12/11/2013	07/31/2014	300,000.02	300,003.03		0.00	-3.01	
	70 94000	01/02/2014	07/31/2014	305 04	305.04		0.00	0.00	
	79 74200	02/03/2014	07/31/2014	342 89	342.89		0.00	0.00	
	80 59900	03/03/2014	07/31/2014	346.57	346 57		0 00	0.00	
	96.69800	04/01/2014	07/31/2014	415.80	415.80		0.00	0 00	
	96 30400	05/01/2014	07/31/2014	414.11	414 11		0.00	0 00	
	106.29900	06/02/2014	07/31/2014	457.09	457.09		0.00	0.00	
	99 54500	07/01/2014	07/31/2014	428.05	428.04		0 00	0.01	
Subtotals	**128598.97800**			**$552,975.61**	**$552,981.15**		**$0.00**	**($5.54)**	
NICHOLAS EQUITY INCOME * FD INC CLASS I CUSIP' 653734103	50.27500	08/09/2013	05/08/2014	970 30	913.07		0.00	57.23	
	31.98200	11/08/2013	05/08/2014	617.25	580.84		0 00	36.41	
	206 03400	01/02/2014	05/08/2014	3,976.46	3,741 90		0.00	234.56	
	77 14600	01/02/2014	05/08/2014	1,488 92	1,401.09		0.00	87.83	
	55 44500	01/02/2014	05/08/2014	1,070 10	1,006.97		0.00	63 13	
Subtotals	**420.88200**			**$8,123.03**	**$7,643.87**		**$0.00**	**$479.16**	

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Proceeds from Broker and Barter Exchange Transactions, continued

Short Term Gains or Losses (Box 2) For Covered Securities (Box 5)

Description CUSIP (Box 1a)	Quantity Sold	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Code (Box 1f)	Adjustments (Box 1g)	Gain/Loss Amount	Additional Information
PRUDENTIAL SHORT-TERM *	139 52900	11/01/2013	10/30/2014	1,576 68	1,612 87		0 00	-36 19	
CORPORATE BD FD INC	138 53100	12/02/2013	10/30/2014	1,565 40	1,601 33		0.00	-35 93	
CUSIP 74441R508	134 34300	01/02/2014	10/30/2014	1,518 08	1,552.92		0.00	-34.84	
	4 63100	01/02/2014	10/30/2014	52 33	53 53		0.00	-1.20	
	146 22600	02/03/2014	10/30/2014	1,652 35	1,690 28		0.00	-37 93	
	123 13800	03/03/2014	10/30/2014	1,391 46	1,423.40		0 00	-31 94	
	125.83200	04/01/2014	10/30/2014	1,421 90	1,454 54		0 00	-32.64	
	128 07600	05/01/2014	10/30/2014	1,447 26	1,480 48		0 00	-33 22	
	134.86300	06/02/2014	10/30/2014	1,523.96	1,558 93		0 00	-34 97	
	121.00100	07/01/2014	10/30/2014	1,367.32	1,398 69		0.00	-31.37	
	130 90700	08/01/2014	10/30/2014	1,479.25	1,513 20		0.00	-33.95	
	131 66000	09/02/2014	10/30/2014	1,487 77	1,521.91		0 00	-34 14	
	120 61000	10/01/2014	10/30/2014	1,362 91	1,394 17		0 00	-31.26	
Subtotals	**1579.34700**			**$17,846.67**	**$18,256.25**		**$0.00**	**($409.58)**	
SUNAMERICA SER INC *	402.44500	12/18/2013	10/30/2014	7,199 74	6,672 57		0.00	527.17	
FOCUSED DIVIDEND	1120 91600	12/18/2013	10/30/2014	20,053 19	18,584.89		0 00	1,468 30	
CUSIP 86704F203	748 91400	12/18/2013	10/30/2014	13,398 08	12,417 06		0.00	981.02	
	241 86800	03/27/2014	10/30/2014	4,327 02	4,010.19		0.00	316 83	
	260 02500	06/26/2014	10/30/2014	4,651 85	4,311 23		0 00	340 62	
	156.75500	09/25/2014	10/30/2014	2,804 36	2,599 01		0 00	205 35	
Subtotals	**2930.92300**			**$52,434.24**	**$48,594.95**		**$0.00**	**$3,839.29**	
VANGUARD FIXED INCOME *	46554 93500	12/11/2013	10/30/2014	499,534 45	500,002 61		0.00	-468.16	
SECS FD INC SHORT-TERM	13966 48000	12/16/2013	10/30/2014	149,860 33	150,000.77		0 00	-140 44	
CUSIP 922031836	107.16800	12/18/2013	10/30/2014	1,149 91	1,150 99		0 00	-1 08	
	63 65700	01/02/2014	10/30/2014	683 03	683 67		0 00	-0.64	

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Proceeds from Broker and Barter Exchange Transactions, continued

Short Term Gains or Losses (Box 2) For Covered Securities (Box 5)

Description CUSIP (Box 1a)	Quantity Sold	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Code (Box 1f)	Adjustments (Box 1g)	Gain/Loss Amount	Additional Information
VANGUARD FIXED INCOME * SECS FD INC SHORT-TERM CUSIP 922031836	106.03500	02/03/2014	10/30/2014	1,137.75	1,138 82		0 00	-1.07	
	96 12600	03/03/2014	10/30/2014	1,031 43	1,032 39		0 00	-0.96	
	105.15100	04/01/2014	10/30/2014	1,128 27	1,129.32		0 00	-1.05	
	17.02500	04/01/2014	10/30/2014	182.67	182.84		0.00	-0 17	
	102.94100	05/01/2014	10/30/2014	1,104.56	1,105 59		0.00	-1.03	
	105.25100	06/02/2014	10/30/2014	1,129.34	1,130 40		0.00	-1 06	
	101.70000	07/01/2014	10/30/2014	1,091 24	1,092.26		0 00	-1.02	
	103 71200	08/01/2014	10/30/2014	1,112.83	1,113.87		0 00	-1 04	
	103 45600	09/02/2014	10/30/2014	1,110.09	1,111.12		0 00	-1.03	
	98.77800	10/01/2014	10/30/2014	1,059.91	1,060 88		0.00	-0.97	
Subtotals	**61632.41500**			**$661,315.81**	**$661,935.53**		**$0.00**	**($619.72)**	
Totals				**$2,188,152.91**	**$2,168,790.49**		**$0.00**	**$19,362.42**	

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As of Date: 03/14/15

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Proceeds from Broker and Barter Exchange Transactions, continued

Long Term Gains or Losses (Box 2) For Covered Securities (Box 5)

Description CUSIP (Box 1a)	Quantity Sold	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Code (Box 1f)	Adjustments (Box 1g)	Gain/Loss Amount	Additional Information
AMG FUNDS * YACKTMAN FUND CUSIP 00170K588	3754.02899 4236.38301	07/31/2012 08/01/2012	10/30/2014 10/30/2014	93,963.33 106,036.67	69,983.60 78,975.78		0.00 0.00	23,979.73 27,060.89	
Subtotals	**7990.41200**			**$200,000.00**	**$148,959.38**		**$0.00**	**$51,040.62**	
BROWN ADVISORY FDS * ADVISORY GROWTH EQUITY CUSIP 115233504	8892.22200 21403.50900 119.39700	07/31/2012 08/01/2012 01/03/2013	02/03/2014 02/03/2014 02/03/2014	159,704.30 384,407.02 2,144.37	122,179.13 292,800.00 1,996.63		0.00 0.00 0.00	37,525.17 91,607.02 147.74	
Subtotals	**30415.12800**			**$546,255.69**	**$416,975.76**		**$0.00**	**$129,279.93**	
DEUTSCHE INCOME TR * ULTRA-SHORT DURATION CUSIP 25155T874	33314.26500 13.21299	10/24/2013 10/28/2013	10/30/2014 10/30/2014	298,495.81 118.38	300,837.13 119.32		0.00 0.00	-2,341.32 -0.94	
Subtotals	**33327.47799**			**$298,614.19**	**$300,956.45**		**$0.00**	**($2,342.26)**	
HARRIS ASSOC INVT TR * OAKMARK INTL FUND CL I CUSIP 413838202	8855.86600 1419.51400	07/30/2012 07/31/2012	10/30/2014 10/30/2014	215,463.22 34,536.78	157,549.74 25,253.77		0.00 0.00	57,913.48 9,283.01	
Subtotals	**10275.38000**			**$250,000.00**	**$182,803.51**		**$0.00**	**$67,196.49**	
MANAGERS AMG FUNDS * YACKTMAN FUND CUSIP 561709478	10080.76600 1084.93300 12505.21100	07/30/2012 07/31/2012 07/31/2012	02/03/2014 02/03/2014 05/08/2014	225,708.35 24,291.65 300,000.00	187,928.31 20,225.50 233,125.45		0.00 0.00 0.00	37,780.04 4,066.05 66,874.55	
Subtotals	**23670.91000**			**$550,000.00**	**$441,279.36**		**$0.00**	**$108,720.64**	
MATTHEW 25 FUND * CUSIP 577119100	9523.81000	07/25/2013	07/31/2014	300,000.00	261,746.89		0.00	38,253.11	

2014 Year-End Account Summary

WELLS FARGO ADVISORS

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Proceeds from Broker and Barter Exchange Transactions continued

Long Term Gains or Losses (Box 2) For Covered Securities (Box 5)

Description CUSIP (Box 1a)	Quantity Sold	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Code (Box 1f)	Adjustments (Box 1g)	Gain/Loss Amount	Additional Information
NICHOLAS EQUITY INCOME * FD INC CLASS I CUSIP: 653734103	8291 87400	05/03/2013	05/08/2014	160,033.16	150,593.71		0.00	9,439 45	
OPPENHEIMER DEV MKTS * CL Y CUSIP: 683974505	8006 40500	07/30/2012	05/08/2014	300,000 00	253,233 29		0.00	46,766.71	
PRINCIPAL FDS INC * MIDCAP FUND CLASS P CUSIP: 74255L795	12765.54000	07/30/2012	02/03/2014	245,991 95	189,312 10		0 00	56,679.85	
	2802.70100	07/31/2012	02/03/2014	54,008.05	41,563.86		0.00	12,444 19	
	9685 23000	07/31/2012	05/08/2014	200,000 00	143,631.31		0.00	56,368 69	
Subtotals	**25253.47100**			**$500,000.00**	**$374,507.27**		**$0.00**	**$125,492.73**	
PRUDENTIAL SHORT-TERM * CORPORATE BD FD INC CUSIP: 74441R508	16800.86400	07/30/2012	10/30/2014	189,849.76	194,207 84		0.00	-4,358.08	
	17286.08500	07/31/2012	10/30/2014	195,332 76	199,816 70		0.00	-4,483.94	
	15830 45000	08/01/2012	10/30/2014	178,884.08	182,990 44		0 00	-4,106 36	
	155 25700	09/04/2012	10/30/2014	1,754.40	1,794.67		0 00	-40.27	
	126 15500	10/01/2012	10/30/2014	1,425.55	1,458.27		0 00	-32.72	
	141.45100	11/01/2012	10/30/2014	1,598 39	1,635 08		0 00	-36 69	
	142.16200	12/03/2012	10/30/2014	1,606 43	1,643 30		0.00	-36.87	
	6 79500	12/24/2012	10/30/2014	76.78	78.54		0.00	-1.76	
	122.53800	01/02/2013	10/30/2014	1,384 68	1,416.46		0 00	-31.78	
	136 12800	02/01/2013	10/30/2014	1,538.24	1,573.55		0.00	-35 31	
	122.77800	03/01/2013	10/30/2014	1,387.39	1,419.23		0.00	-31.84	
	135.50300	04/01/2013	10/30/2014	1,531 18	1,566 33		0 00	-35 15	
	131.04200	05/01/2013	10/30/2014	1,480 77	1,514 76		0 00	-33 99	
	143 53300	06/03/2013	10/30/2014	1,621.92	1,659.15		0 00	-37.23	
	123.53200	07/01/2013	10/30/2014	1,395 91	1,427 95		0.00	-32.04	

YT143073 000069 073123936143 NNNNN NNNNN NNNNNN 000005

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Proceeds from Broker and Barter Exchange Transactions, continued

Long Term Gains or Losses (Box 2) For Covered Securities (Box 5)

Description CUSIP (Box 1a)	Quantity Sold	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Code (Box 1f)	Adjustments (Box 1g)	Gain/Loss Amount	Additional Information
PRUDENTIAL SHORT-TERM *	137.69200	08/01/2013	10/30/2014	1,555 92	1,591 63		0 00	-35.71	
CORPORATE BD FD INC	147.63100	09/03/2013	10/30/2014	1,668 23	1,706.52		0.00	-38.29	
CUSIP. 74441R508	124 26600	10/01/2013	10/30/2014	1,404.20	1,436 43		0.00	-32 23	
Subtotals	**51813.86200**			**$585,496.59**	**$598,936.85**		**$0.00**	**($13,440.26)**	
SUNAMERICA SER INC *	11142 21000	07/30/2012	02/03/2014	177,829.67	148,508 09		0 00	29,321 58	
FOCUSED DIVIDEND	4521 95000	07/31/2012	02/03/2014	72,170 33	60,270 47		0 00	11,899 86	
CUSIP 86704F203	16485.78500	07/31/2012	07/31/2014	283,885 21	219,729.53		0 00	64,155.68	
	935 81800	08/01/2012	07/31/2014	16,114 79	12,454.26		0 00	3,660 53	
	18315 16500	08/01/2012	10/30/2014	327,658 29	243,745 74		0.00	83,912.55	
	391 28400	09/27/2012	10/30/2014	7,000 07	5,262.19		0.00	1,737.88	
	703.07600	12/14/2012	10/30/2014	12,578 03	9,202 06		0 00	3,375 97	
	183.67000	12/14/2012	10/30/2014	3,285.85	2,403 94		0 00	881 91	
	600 55000	12/14/2012	10/30/2014	10,743.84	7,860.16		0.00	2,883.68	
	360 88500	03/28/2013	10/30/2014	6,456.23	5,329.33		0 00	1,126 90	
	382 24900	06/27/2013	10/30/2014	6,838 43	6,337 72		0 00	500 71	
	339 60800	09/26/2013	10/30/2014	6,075 58	5,630 73		0.00	444 85	
Subtotals	**54362.25000**			**$930,636.32**	**$726,734.22**		**$0.00**	**$203,902.10**	
WELLS FARGO ADVANTAGE *	17796 63900	07/30/2012	02/03/2014	244,347.85	182,315 66		0 00	62,032 19	
PREMIER LARGE CO GROWTH	411 66400	07/31/2012	02/03/2014	5,652.15	4,217.24		0 00	1,434.91	
CUSIP 94984B462	5226 48100	07/31/2012	06/02/2014	75,000 00	53,542 09		0 00	21,457 91	
	25611.85500	07/31/2012	07/31/2014	374,701.43	262,377 76		0 00	112,323 67	
	1729 22500	08/01/2012	07/31/2014	25,298 57	17,714 85		0 00	7,583 72	
	27061.33500	08/01/2012	10/30/2014	409,979 23	277,226 80		0 00	132,752 43	
Subtotals	**77837.19900**			**$1,134,979.23**	**$797,394.40**		**$0.00**	**$337,584.83**	
Totals				**$5,756,015.18**	**$4,654,121.09**		**$0.00**	**$1,101,894.09**	

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Proceeds from Broker and Barter Exchange Transactions, continued

Long Term Gains or Losses (Box 2) For Noncovered Securities (Box 5)

Description CUSIP (Box 1a)	Quantity Sold	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis	Code	Adjustments	Gain/Loss Amount	Additional Information
HARBOR FD INTL FD INSTL CL CUSIP: 411511306	3427.94500	01/22/2010	05/08/2014	250,000.00	180,584.15		0.00	69,415.85	
Totals				**$250,000.00**	**$180,584.15**		**$0.00**	**$69,415.85**	

The Code column will reflect W for wash sale, C for collectibles, or D for market discount.
For some tax lots complete data is not available. Therefore, you may see N/A in the Proceeds, Gain/Loss or Cost columns. In these situations, you should determine the actual cost or proceeds and calculate the Gain/Loss.
Please note that the totals will include any available cost or proceeds, even if the Gain/Loss is marked N/A

YT143073 000069 073123936143 NNNNN NNNNN NNNNNN 000006