

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization WAYNE COUNTY INDIANA FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 33 SOUTH 7TH STREET City or town, state or province, country, and ZIP or foreign postal code RICHMOND, IN 47374 <b>F</b> Name and address of principal officer: STEPHEN C. BORCHERS SAME AS C ABOVE	<b>D</b> Employer identification number ** - *** 6033 <b>E</b> Telephone number 765-962-1638 <b>G</b> Gross receipts \$ 37,003,016. <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.WAYNECOUNTYFOUNDATION.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: 1978		<b>M</b> State of legal domicile: IN

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>TO ATTRACT, RECEIVE, HOLD AND DISTRIBUTE CONTRIBUTED FUNDS FOR THE BENEFIT OF WAYNE COUNTY, IN.</b> 2 Check this box <input type="checkbox"/> 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) ..... <b>3</b> 17 4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 17 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) ..... <b>5</b> 6 6 Total number of volunteers (estimate if necessary) ..... <b>6</b> 70 7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 41,980. 7b Net unrelated business taxable income from Form 990-T, line 38 ..... <b>7b</b> 28,532.	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) ..... <b>Prior Year</b> 1,365,327. <b>Current Year</b> 2,638,916. 9 Program service revenue (Part VIII, line 2g) ..... 523,017. 511,224. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 3,779,307. 4,794,502. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 120,407. 132,763. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 5,788,058. 8,077,405.	
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 1,641,234. 1,955,971. 14 Benefits paid to or for members (Part IX, column (A), line 4) ..... 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 392,429. 413,737. 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... 0. 0. 16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 173,086. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... 865,095. 883,121. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 2,898,758. 3,252,829. 19 Revenue less expenses. Subtract line 18 from line 12 ..... 2,889,300. 4,824,576.	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) ..... <b>Beginning of Current Year</b> 41,018,894. <b>End of Year</b> 39,099,003. 21 Total liabilities (Part X, line 26) ..... 1,333,385. 1,018,632. 22 Net assets or fund balances. Subtract line 21 from line 20 ..... 39,685,509. 38,080,371.	

**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.

<b>Sign Here</b>	Signature of officer STEPHEN C. BORCHERS, EXECUTIVE DIRECTOR Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name TRACY A HAINES Preparer's signature Date 10/31/19 Check if self-employed <input type="checkbox"/> PTIN P00517541 Firm's name ▶ BRADY, WARE & SCHOENFELD, INC. Firm's address ▶ ONE WOODSIDE DRIVE RICHMOND, IN 47374 Firm's EIN ▶ ** - *** 6702 Phone no. (765) 966-0531	

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: TO FOSTER AND ENCOURAGE PRIVATE PHILANTHROPIC GIVING, TO ENHANCE THE SPIRIT OF COMMUNITY, AND TO IMPROVE THE QUALITY OF LIFE IN THE WAYNE COUNTY, INDIANA, AREA NOW AND FOR FUTURE GENERATIONS.

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

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

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 \$ 1,356,743. including grants of \$ 1,356,743. ) (Revenue \$ 389,885. ) GRANTMAKING: THE WAYNE COUNTY FOUNDATION ADMINISTERS 331 FUNDS TO SUPPORT THE COMMUNITY WITH A WIDE RANGE OF ORGANIZATION-SPECIFIC, DONOR DIRECTED, FIELD OF INTEREST, AND UNRESTRICTED GRANTS. THESE GRANTS SERVE TO ENHANCE AND IMPROVE COMMUNITY LIFE, ADDRESS IDENTIFIED HUMAN SERVICE NEEDS, SUPPORT CULTURAL, SOCIAL, HISTORIC AND EDUCATIONAL ENDEAVORS, AND ENCOURAGE BROAD BASED COMMUNITY DEVELOPMENT. IN EVERY CASE, THEY ARE LEVERAGED THROUGH WAYNE COUNTY'S VIBRANT COMMUNITY OF NOT-FOR-PROFIT ORGANIZATIONS AND SERVICE PROVIDERS.

4b (Code: ) (Expenses \$ 599,228. including grants of \$ 599,228. ) (Revenue \$ 121,340. ) SCHOLARSHIPS: THE WAYNE COUNTY FOUNDATION ADMINISTERS 132 SCHOLARSHIP FUNDS TO HELP QUALIFIED STUDENTS CONTINUE THEIR POST SECONDARY ACADEMIC STUDIES AT COLLEGES, UNIVERSITIES AND TRADE SCHOOLS IN THE COUNTY, THROUGHOUT THE STATE, AND ACROSS THE REGION. IN ADDITION TO DIRECT SUPPORT FOR THOSE STUDENTS SELECTED, THE FOUNDATION'S SCHOLARSHIPS SERVE TO ENCOURAGE ALL STUDENTS TO DO WELL IN THEIR STUDIES. FOUNDATION SCHOLARSHIPS INCLUDE AWARDS FOR SPECIFIC COURSES OF STUDY AT IDENTIFIED INSTITUTIONS OF HIGHER LEARNING, AS WELL AS A NUMBER OF LESS RESTRICTIVE AWARDS TO SUPPORT GENERAL STUDIES.

4c (Code: ) (Expenses \$ 373,228. including grants of \$ ) (Revenue \$ 63,685. ) COMMUNITY DEVELOPMENT: THE FOUNDATION SUPPORTS OR PROVIDES A NUMBER OF PROGRAMS THAT REPRESENT SPECIFIC INITIATIVES TO HELP MOVE THE COMMUNITY FORWARD. THESE INCLUDE WORKSHOPS AND SEMINARS TO HELP BUILD CAPACITY IN THE NOT-FOR-PROFIT COMMUNITY; PROGRAMS DESIGNED TO FOSTER THE ENTREPRENEURIAL SPIRIT IN YOUNG CHILDREN; AND FOUNDATION-DIRECTED INITIATIVES TO HELP PROMOTE WOMEN'S PHILANTHROPY AND LEADERSHIP DEVELOPMENT. THE FOUNDATION ALSO USES DISCRETIONARY DOLLARS TO FUND STUDIES AND SUPPORT OTHER OPPORTUNITIES THAT HELP THE COMMUNITY REALIZE A HIGHER QUALITY OF LIFE FOR ALL.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,329,199.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b> X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b> X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

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 [ ]

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1a</b> 17		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 17		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IN, CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 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 **STEPHEN C. BORCHERS - 765-962-1638**  
**33 SOUTH 7TH STREET, RICHMOND, IN 47374**

**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, and 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 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) LEN CLARK CHAIR	1.00	X		X			0.	0.	0.	
(2) STEVE HIGINBOTHAM MEMBER	1.00	X					0.	0.	0.	
(3) BONITA WASHINGTON-LACEY MEMBER	1.00	X					0.	0.	0.	
(4) AMY NOE-DUDAS VICE CHAIR	1.00	X		X			0.	0.	0.	
(5) PAMELA ZELAYA-CHEVAZ MEMBER	1.00	X					0.	0.	0.	
(6) SUSAN ISAACS TREASURER	1.00	X		X			0.	0.	0.	
(7) EILEEN BAKER WALL MEMBER	1.00	X					0.	0.	0.	
(8) MARK SOUKUP MEMBER	1.00	X					0.	0.	0.	
(9) BRAD BOWMAN MEMBER	1.00	X					0.	0.	0.	
(10) CHAD BOLSER MEMBER	1.00	X					0.	0.	0.	
(11) GARRY KLEER MEMBER	1.00	X					0.	0.	0.	
(12) VALERIE SHAFER MEMBER	1.00	X					0.	0.	0.	
(13) KATHY CRUZ-URIBE MEMBER	1.00	X					0.	0.	0.	
(14) CHRIS KNIGHT MEMBER	1.00	X					0.	0.	0.	
(15) DAVID RODGERS MEMBER	1.00	X					0.	0.	0.	
(16) RAY ONTKO MEMBER	1.00	X					0.	0.	0.	
(17) JOHN WRIGHT MEMBER	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 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			
(18) STEVE BORCHERS EXECUTIVE DIRECTOR	40.00			X				93,178.	0.	19,436.
(19) AMY WALTZ FINANCE OFFICER	40.00			X				63,050.	0.	14,455.
<b>1b Sub-total</b> .....								156,228.	0.	33,891.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								156,228.	0.	33,891.

**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 **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**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
NONE		

**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 **0**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	20,750.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,618,166.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			2,638,916.			
<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATIVE FEES	<b>Business Code</b> 900099	511,224.	511,224.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			511,224.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,618,088.			1,618,088.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	27,744.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	0.				
		<b>c</b> Rental income or (loss)	27,744.				
	<b>d</b> Net rental income or (loss)		27,744.			27,744.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	32,091,253.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	28,914,839.				
		<b>c</b> Gain or (loss)	3,176,414.				
	<b>d</b> Net gain or (loss)		3,176,414.			3,176,414.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 20,750. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	10,125.				
		<b>b</b> Less: direct expenses	10,772.				
<b>c</b> Net income or (loss) from fundraising events			-647.			-647.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>							
<b>11 a</b> INCOME FROM PARTNERSHIP INVESTMEN	<b>Business Code</b> 900099		41,980.		41,980.		
	<b>b</b> MISCELLANEOUS	900099	38,964.	38,964.			
	<b>c</b> NETWORKING EVENTS	900099	24,722.	24,722.			
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			105,666.			
<b>12 Total revenue.</b> See instructions			8,077,405.	574,910.	41,980.	4,821,599.	

**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	1,356,743.	1,356,743.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	599,228.	599,228.		
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	190,118.	45,045.	111,289.	33,784.
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	166,253.	48,405.	61,409.	56,439.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,720.	1,579.	2,116.	2,025.
9 Other employee benefits	28,640.	9,185.	6,967.	12,488.
10 Payroll taxes	23,006.	6,112.	10,873.	6,021.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	20,690.		20,690.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	10,926.	2,903.	5,164.	2,859.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,458.	1,227.	1,231.	
20 Interest	916.		916.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,492.	5,444.	9,685.	5,363.
23 Insurance	3,519.	935.	1,663.	921.
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 <b>FOUNDATION MANAGEMENT F</b>	492,323.		492,323.	
b <b>TRUSTEE FEES</b>	132,042.	132,042.		
c <b>OTHER EXPENSES</b>	110,388.	106,916.	3,472.	
d <b>DONOR CULTIVATION</b>	20,312.			20,312.
e All other expenses	69,055.	13,435.	22,746.	32,874.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	3,252,829.	2,329,199.	750,544.	173,086.
26 <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	1.
	<b>2</b> Savings and temporary cash investments .....	779,539.	<b>2</b>	1,965,000.
	<b>3</b> Pledges and grants receivable, net .....	2,410.	<b>3</b>	399,700.
	<b>4</b> Accounts receivable, net .....	133.	<b>4</b>	22.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	549.	<b>9</b>	501.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 751,747.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 473,109.	299,131.	<b>10c</b> 278,638.
	<b>11</b> Investments - publicly traded securities .....	32,700,657.	<b>11</b>	32,202,840.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	7,236,475.	<b>12</b>	4,252,301.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	41,018,894.	<b>16</b>	39,099,003.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	10,794.	<b>17</b>	8,383.
	<b>18</b> Grants payable .....	258,971.	<b>18</b>	270,562.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	15,729.	<b>24</b>	7,204.
	<b>25</b> 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 .....	1,047,891.	<b>25</b>	732,483.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,333,385.	<b>26</b>	1,018,632.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	39,214,371.	<b>27</b>	37,179,634.
	<b>28</b> Temporarily restricted net assets .....	164,901.	<b>28</b>	594,500.
	<b>29</b> Permanently restricted net assets .....	306,237.	<b>29</b>	306,237.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	39,685,509.	<b>33</b>	38,080,371.
	<b>34</b> Total liabilities and net assets/fund balances .....	41,018,894.	<b>34</b>	39,099,003.

**Part XI Reconciliation 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	8,077,405.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,252,829.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,824,576.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,685,509.
5	Net unrealized gains (losses) on investments	5	-6,025,582.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-404,132.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	38,080,371.

**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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
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?		X
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		

Form 990 (2018)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	Employer identification number <b>**-***6033</b>
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**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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,134,388.	1,797,253.	990,223.	1,365,326.	2,638,916.	9,926,106.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	3,134,388.	1,797,253.	990,223.	1,365,326.	2,638,916.	9,926,106.
<b>5</b> 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) .....						2,524,775.
<b>6 Public support.</b> Subtract line 5 from line 4.						7,401,331.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	3,134,388.	1,797,253.	990,223.	1,365,326.	2,638,916.	9,926,106.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	833,874.	1,056,708.	1,156,279.	1,183,119.	1,645,832.	5,875,812.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...	7,744.	4,083.	735.	56,846.	41,980.	111,388.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	472,761.	504,825.	495,886.	523,017.	511,224.	2,507,713.
<b>11 Total support.</b> Add lines 7 through 10						18,421,019.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	40.18 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	44.72 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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).		
<b>3</b> 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.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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.			
<b>b</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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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.			
<b>b</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.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**Part VI**

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

Lined area for supplemental information with a large diagonal 'COPY' watermark.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

WAYNE COUNTY INDIANA FOUNDATION, INC.

Employer identification number

\*\* - \*\*\* 6033

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	Employer identification number  <b>** - ***6033</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>60,986.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>86,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>259,330.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>98,897.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>107,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	Employer identification number  <b>** - ***6033</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	Employer identification number  <b>** - ***6033</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	150 SHARES OF ALBEMARIE CORPORATION AND 500 SHARES OF THE COCA-COLA COMPANY	\$ 37,696.	09/11/18
3	SHARES OF MCDONALDS, SNYDER'S LANCE, INC., PAYPAL HOLDINGS, INC., CSX CORPORATION, AND AUTOMATIC DATA PROCESSING	\$ 259,330.	03/15/18
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



Name of organization  <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	Employer identification number  <b>** - *** 6033</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization **WAYNE COUNTY INDIANA FOUNDATION, INC.** Employer identification number **\*\* - \*\*\* 6033**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	40	274
2 Aggregate value of contributions to (during year)	467,094.	613,339.
3 Aggregate value of grants from (during year)	345,457.	1,050,272.
4 Aggregate value at end of year	1,615,462.	18,469,773.

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" on 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 a 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 Tax 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

**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" on 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
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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 on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	36,559,167.	33,514,426.	32,167,061.	33,651,524.	31,093,060.
b Contributions	427,021.	604,634.	419,697.	1,150,888.	1,729,212.
c Net investment earnings, gains, and losses	-1,701,340.	4,366,496.	2,836,443.	-972,768.	1,748,316.
d Grants or scholarships	1,212,673.	1,120,783.	1,257,039.	886,317.	217,731.
e Other expenditures for facilities and programs	-12,775.	172,487.	43,570.	145,210.	124,428.
f Administrative expenses	479,262.	633,119.	608,166.	631,056.	576,905.
g End of year balance	33,605,688.	36,559,167.	33,514,426.	32,167,061.	33,651,524.

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

- a Board designated or quasi-endowment  98.79 %
- b Permanent endowment  .91 %
- c Temporarily restricted endowment  .30 %

The percentages on 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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" on 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		20,000.		20,000.
b Buildings		617,156.	359,273.	257,883.
c Leasehold improvements				
d Equipment				
e Other		114,591.	113,836.	755.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				278,638.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on 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		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	4,252,301.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>4,252,301.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITIES ASSOCIATED WITH	
(3) SPLIT-INTEREST AGREEMENTS	732,483.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>732,483.</b>

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,619,095.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-6,025,582.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	10,500.	
	e Add lines 2a through 2d	2e		-6,015,082.
3	Subtract line 2e from line 1		3	7,634,177.
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	443,228.	
	c Add lines 4a and 4b	4c		443,228.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,077,405.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

1	Total expenses and losses per audited financial statements		1	3,001,185.
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	10,772.	
	e Add lines 2a through 2d	2e		10,772.
3	Subtract line 2e from line 1		3	2,990,413.
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	262,416.	
	c Add lines 4a and 4b	4c		262,416.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,252,829.

**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.

**PART V, LINE 4:**

THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO OUTPERFORM INFLATION, ESTABLISH A DIVERSIFIED INVESTMENT PORTFOLIO, OFFER EQUITY AND FIXED INCOME INVESTMENTS THAT ARE DIVERSIFIED AMONG SECURITIES AND INDUSTRIES, THUS MINIMIZING THE RISK OF LARGE LOSSES, AND TO MAXIMIZE THE TOTAL RETURN WITHIN REASONABLE AND PRUDENT LEVELS OF RISK. THE FOUNDATION'S SPENDING AND INVESTMENT POLICIES WORK TOGETHER TO ACHIEVE THIS OBJECTIVE. THE INVESTMENT POLICY ESTABLISHES A RETURN OBJECTIVE THROUGH DIVERSIFICATION OF ASSET CLASSES FOR ITS TOTAL RETURN POOL AND INCOME POOL. THE FUNDS ARE INTENDED TO PROVIDE ONGOING SUPPORT FOR THE FOUNDATION'S PHILANTHROPIC ENDEAVORS, INCLUDING GRANTMAKING, SCHOLARSHIPS AND COMMUNITY DEVELOPMENT IN AND

**Part XIII** Supplemental Information (continued)

AROUND THE WAYNE COUNTY, INDIANA AREA.

PART X, LINE 2:

ACCOUNTING STANDARDS REQUIRE THE EVALUATION OF TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, IN THE COURSE OF PREPARING THE FOUNDATION'S TAX RETURNS, TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. THIS STATEMENT PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY WHEN IT IS "MORE-LIKELY-THAN-NOT" THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS AND CONSIDERATION OF ALL AVAILABLE INFORMATION. ONCE THE RECOGNITION THRESHOLD IS MET, THE PORTION OF THE TAX BENEFIT THAT IS RECORDED REPRESENTS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50 PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT WITH A TAXING AUTHORITY. BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE FOUNDATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY POSITION THAT WOULD PLACE THE FOUNDATION'S EXEMPT STATUS IN JEOPARDY AS OF DECEMBER 31, 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST AGREEMENTS	10,500.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

FAS 136 ADJUSTMENT	321,958.
FUNDRAISING EXPENSES	-10,772.
TRUSTEE FEES	132,042.
<b>TOTAL TO SCHEDULE D, PART XI, LINE 4B</b>	<b>443,228.</b>

**Part XIII** Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES ON PAGE 9 10,772.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FAS 136 130,373.

ROUNDING 1.

TRUSTEE FEES 132,042.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 262,416.



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

**WAYNE COUNTY INDIANA FOUNDATION, INC.**

Employer identification number

**\*\* - \*\*\* 6033**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations                      e  Solicitation of non-government grants
- b  Internet and email solicitations        f  Solicitation of government grants
- c  Phone solicitations                      g  Special fundraising events
- d  In-person solicitations
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BLOOM AND GLOW		NONE	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	30,875.			30,875.
	<b>2</b> Less: Contributions .....	20,750.			20,750.
	<b>3</b> Gross income (line 1 minus line 2) .....	10,125.			10,125.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	10,772.			10,772.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				10,772.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-647.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_





**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" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **WAYNE COUNTY INDIANA FOUNDATION, INC.** Employer identification number **\*\* - \*\*\* 6033**

**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" on 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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
AMIGOS/COMMUNITY ACTION OF CENTRAL INDIANA - 855 NORTH 12TH STREET - RICHMOND, IN 47374	** - *** 6080	501(C)3	10,783.	0.			2018 CHALLENGE MATCH; WOMEN'S FUND; OTHER DISTRIBUTIONS
ANIMAL CARE ALLIANCE 4101 NATIONAL ROAD WEST RICHMOND, IN 47374	** - *** 1554	501(C)3	5,603.	0.			2018 SPRING GRANT CYCLE
BETHEL LUTHERAN CHURCH 20650 CUMBERLAND ROAD NOBLESVILLE, IN 46062	** - *** 9152		22,500.	0.			DISTRIBUTIONS FROM WOOLDRIDGE FAMILY FUND
BIRTH-TO-FIVE, INC 315 NORTHWEST THIRD STREET RICHMOND, IN 47374	** - *** 3800	501(C)3	13,992.	0.			2018 CHALLENGE MATCH; 2018 ENDOWED FUNDS DISTRIBUTIONS; OTHER DISTRIBUTIONS
BOYS AND GIRLS CLUBS OF WAYNE COUNTY - 1717 SOUTH L STREET - RICHMOND, IN 47374	** - *** 5715	501(C)3	33,851.	0.			2018 CHALLENGE MATCH; 2018 FEBRUARY DISTRIBUTION; CLUB MEMBERSHIPS; OTHER
BRIGHTER PATH INC. 2778 NORTH TREATY LINE ROAD CAMBRIDGE CITY, IN 47327	** - *** 7277	501(C)3	10,323.	0.			2018 CHALLENGE MATCH; 2018 SPRING GRANT CYCLE; OTHER DISTRIBUTIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **66.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CENTER CITY DEVELOPMENT 814 EAST MAIN STREET RICHMOND, IN 47374	**_***0665	501(C)3	5,226.	0.			2018 CHALLENGE MATCH; OTHER DISTRIBUTIONS
CENTRAL UNITED METHODIST CHURCH 1425 EAST MAIN STREET RICHMOND, IN 47374	**_***3337		5,000.	0.			DONOR ADVISED FUND DISTRIBUTIONS
CHILDREN'S JUSTICE AND ADVOCACY CENTER INC - PO BOX 2195 - RICHMOND, IN 47375	**_***7581	501(C)3	11,078.	0.			2018 CHALLENGE MATCH; WOMEN'S FUND; SPRING GRANT CYCLE; OTHER DISTRIBUTIONS
CHRISTIAN CHARITIES OF RICHMOND/WAYNE COUNTY, INC. - 3121 SOUTHEAST PARKWAY - RICHMOND, IN 47374	**_***0936	501(C)3	43,684.	0.			2018 CHALLENGE MATCH; SPRING GRANT CYCLE
CIRCLE U HELP CENTER PO BOX 491 RICHMOND, IN 47375	**_***1125	501(C)3	19,145.	0.			2018 CHALLENGE MATCH; SPRING GRANT CYCLE; OTHER DISTRIBUTIONS
COMMUNITIES IN SCHOOLS OF WAYNE COUNTY - PO BOX 1784 - RICHMOND, IN 47375	**_***2872	501(C)3	33,533.	0.			2018 CHALLENGE MATCH; SPRING GRANT CYCLE; OTHER DISTRIBUTIONS
COMMUNITY FOOD PANTRY 2702 WEISS ROAD RICHMOND, IN 47374	**_***5444	501(C)3	6,860.	0.			2018 CHALLENGE MATCH; OTHER DISTRIBUTIONS
COPE ENVIRONMENTAL CENTER 1730 AIRPORT ROAD CENTERVILLE, IN 47330	**_***6406	501(C)3	28,300.	0.			2018 CHALLENGE MATCH; FEBRUARY DISTRIBUTION; SPRING GRANT CYCLE; OTHER DISTRIBUTIONS
DIPLOMAS IN SCHOOL NURSERY FOR TEEN MOTHERS - 300 HUB ETCHISON PARKWAY - RICHMOND, IN 47374	**_***2802	501(C)3	12,039.	0.			2018 CHALLENGE MATCH; SPRING GRANT CYCLE; OTHER DISTRIBUTIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DISCOVERY INSTITUTE 208 COLUMBIA STREET SEATTLE, WA 98104	**-***1697	501(C)3	10,000.	0.			DISTRIBUTIONS FROM WOOLDRIDGE FAMILY FUND
DUBLIN PUBLIC LIBRARY PO BOX 188 DUBLIN, IN 47335	**-***1502		6,599.	0.			2018 SPRING GRANT CYCLE
EARLHAM COLLEGE 801 NATIONAL ROAD WEST RICHMOND, IN 47374	**-***8073	501(C)3	44,870.	0.			2018 FEBRUARY DISTRIBUTION; DISTRIBUTION FROM DOXPOP CHARITABLE GIVING FUND
EVERY CHILD CAN READ INC. 33 SOUTH 7TH STREET, RICHMOND, IN 47374	**-***9859	501(C)3	38,460.	0.			2018 CHALLENGE MATCH; SPRING MATCH CYCLE; FEBRUARY DISTRIBUTION; OTHER DISTRIBUTIONS
FIRST ENGLISH LUTHERAN CHURCH 2727 NATIONAL ROAD EAST RICHMOND, IN 47374	**-***0831		7,079.	0.			2018 FEBRUARY DISTRIBUTION; DISTRIBUTION FROM SECOND CHANCE FUND
FORT BRAGG AREA COMMUNITY FOUNDATION - PO BOX 74620 - FORT BRAGG, NC 28307	**-***0625	501(C)3	5,000.	0.			DISTRIBUTION FROM ROHE FAMILY DONOR ADVISED FUND
FRIENDS OF MORRISON REEVES LIBRARY 80 NORTH 6TH STREET RICHMOND, IN 47374	**-***2963	501(C)3	11,765.	0.			2018 CHALLENGE MATCH; DISTRIBUTION FROM WOOLDRIDGE FAMILY FUND
GATEWAY HUNGER RELIEF 711 SHERIDAN STREET RICHMOND, IN 47374	**-***9115		10,404.	0.			2018 CHALLENGE MATCH; SPRING GRANT CYCLE; OTHER DISTRIBUTIONS
GENESIS OF RICHMOND, INC. PO BOX 2430 RICHMOND, IN 47375	**-***8959	501(C)3	11,241.	0.			2018 CHALLENGE MATCH; FEBRUARY DISTRIBUTION; OTHER DISTRIBUTIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
GIRLS INC. OF WAYNE COUNTY P.O. BOX 43 RICHMOND, IN 47375	**-***8644	501(C)3	30,512.	0.			2018 CHALLENGE MATCH; FEBRUARY DISTRIBUTION; OTHER DISTRIBUTIONS
GLEANERS FOOD BANK OF INDIANA INC 3737 WALDERMERE AVENUE INDIANAPOLIS, IN 46241	**-***3868	501(C)3	10,000.	0.			2018 SPRING GRANT CYCLE
GOLAY COMMUNITY CENTER 1007 E MAIN STREET CAMBRIDGE CITY, IN 47327	**-***8699	501(C)3	5,405.	0.			2018 CHALLENGE MATCH
HAGERSTOWN NETTLE CREEK PLAYERS 96 1/2 EAST MAIN ST., PO BOX 24 HAGERSTOWN, IN 47346	**-***7958	501(C)3	5,000.	0.			2018 SPRING GRANT CYCLE
HAND-IN-HAND ADULT DAY CARE OF RICHMOND - 2727 EAST MAIN STREET - RICHMOND, IN 47374	**-***2648	501(C)3	10,456.	0.			2018 CHALLENGE MATCH; FEBRUARY DISTRIBUTION; OTHER DISTRIBUTIONS
HAYES ARBORETUM 801 ELKS ROAD RICHMOND, IN 47374	**-***1111	501(C)3	6,719.	0.			2018 CHALLENGE MATCH; OTHER DISTRIBUTIONS
HELP THE ANIMALS PO BOX 117 RICHMOND, IN 47375	**-***2951	501(C)3	31,433.	0.			2018 CHALLENGE MATCH; FEBRUARY DISTRIBUTION; OTHER DISTRIBUTIONS
HUBBARD FUND 240 SOUTH 6TH STREET RICHMOND, IN 47374	**-***2124	501(C)3	181,078.	0.			2018 SPRING AND FALL DISTRIBUTIONS
INDEPENDENT LIVING CENTER OF EASTERN INDIANA - 129 SOUTH NINTH STREET - RICHMOND, IN 47374	**-***4653	501(C)3	5,990.	0.			2018 SPRING GRANT CYCLE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
INDIANA UNIVERSITY SCHOOL OF MEDICINE - PO BOX 7059 - INDIANAPOLIS, IN 46207-7059	**-***8940	501(C)3	5,000.	0.			DISTRIBUTION FROM AHAUS TOOL DONOR ADVISED FUND
IVY TECH FOUNDATION 2357 CHESTER BLVD RICHMOND, IN 47374	**-***3977	501(C)3	20,000.	0.			DISTRIBUTION FROM SECOND CHANCE FUND
MORRISSON-REEVES LIBRARY 80 NORTH 6TH STREET RICHMOND, IN 47374	**-***1895	501(C)3	23,174.	0.			2018 FEBRUARY DISTRIBUTION; WOMEN'S FUND; DISTRIBUTION FROM WOOLDRIDGE FAMILY FUND
NEW COVENANT UNITED METHODIST CHURCH - 3470 WOODRIDGE DRIVE - THE VILLAGES, FL 32162	**-***8198		7,000.	0.			DISTRIBUTIONS FROM DONOR ADVISED FUND
OPEN ARMS MINISTRY PO BOX 1012 RICHMOND, IN 47375	**-***3053	501(C)3	7,163.	0.			2018 CHALLENGE MATCH; WOMEN'S FUND; OTHER DISTRIBUTIONS
RICHMOND ART MUSEUM PO BOX 816 RICHMOND, IN 47375	**-***5040	501(C)3	15,486.	0.			2018 CHALLENGE MATCH; FEBRUARY DISTRIBUTION; OTHER DISTRIBUTIONS
RICHMOND CIVIC THEATRE 1003 EAST MAIN STREET RICHMOND, IN 47374	**-***6844	501(C)3	16,061.	0.			2018 CHALLENGE MATCH; FEBRUARY DISTRIBUTION; OTHER DISTRIBUTIONS
RICHMOND COMMUNITY ORCHESTRA 822 EAST MAIN STREET RICHMOND, IN 47374	**-***7343	501(C)3	11,579.	0.			2018 CHALLENGE MATCH; SPRING GRANT CYCLE; OTHER DISTRIBUTIONS
RICHMOND COMMUNITY SCHOOLS 300 HUB ETCHISON PARKWAY RICHMOND, IN 47374	**-***1211	501(C)3	6,260.	0.			2018 FEBRUARY DISTRIBUTION; WOMEN'S FUND; DISTRIBUTION FROM DOXPOP CHARITABLE GIVING

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
RICHMOND DAY NURSERY 300 NORTH 10TH STREET RICHMOND, IN 47374	**_***6393	501(C)3	10,597.	0.			2018 CHALLENGE MATCH; SPRING GRANT CYCLE, OTHER DISTRIBUTIONS
RICHMOND FAMILY YMCA 1215 SOUTH J STREET RICHMOND, IN 47374	**_***4030	501(C)3	5,142.	0.			2018 CHALLENGE MATCH
RICHMOND FRIENDS SCHOOL 607 WEST MAIN STREET RICHMOND, IN 47374	**_***7045	501(C)3	19,200.	0.			2018 CHALLENGE MATCH; FEBRUARY DISTRIBUTION; WOMEN'S FUND; OTHER DISTRIBUTIONS
RICHMOND HIGH SCHOOL 300 HUB ETCHISON PARKWAY RICHMOND, IN 47374	**_***1211		21,000.	0.			2018 WOMEN'S FUND GRANT
RICHMOND PARKS AND RECREATION DEPARTMENT - 50 NORTH 5TH STREET - RICHMOND, IN 47374	**_***1174		36,819.	0.			2018 CHALLENGE MATCH; SPRING GRANT CYCLE; FEBRUARY DISTRIBUTION; OTHER DISTRIBUTIONS
RICHMOND SHAKESPEARE FESTIVAL 822 EAST MAIN STREET, SUITE A RICHMOND, IN 47374	**_***0078	501(C)3	15,477.	0.			2018 CHALLENGE MATCH; OTHER DISTRIBUTIONS
RICHMOND SYMPHONY ORCHESTRA 300 HUB ETCHISON PARKWAY RICHMOND, IN 47374	**_***2479	501(C)3	74,022.	0.			2018 CHALLENGE MATCH; FEBRUARY DISTRIBUTION; SPRING GRANT CYCLE; OTHER DISTRIBUTIONS
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL INDIANA - 435 LIMESTONE STREET - INDIANAPOLIS, IN 46202	**_***7202	501(C)3	5,000.	0.			2018 SPRING GRANT CYCLE
SETON CATHOLIC SCHOOLS 240 SOUTH 6TH STREET RICHMOND, IN 47374	**_***6396	501(C)3	63,097.	0.			2018 FEBRUARY DISTRIBUTION

Schedule I (Form 990)

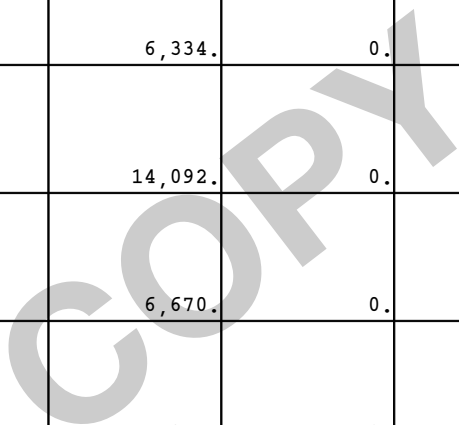
**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ST. ANDREW CHURCH 240 SOUTH 6TH STREET RICHMOND, IN 47374	**_***2124	501(C)3	7,424.	0.			2018 FEBRUARY DISTRIBUTION
ST. ELIZABETH ANN SETON CATHOLIC PARISH - 240 SOUTH 6TH STREET - RICHMOND, IN 47374	**_***2124		20,000.	0.			DISTRIBUTION FROM HOWARD AND SUZANNE DEITSCH FAMILY FUND
ST. PAUL'S EVANGELICAL LUTHERAN CHURCH - 121 SOUTH 18TH STREET - RICHMOND, IN 47374	**_***6500		7,899.	0.			2018 FEBRUARY DISTRIBUTION
SUNRISE, INC. THERAPEUTIC RIDING CENTER - 2670 MINNEMAN ROAD - RICHMOND, IN 47374	**_***9407	501(C)3	5,318.	0.			2018 CHALLENGE MATCH; SPRING GRANT CYCLE
THE JOHN CROSLAND SCHOOL 5146 PARKWAY PLAZA BOULEVARD CHARLOTTE, NC 28217	**_***1583	501(C)3	5,040.	0.			DISTRIBUTION FROM ROHE FAMILY DONOR ADVISED FUND
TOWNSEND COMMUNITY CENTER 855 NORTH 12TH STREET RICHMOND, IN 47374	**_***2673	501(C)3	22,811.	0.			2018 CHALLENGE MATCH; WOMEN'S FUND; SPRING GRANT CYCLE; OTHER DISTRIBUTIONS
UNITED WAY OF WHITEWATER VALLEY 129 SOUTH NINTH STREET RICHMOND, IN 47374	**_***0935	501(C)3	14,484.	0.			2018 FEBRUARY DISTRIBUTION; OTHER DISTRIBUTIONS
VIRGINIA TECH FOUNDATION INC OFFICE OF DEVELOPMENT, VIRGINIA TEC BLACKSBURG, VA 24061	**_***1690	501(C)3	7,500.	0.			DISTRIBUTION FROM ROHE FAMILY DONOR ADVISED FUND
WAYNE COUNTY CARDINAL GREENWAY PO BOX 2411 RICHMOND, IN 47375	**_***5151	501(C)3	7,163.	0.			2018 CHALLENGE MATCH

Schedule I (Form 990)

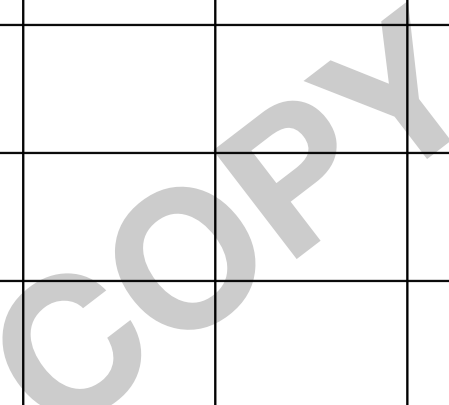
**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
WAYNE COUNTY HISTORICAL MUSEUM 1150 NORTH A STREET RICHMOND, IN 47374	**-***9077	501(C)3	20,635.	0.			2018 CHALLENGE MATCH; FEBRUARY DISTRIBUTION
WAYNE COUNTY SOIL AND WATER CONSERVATION DISTRICT - 823 SOUTH ROUND BARN ROAD - RICHMOND, IN 47374	**-***7757	GOVERNMENTAL	6,334.	0.			2018 CHALLENGE MATCH; SPRING GRANT CYCLE; OTHER DISTRIBUTIONS
WESTERN WAYNE DOLLARS FOR SCHOLARS 205 EAST PARKWAY DRIVE CAMBRIDGE CITY, IN 47327	**-***3560	501(C)3	14,092.	0.			2018 CHALLENGE MATCH; FEBRUARY DISTRIBUTION; OTHER DISTRIBUTIONS
WHITEWATER VALLEY PRO BONO COMMISSION - 50 NORTH 5TH STREET - RICHMOND, IN 47374	**-***5162	501(C)3	6,670.	0.			2018 CHALLENGE MATCH; OTHER DISTRIBUTIONS
WILLIAMSBURG AREA COMMUNITY CENTER PO BOX 145 WILLIAMSBURG, IN 47393	**-***1094	501(C)3	17,957.	0.			2018 CHALLENGE MATCH; SPRING GRANT CYCLE
ZION'S LUTHERAN CHURCH PO BOX 6 PERSHING, IN 47370	**-***5708	501(C)3	9,932.	0.			2018 FEBRUARY DISTRIBUTION



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance
SCHOLARSHIPS FOR POST SECONDARY EDUCATION	199	599,228.	0.		



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

PART I, LINE 2:

THE FOUNDATION REQUIRES GRANTEEES RECEIVING AWARDS GOVERNED BY A GRANT AGREEMENT TO COMPLETE A FINAL REPORT WITHIN ONE YEAR OF RECEIVING GRANT FUNDS. THE FINAL GRANT REPORT CONTAINS SPECIFIC QUESTIONS REGARDING HOW GRANT FUNDS RECEIVED WERE ALLOCATED AND SERVES AS VERIFICATION THAT GRANT MONIES WERE SPENT IN ACCORDANCE WITH THE ORIGINAL GRANT. IF THE FOUNDATION FEELS IT NECESSARY, A SITE VISIT WILL ALSO BE PERFORMED IN ORDER TO VERIFY THAT GRANT FUNDS ARE USED IN ACCORDANCE WITH THE ORIGINAL GRANT AGREEMENT.

**Part IV** Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BOYS AND GIRLS CLUBS OF WAYNE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2018 CHALLENGE MATCH; 2018 FEBRUARY DISTRIBUTION; CLUB MEMBERSHIPS; OTHER DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND COMMUNITY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: 2018 FEBRUARY DISTRIBUTION; WOMEN'S FUND; DISTRIBUTION FROM DOXPOP CHARITABLE GIVING FUND



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **WAYNE COUNTY INDIANA FOUNDATION, INC.** Employer identification number **\*\*-\*\*\*6033**

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	X	10	297,026.	FAIR MARKET VALUE
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				
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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

**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.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES A BANK TO SELL THE MARKETABLE SECURITIES RECEIVED FROM DONORS

COPY

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

WAYNE COUNTY INDIANA FOUNDATION, INC.

Employer identification number

\*\* - \*\*\*6033

FORM 990, PART VI, SECTION A, LINE 6:

PER THE BY-LAWS, THE MEMBERS OF THE CORPORATION CONSIST SOLELY OF THE  
ACTIVE MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

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

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15A:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18



Name of the organization WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number **-***6033
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DETERMINING THE SALARY AND BENEFITS FOR THE EXECUTIVE DIRECTOR IS THE RESPONSIBILITY OF THE BOARD OF DIRECTORS. COMPENSATION IS TO BE AT AN APPROPRIATE LEVEL TO ATTRACT AND RETAIN QUALIFIED AND TALENTED PEOPLE, AND IN LINE WITH SIMILAR POSITIONS IN OTHER COMMUNITY FOUNDATIONS, SIMILAR ORGANIZATIONS IN THE AREA, AND COMMUNITY EXPECTATIONS. THE FOUNDATION STAFF AND EXECUTIVE COMMITTEE BEGIN WORK IN OCTOBER TO DRAFT AN OPERATING BUDGET FOR THE COMING YEAR. AT THIS TIME, THE STAFF ASSEMBLES COMPARATIVE SALARY INFORMATION FOR ALL STAFF POSITIONS FROM NATIONAL, REGIONAL AND LOCAL SALARY SURVEYS. THE FINANCE COMMITTEE USES THIS INFORMATION AS A POINT OF REFERENCE, IN ADDITION TO OTHER PERTINENT FACTORS, TO RECOMMEND A TOTAL SALARIES EXPENSE. THIS REPRESENTS A MAXIMUM AMOUNT POOL FROM WHICH ALL STAFF SALARIES, INCLUDING ANY COST OF LIVING AND MERIT RAISES, ARE DERIVED. IN CONJUNCTION WITH THE ANNUAL MEETING OF THE CORPORATION EACH MAY, THE EXECUTIVE DIRECTOR WILL PREPARE A REPORT OF THE PREVIOUS YEAR'S ACTIVITIES AND ACHIEVEMENTS, AND ANY PERSONAL GOALS AND OBJECTIVES SET FOR HIM OR HER OVER THE PREVIOUS YEAR. BOARD MEMBERS WILL BE ASKED TO COMPLETE A SURVEY OR OTHERWISE PROVIDE FEEDBACK RELATING THE EXECUTIVE DIRECTOR'S PERFORMANCE. THE BOARD CHAIR WILL ASSIMILATE THIS INFORMATION AND SHARE IT WITH THE EXECUTIVE COMMITTEE AT THEIR MEETING IN JUNE. BASED ON THIS INFORMATION, AS WELL AS ALL AVAILABLE SALARY SURVEY DATA, THE EXECUTIVE COMMITTEE WILL SET THE EXECUTIVE DIRECTOR'S SALARY FOR THE FISCAL YEAR OF JULY 1 - JUNE 30 AND CHARGE THE BOARD CHAIR WITH SHARING THE RESULTS OF THE SURVEY, OTHER FEEDBACK, AND ANY SALARY ADJUSTMENTS WITH THE EXECUTIVE DIRECTOR. AT THIS TIME, THE EXECUTIVE DIRECTOR'S PERSONAL PERFORMANCE GOALS WILL BE SET AND THE EXECUTIVE DIRECTOR WILL HAVE THE OPPORTUNITY TO REACT TO THE PERFORMANCE SURVEY INFORMATION. ADDITIONAL MEETINGS AND REVIEWS WILL BE SET AS NEEDED AND THE BOARD CHAIR WILL REPORT BACK TO THE BOARD ANY SUBSTANTIVE OUTCOMES OF THE INDIVIDUAL PERFORMANCE REVIEW.

Name of the organization

WAYNE COUNTY INDIANA FOUNDATION, INC.

Employer identification number

\*\* - \*\*\* 6033

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC IMMEDIATELY UPON REQUEST THROUGH THE FOUNDATION OFFICE. ADDITIONALLY, FINANCIAL INFORMATION IS MADE AVAILABLE IN ITS ANNUAL REPORT WHICH IS WIDELY DISTRIBUTED TO THE PUBLIC VIA MAILINGS AND OTHER MEANS OF DISBURSEMENT, AS WELL AS ON THE FOUNDATION'S WEBSITE. SEVERAL YEARS OF THE FOUNDATION'S FORM 990 ARE READILY ACCESSIBLE ON THE FOUNDATION'S WEBSITE AS WELL AS WWW.GUIDESTAR.ORG. A LINK TO WWW.GUIDESTAR.ORG IS ON THE FOUNDATION'S WEBSITE. THE FORM 990 IS ALSO IMMEDIATELY AVAILABLE UPON REQUEST THROUGH THE FOUNDATION OFFICE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FAS 136 ADJUSTMENT	-414,635.
CHANGE IN SPLIT INTEREST AGREEMENTS	10,500.
ROUNDING	3.
TOTAL TO FORM 990, PART XI, LINE 9	-404,132.

FORM 990, PART XII, LINE 2C

THERE HAS BEEN NO CHANGE IN THE SELECTION PROCESS FOR THE INDEPENDENT AUDITOR OR IN THE METHOD OF OVERSIGHT.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**  
Open to Public  
Inspection

Name of the organization **WAYNE COUNTY INDIANA FOUNDATION, INC.** Employer identification number **\*\*-\*\*\*6033**

**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	No
VIGRAN FAMILY FOUNDATION, INC - 35-2107926 33 SOUTH 7TH STREET RICHMOND, IN 47374	SUPPORTING ORGANIZATION	INDIANA	501(C)(3)	LINE 12A, I			X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

**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) Disproportionate 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.

**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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

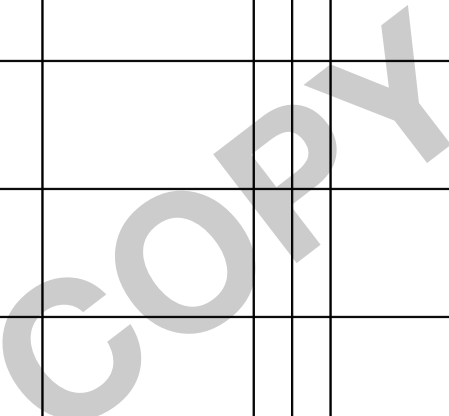
**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VIGRAN FAMILY FOUNDATION INC	C	1,500.	CASH
(2) VIGRAN FAMILY FOUNDATION INC	L	18,901.	CASH
(3)			
(4)			
(5)			
(6)			

**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 sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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.

Lined area for supplemental information with a large diagonal 'COPY' watermark.

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>33 SOUTH 7TH STREET</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>RICHMOND, IN 47374</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>** - ** 6033</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)  <b>522100</b></p>
--	------------------------------	--	---

**C** Book value of all assets at end of year **39,099,003.**

**F** Group exemption number (See instructions.) ▶ \_\_\_\_\_

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **SEE STATEMENT 1**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶ \_\_\_\_\_

**J** The books are in care of ▶ **STEPHEN C. BORCHERS** Telephone number ▶ **765-962-1638**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a	347.	347.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5	41,633. STMT 1	41,633.
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 <b>Total.</b> Combine lines 3 through 12		13	41,980.	41,980.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	7,102.
29 <b>Total deductions.</b> Add lines 14 through 28	29	7,102.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	34,878.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income. Subtract line 31 from line 30	32	34,878.



Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 56-58 regarding foreign activities and tax-exempt interest.

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.

Sign Here: Signature of officer, Date, EXECUTIVE DIRECTOR, Title, and a box for 'May the IRS discuss this return with the preparer shown below (see instructions)?' with Yes/No options.

Paid Preparer Use Only: Print/Type preparer's name (TRACY A HAINES), Preparer's signature, Date (10/31/19), Check self-employed, PTIN (P00517541), Firm's name (BRADY, WARE & SCHOENFELD, INC.), Firm's EIN (\*\*-\*\*\*6702), Firm's address (ONE WOODSIDE DRIVE, RICHMOND, IN 47374), and Phone no. ((765) 966-0531).

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year .....	1		6	Inventory at end of year .....	6	
2	Purchases .....	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7	
3	Cost of labor .....	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes No
4a	Additional section 263A costs (attach schedule) .....	4a					
b	Other costs (attach schedule) .....	4b					
5	<b>Total.</b> Add lines 1 through 4b .....	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b> .....			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				

		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b> .....		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).		Enter here and on page 1, Part II, line 26.
<b>Totals</b> .....		0.	0.		0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.
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**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

COPY

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	1
DESCRIPTION		NET INCOME OR (LOSS)	
SAVILE ROW PRIVATE REAL ESTATE 2008 - ORDINARY BUSINESS INCOME (LOSS)		176.	
SAVILE ROW PRIVATE REAL ESTATE 2008 - OTHER INCOME (LOSS)		8.	
SAVILE ROW PRIVATE 2007-08 - ORDINARY BUSINESS INCOME (LOSS)		3,336.	
SAVILE ROW PRIVATE 2007-08 - INTEREST INCOME		3.	
SAVILE ROW PRIVATE 2007-08 - DIVIDEND INCOME		14.	
SAVILE ROW PRIVATE 2007-08 - ROYALTIES		3.	
SAVILE ROW PRIVATE 2007-08 - OTHER INCOME (LOSS)		38.	
SAVILE ROW ENERGY OPPORTUNITIES Q, LLC - ORDINARY BUSINESS INCOME (LOSS)		42,487.	
SAVILE ROW ENERGY OPPORTUNITIES Q, LLC - ORDINARY BUSINESS INCOME (LOSS)		-15,513.	
REGENT STREET SPECIAL SITUATIONS FUND S 2016-2 - INTEREST INCOME		836.	
SAVILE ROW SPECIALTY FINANCE FUND VP 2016-1 LLC - ORDINARY BUSINESS INCOME (		10,245.	
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5		41,633.	

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
TRUSTEE FEES		6,602.	
TAX PREPARATION		500.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		7,102.	

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT	3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/12	12,937.	12,937.	0.	0.	
12/31/13	18,127.	18,127.	0.	0.	
12/31/15	3,932.	3,932.	0.	0.	
12/31/16	6,653.	1,307.	5,346.	5,346.	
NOL CARRYOVER AVAILABLE THIS YEAR			5,346.	5,346.	

**Capital Gains and Losses**  
 Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
 Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

**2018**

Name  <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	Employer identification number  <b>** - ***6033</b>
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<b>Part I Short-Term Capital Gains and Losses</b> (See instructions.)				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) .....				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....				<b>7</b>

<b>Part II Long-Term Capital Gains and Losses</b> (See instructions.)				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>305.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....				<b>11</b> <b>42.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>13</b>
<b>14</b> Capital gain distributions .....				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....				<b>15</b> <b>347.</b>

<b>Part III Summary of Parts I and II</b>				
<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....				<b>16</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....				<b>17</b> <b>347.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. ....				<b>18</b> <b>347.</b>

**Note:** If losses exceed gains, see **Capital losses** in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**Social security number or taxpayer identification no.**

**WAYNE COUNTY INDIANA FOUNDATION, INC.**

**\*\* - \*\*\* 6033**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	SAVILE ROW PRIVATE REAL ESTATE 2008							19.
	SAVILE ROW PRIVATE 2007-08							286.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶								305.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

**2018**

Name **WAYNE COUNTY INDIANA FOUNDATION, INC.** Employer identification number **\*\* - \*\*\* 6033**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

<b>Part I Required Annual Payment</b>			
1	Total tax (see instructions) .....	1	5,992.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
2c	Credit for federal tax paid on fuels (see instructions) .....	2c	
2d	<b>Total.</b> Add lines 2a through 2c .....	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	5,992.
4	Enter the tax shown on the corporation's 2017 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....	4	
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	5,992.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6	<input type="checkbox"/> The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/> The corporation is using the annualized income installment method.
8	<input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	9	04/15/18	06/15/18	09/15/18	12/15/18
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	10	1,498.	1,498.	1,498.	1,498.
11 <b>Estimated tax paid or credited for each period.</b> For column (a) only, enter the amount from line 11 on line 15. See instructions .....	11				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	12				
13 Add lines 11 and 12 .....	13				
14 Add amounts on lines 16 and 17 of the preceding column .....	14		1,498.	2,996.	4,494.
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16		1,498.	2,996.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17	1,498.	1,498.	1,498.	1,498.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18				

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**  
LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2018)



**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2018 and before 7/1/2018 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2018 and before 10/1/2018 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2018 and before 4/1/2019 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 6\% (0.06)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2019 and before 7/1/2019 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2019 and before 10/1/2019 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2019 and before 1/1/2020 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2019 and before 3/16/2020 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b>			\$ 253.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

FORM 990-T  
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) WAYNE COUNTY INDIANA FOUNDATION, INC.					Identifying Number **-***6033
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/18	1,498.	1,498.	61	.000136986	13.
06/15/18	1,498.	2,996.	92	.000136986	38.
09/15/18	1,498.	4,494.	91	.000136986	56.
12/15/18	1,498.	5,992.	16	.000136986	13.
12/31/18	0.	5,992.	135	.000164384	133.

Penalty Due (Sum of Column F). ..... 253.

\* Date of estimated tax payment, withholding credit date or installment due date.

Form **4797**

Department of the Treasury  
Internal Revenue Service  
Name(s) shown on return

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2018**

Attachment  
Sequence No. **27**

WAYNE COUNTY INDIANA FOUNDATION, INC.

Identifying number  
**\*\* - \*\*\*6033**

1 Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S  
(or substitute statement) that you are including on line 2, 10, or 20

**1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SAVILE ROW PRIVATE 2007-08						<b>42.</b>

3	Gain, if any, from Form 4684, line 39	<b>3</b>	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	<b>4</b>	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	<b>5</b>	
6	Gain, if any, from line 32, from other than casualty or theft	<b>6</b>	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows <b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. <b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.	<b>7</b>	<b>42.</b>
8	Nonrecaptured net section 1231 losses from prior years. See instructions	<b>8</b>	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	<b>9</b>	<b>42.</b>

**Part II Ordinary Gains and Losses** (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):	
11	Loss, if any, from line 7	<b>11</b> ( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	<b>12</b>
13	Gain, if any, from line 31	<b>13</b>
14	Net gain or (loss) from Form 4684, lines 31 and 38a	<b>14</b>
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	<b>15</b>
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	<b>16</b>
17	Combine lines 10 through 16	<b>17</b>
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.	
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	<b>18a</b>
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14	<b>18b</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2018)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
<b>28 If section 1254 property:</b>					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	Identifying number (see instructions) <b>** - *** 6033</b>
--	---

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>SAVILE ROW LIFE SETTLEMENTS FUND V 2017-1, LLC</b>	<b>** - *** 9121</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

Name of transferee (foreign corporation) <b>LIFE ASSETS TRUST S.A., COMPARTMENT VII</b>	5a Identifying number, if any <b>** - * * * * *</b>
--	--

Address (including country) <b>51 ROUTE DE THIONVILLE LUXEMBOURG, L-2611 LUXEMBOURG</b>	5b Reference ID number
--	------------------------

**7** Country code of country of incorporation or organization  
**LU**

**8** Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	06/01/2018		246,086.		

10 Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

13 Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 0.216 % (b) After 0.127 %
- 17 Type of nonrecognition transaction (see instructions) ► \_\_\_\_\_
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	Employer identification number (EIN) or <b>**-***6033</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>33 SOUTH 7TH STREET</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>RICHMOND, IN 47374</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STEPHEN C. BORCHERS**

- The books are in the care of ▶ **33 SOUTH 7TH STREET - RICHMOND, IN 47374**  
Telephone No. ▶ **765-962-1638** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2018** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

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▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	Employer identification number (EIN) or <b>**-***6033</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>C/O BRADY WARE - ONE WOODSIDE DRIVE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>RICHMOND, IN 47374</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STEPHEN C. BORCHERS**

- The books are in the care of ▶ **33 SOUTH 7TH STREET - RICHMOND, IN 47374**  
Telephone No. ▶ **765-962-1638** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2018** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# California Exempt Organization Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	California corporation number
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Additional information. See instructions.	FEIN <b>** - ***6033</b>
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Street address (suite or room) <b>33 SOUTH 7TH STREET</b>	PMB no.
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City <b>RICHMOND</b>	State <b>IN</b>	ZIP code <b>47374</b>
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Foreign country name	Foreign province/state/county	Foreign postal code
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<p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Information Return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                  Enter date: (mm/dd/yyyy) _____</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p> <p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is a public charity exempt under R&amp;TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>P</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	34,364,100	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <span style="float: right;">STMT 1</span>	3	2,638,916	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B. <span style="float: right;">STMT 2</span>	4	37,003,016	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	28,914,839	00
	7	Total costs. Add line 5 and line 6	7	28,914,839	00
	8	Total gross income. Subtract line 7 from line 4	8	8,088,177	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,263,602	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	4,824,575	00
<b>Filing Fee</b>	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15		10
	16	Penalties and Interest. See General Information J	16		00
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Title <b>EXECUTIVE DIRE</b>	Date	Telephone <b>765-962-1638</b>
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<b>Paid Preparer's Use Only</b>	Preparer's signature	Date <b>10/31/19</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00517541</b>
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<b>Paid Preparer's Use Only</b>	Firm's name (or yours, if self-employed) and address <b>BRADY, WARE &amp; SCHOENFELD, INC. ONE WOODSIDE DRIVE RICHMOND, IN 47374</b>	Firm's FEIN <b>** - ***6702</b>	Telephone <b>(765) 966-0531</b>
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May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

828951 12-12-18

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	10,125	00	
	2	Interest	•	2		00	
	3	Dividends	•	3	1,618,088	00	
	4	Gross rents	•	4	27,744	00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3 •	6	32,091,253	00	
	7	Other income	SEE STATEMENT 4 •	7	616,890	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	34,364,100	00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 11 •	9	1,955,971	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 5 •	11	190,118	00	
	12	Other salaries and wages	•	12	166,253	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	916	00
		14	Taxes	•	14	23,006	00
		15	Rents	•	15	10,926	00
		16	Depreciation and depletion (See instructions)	•	16	20,493	00
		17	Other Expenses and Disbursements	SEE STATEMENT 6 •	17	895,919	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	3,263,602	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		779,539		1,965,000
2 Net accounts receivable		133		22
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments STMT 7		39,937,132		36,455,141
10 a Depreciable assets	731,747		731,747	
b Less accumulated depreciation	( 452,616 )	279,131	( 473,109 )	258,638
11 Land		20,000		20,000
12 Other assets STMT 8		2,959		400,201
13 <b>Total assets</b>		41,018,894		39,099,002
<b>Liabilities and net worth</b>				
14 Accounts payable		10,794		8,383
15 Contributions, gifts, or grants payable		258,971		270,562
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 9		1,063,620		739,687
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		39,685,509		38,080,370
22 <b>Total liabilities and net worth</b>		41,018,894		39,099,002

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.				
1 Net income per books	•	4,824,575	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	
6 Total. Add line 1 through line 5		4,824,575		4,824,575

CA 199 CASH CONTRIBUTIONS STATEMENT 1  
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AILEEN S. GITHENS	2030 CHESTER BLVD #253 RICHMOND, IN 47374	09/11/18	23,290.
ESTATE OF VERA B. REYNOLDS	25 NORTH 7TH STREET RICHMOND, IN 47374	07/01/18	86,400.
LILY ENDOWMENT INC,	2801 NORTH MERIDIAN STREET, PO BOX 88068 INDIANAPOLIS, IN 46208	07/01/18	1,000,000.
MARY HATFIELD JENKINS TRUST	US BANK TRUST DEPT, PO BOX 1486 RICHMOND, IN 47375	07/01/18	98,897.
REID HEALTH	1100 REID PARKWAY RICHMOND, IN 47374	07/01/18	107,600.
WAYNE TOWNSHIP TRUSTEE, WAYNE COUNTY	401 EAST MAIN STREET RICHMOND, IN 47374	07/01/18	60,000.
TOTAL INCLUDED ON LINE 3			<u>1,376,187.</u>

CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT	2
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CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

AILEEN S. GITHENS

2030 CHESTER BLVD #253 RICHMOND, IN 47374

PROPERTY DESCRIPTION

150 SHARES OF ALBEMARIE CORPORATION AND 500 SHARES OF THE COCA-COLA COMPANY

DATE OF GIFTTOTAL AMOUNTFMV OF GIFT

09/11/18

60,986.

37,696.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

GEORGE W AND BRENDA H ROHE

4101 BLACK SYCAMORE DRIVE CHARLOTTE, NC 28226

PROPERTY DESCRIPTION

SHARES OF MCDONALDS, SNYDER'S LANCE, INC., PAYPAL HOLDINGS, INC., CSX CORPORATION, AND AUTOMATIC DATA PROCESSING

DATE OF GIFTTOTAL AMOUNTFMV OF GIFT

03/15/18

259,330.

259,330.

TOTAL INCLUDED ON LINE 3

297,026.

CA 199		GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT	3
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED			
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	PURCHASED GROSS SALES PRICE		
	28,914,839.	0.	0.	32,091,253.		
TOTAL TO FORM 199, PAGE 2, LN 6	28,914,839.	0.	0.	32,091,253.		

CA 199		OTHER INCOME	STATEMENT	4
DESCRIPTION				AMOUNT
MISCELLANEOUS				38,964.
INCOME FROM PARTNERSHIP INVESTMENTS				41,980.
NETWORKING EVENTS				24,722.
ADMINISTRATIVE FEES				511,224.
TOTAL TO FORM 199, PART II, LINE 7				616,890.

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CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT                    5

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
LEN CLARK 33 SOUTH 7TH STREET RICHMOND, IN 47374	CHAIR 1.00	0.
STEVE HIGINBOTHAM 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER 1.00	0.
BONITA WASHINGTON-LACEY 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER 1.00	0.
AMY NOE-DUDAS 33 SOUTH 7TH STREET RICHMOND, IN 47374	VICE CHAIR 1.00	0.
PAMELA ZELAYA-CHEVAZ 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER 1.00	0.
SUSAN ISAACS 33 SOUTH 7TH STREET RICHMOND, IN 47374	TREASURER 1.00	0.
EILEEN BAKER WALL 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER 1.00	0.
MARK SOUKUP 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER 1.00	0.
BRAD BOWMAN 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER 1.00	0.
CHAD BOLSER 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER 1.00	0.
GARRY KLEER 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER 1.00	0.

VALERIE SHAFFER	MEMBER		0.
33 SOUTH 7TH STREET		1.00	
RICHMOND, IN 47374			
KATHY CRUZ-URIBE	MEMBER		0.
33 SOUTH 7TH STREET		1.00	
RICHMOND, IN 47374			
CHRIS KNIGHT	MEMBER		0.
33 SOUTH 7TH STREET		1.00	
RICHMOND, IN 47374			
DAVID RODGERS	MEMBER		0.
33 SOUTH 7TH STREET		1.00	
RICHMOND, IN 47374			
RAY ONTKO	MEMBER		0.
33 SOUTH 7TH STREET		1.00	
RICHMOND, IN 47374			
JOHN WRIGHT	MEMBER		0.
33 SOUTH 7TH STREET		1.00	
RICHMOND, IN 47374			
STEVE BORCHERS	EXECUTIVE DIRECTOR		0.
33 SOUTH 7TH STREET		40.00	
RICHMOND, IN 47374			
AMY WALTZ	FINANCE OFFICER		0.
33 SOUTH 7TH STREET		40.00	
RICHMOND, IN 47374			
TOTAL TO FORM 199, PART II, LINE 11			0.

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CA 199	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	AMOUNT
FOUNDATION MANAGEMENT F	492,323.
TRUSTEE FEES	132,042.
OTHER EXPENSES	110,388.
DONOR CULTIVATION	20,312.
DIRECT EXPENSES OF FUNDRAISING EVENTS	10,772.
PENSION PLAN CONTRIBUTIONS	5,720.
OTHER EMPLOYEE BENEFITS	28,640.
ACCOUNTING FEES	20,690.
CONFERENCES AND CONVENTIONS	2,458.
INSURANCE	3,519.
ALL OTHER EXPENSES	69,055.
TOTAL TO FORM 199, PART II, LINE 17	895,919.



CA 199	OTHER INVESTMENTS	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
OWNERSHIP IN LLC	14,686.	0.	
ALTERNATIVE INVESTMENTS	7,221,789.	4,252,301.	
OTHER PUBLICLY TRADED SECURITIES	32,700,657.	32,202,840.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	39,937,132.	36,455,141.	

CA 199	OTHER ASSETS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	2,410.	399,700.	
PREPAID EXPENSES AND DEFERRED CHARGES	549.	501.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,959.	400,201.	

CA 199	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
LIABILITIES ASSOCIATED WITH SPLIT-INTEREST AGREEMENTS	1,047,891.	732,483.	
UNSECURED NOTES AND LOANS PAYABLE	15,729.	7,204.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,063,620.	739,687.	

CA 199	FUND BALANCES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	39,214,371.	37,179,634.	
TEMPORARILY RESTRICTED ASSETS	164,901.	594,500.	
PERMANENTLY RESTRICTED ASSETS	306,237.	306,237.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	39,685,509.	38,080,371.	

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 11  
AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION

TO DISTRIBUTE CONTRIBUTED FUNDS FOR THE BENEFIT OF WAYNE COUNTY, IN

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMIGOS/COMMUNITY ACTION OF CENTRAL INDIA	855 NORTH 12TH STREET - RICHMOND, IN 47374	NONE	10,783.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ANIMAL CARE ALLIANCE	4101 NATIONAL ROAD WEST - RICHMOND, IN 47374	NONE	5,603.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BETHEL LUTHERAN CHURCH	20650 CUMBERLAND ROAD - NOBLESVILLE, IN 46062	NONE	22,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BIRTH-TO-FIVE, INC	315 NORTHWEST THIRD STREET - RICHMOND, IN 47374	NONE	13,992.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BOYS AND GIRLS CLUBS OF WAYNE COUNTY	1717 SOUTH L STREET - RICHMOND, IN 47374	NONE	33,851.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BRIGHTER PATH INC.	2778 NORTH TREATY LINE ROAD - CAMBRIDGE CITY, IN 47327	NONE	10,323.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CENTER CITY DEVELOPMENT	814 EAST MAIN STREET - RICHMOND, IN 47374	NONE	5,226.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CENTRAL UNITED METHODIST CHURCH	1425 EAST MAIN STREET - RICHMOND, IN 47374	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHILDREN'S JUSTICE AND ADVOCACY CENTER I	PO BOX 2195 - RICHMOND, IN 47375	NONE	11,078.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHRISTIAN CHARITIES OF RICHMOND/WAYNE CO	3121 SOUTHEAST PARKWAY - RICHMOND, IN 47374	NONE	43,684.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CIRCLE U HELP CENTER	PO BOX 491 - RICHMOND, IN 47375	NONE	19,145.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMMUNITIES IN SCHOOLS OF WAYNE COUNTY	PO BOX 1784 - RICHMOND, IN 47375	NONE	33,533.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMMUNITY FOOD PANTRY	2702 WEISS ROAD - RICHMOND, IN 47374	NONE	6,860.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COPE ENVIRONMENTAL CENTER	1730 AIRPORT ROAD - CENTERVILLE, IN 47330	NONE	28,300.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DIPLOMAS IN SCHOOL NURSERY FOR TEEN MOTH	300 HUB ETCHISON PARKWAY - RICHMOND, IN 47374	NONE	12,039.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DISCOVERY INSTITUTE	208 COLUMBIA STREET - SEATTLE, WA 98104	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DUBLIN PUBLIC LIBRARY	PO BOX 188 - DUBLIN, IN 47335	NONE	6,599.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EARLHAM COLLEGE	801 NATIONAL ROAD WEST - RICHMOND, IN 47374	NONE	44,870.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EVERY CHILD CAN READ INC.	33 SOUTH 7TH STREET, - RICHMOND, IN 47374	NONE	38,460.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FIRST ENGLISH LUTHERAN CHURCH	2727 NATIONAL ROAD EAST - RICHMOND, IN 47374	NONE	7,079.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FORT BRAGG AREA COMMUNITY FOUNDATION	PO BOX 74620 - FORT BRAGG, NC 28307	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FRIENDS OF MORRISON REEVES LIBRARY	80 NORTH 6TH STREET - RICHMOND, IN 47374	NONE	11,765.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GATEWAY HUNGER RELIEF	711 SHERIDAN STREET - RICHMOND, IN 47374	NONE	10,404.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GENESIS OF RICHMOND, INC.	PO BOX 2430 - RICHMOND, IN 47375	NONE	11,241.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GIRLS INC. OF WAYNE COUNTY	P.O. BOX 43 - RICHMOND, IN 47375	NONE	30,512.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GLEANERS FOOD BANK OF INDIANA INC	3737 WALDERMERE AVENUE - INDIANAPOLIS, IN 46241	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GOLAY COMMUNITY CENTER	1007 E MAIN STREET - CAMBRIDGE CITY, IN 47327	NONE	5,405.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HAGERSTOWN NETTLE CREEK PLAYERS	96 1/2 EAST MAIN ST., PO BOX 24 - HAGERSTOWN, IN 47346	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HAND-IN-HAND ADULT DAY CARE OF RICHMOND	2727 EAST MAIN STREET - RICHMOND, IN 47374	NONE	10,456.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HAYES ARBORETUM	801 ELKS ROAD - RICHMOND, IN 47374	NONE	6,719.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HELP THE ANIMALS	PO BOX 117 - RICHMOND, IN 47375	NONE	31,433.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HUBBARD FUND	240 SOUTH 6TH STREET - RICHMOND, IN 47374	NONE	181,078.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INDEPENDENT LIVING CENTER OF EASTERN IND	129 SOUTH NINTH STREET - RICHMOND, IN 47374	NONE	5,990.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INDIANA UNIVERSITY SCHOOL OF MEDICINE	PO BOX 7059 - INDIANAPOLIS, IN 46207-7059	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
IVY TECH FOUNDATION	2357 CHESTER BLVD - RICHMOND, IN 47374	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MORRISSON-REEVES LIBRARY	80 NORTH 6TH STREET - RICHMOND, IN 47374	NONE	23,174.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEW COVENANT UNITED METHODIST CHURCH	3470 WOODRIDGE DRIVE - THE VILLAGES, FL 32162	NONE	7,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OPEN ARMS MINISTRY	PO BOX 1012 - RICHMOND, IN 47375	NONE	7,163.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND ART MUSEUM	PO BOX 816 - RICHMOND, IN 47375	NONE	15,486.



<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND CIVIC THEATRE	1003 EAST MAIN STREET - RICHMOND, IN 47374	NONE	16,061.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND COMMUNITY ORCHESTRA	822 EAST MAIN STREET - RICHMOND, IN 47374	NONE	11,579.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND COMMUNITY SCHOOLS	300 HUB ETCHISON PARKWAY - RICHMOND, IN 47374	NONE	6,260.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND DAY NURSERY	300 NORTH 10TH STREET - RICHMOND, IN 47374	NONE	10,597.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND FAMILY YMCA	1215 SOUTH J STREET - RICHMOND, IN 47374	NONE	5,142.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND FRIENDS SCHOOL	607 WEST MAIN STREET - RICHMOND, IN 47374	NONE	19,200.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND HIGH SCHOOL	300 HUB ETCHISON PARKWAY - RICHMOND, IN 47374	NONE	21,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND PARKS AND RECREATION DEPARTMENT	50 NORTH 5TH STREET - RICHMOND, IN 47374	NONE	36,819.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND SHAKESPEARE FESTIVAL	822 EAST MAIN STREET, SUITE A - RICHMOND, IN 47374	NONE	15,477.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND SYMPHONY ORCHESTRA	300 HUB ETCHISON PARKWAY - RICHMOND, IN 47374	NONE	74,022.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RONALD MCDONALD HOUSE CHARITIES OF CENTR	435 LIMESTONE STREET - INDIANAPOLIS, IN 46202	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SETON CATHOLIC SCHOOLS	240 SOUTH 6TH STREET - RICHMOND, IN 47374	NONE	63,097.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST. ANDREW CHURCH	240 SOUTH 6TH STREET - RICHMOND, IN 47374	NONE	7,424.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST. ELIZABETH ANN SETON CATHOLIC PARISH	240 SOUTH 6TH STREET - RICHMOND, IN 47374	NONE	20,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST. PAUL'S EVANGELICAL LUTHERAN CHURCH	121 SOUTH 18TH STREET - RICHMOND, IN 47374	NONE	7,899.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SUNRISE, INC. THERAPEUTIC RIDING CENTER	2670 MINNEMAN ROAD - RICHMOND, IN 47374	NONE	5,318.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE JOHN CROSLAND SCHOOL	5146 PARKWAY PLAZA BOULEVARD - CHARLOTTE, NC 28217	NONE	5,040.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TOWNSEND COMMUNITY CENTER	855 NORTH 12TH STREET - RICHMOND, IN 47374	NONE	22,811.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNITED WAY OF WHITEWATER VALLEY	129 SOUTH NINTH STREET - RICHMOND, IN 47374	NONE	14,484.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VIRGINIA TECH FOUNDATION INC	OFFICE OF DEVELOPMENT, VIRGINIA TECH - BLACKSBURG, VA 24061	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WAYNE COUNTY CARDINAL GREENWAY	PO BOX 2411 - RICHMOND, IN 47375	NONE	7,163.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WAYNE COUNTY HISTORICAL MUSEUM	1150 NORTH A STREET - RICHMOND, IN 47374	NONE	20,635.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WAYNE COUNTY SOIL AND WATER CONSERVATION	823 SOUTH ROUND BARN ROAD - RICHMOND, IN 47374	NONE	6,334.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WESTERN WAYNE DOLLARS FOR SCHOLARS	205 EAST PARKWAY DRIVE - CAMBRIDGE CITY, IN 47327	NONE	14,092.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WHITEWATER VALLEY PRO BONO COMMISSION	50 NORTH 5TH STREET - RICHMOND, IN 47374	NONE	6,670.

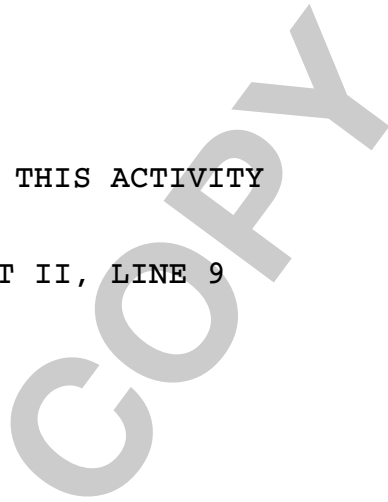
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WILLIAMSBURG AREA COMMUNITY CENTER	PO BOX 145 - WILLIAMSBURG, IN 47393	NONE	17,957.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ZION'S LUTHERAN CHURCH	PO BOX 6 - PERSHING, IN 47370	NONE	9,932.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VARIOUS AMOUNTS UNDER \$5,000	33 SOUTH 7TH STREET, - RICHMOND, IN 47374	NONE	726,707.

TOTAL FOR THIS ACTIVITY 1,955,971.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 1,955,971.



**Corporation Depreciation and Amortization**

Attach to Form 100 or Form 100W.

FORM 199

FEIN \*\* - \*\*\* 6033

Corporation name

California corporation number

**WAYNE COUNTY INDIANA FOUNDATION, INC.**

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

1	Maximum deduction under IRC Section 179 for California .....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service .....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation .....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost) .....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10	Carryover of disallowed deduction from prior taxable years .....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....	12	
13	Carryover of disallowed deduction to 2019. Add line 9 and line 10, less line 12 .....	13	

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
<b>SEE STATEMENT</b>	12	751,747.	452,616.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) .....					15	20,493

**Part III Summary**

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) .....	16	20,493
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	20,493
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) .....	18	0

**Part IV Amortization**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g) .....					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44 .....					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 .....					22	

CA 3885		DEPRECIATION				STATEMENT 12	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 BUILDING	07/01/91	175,000.	146,993.	SL	31.50	5,556.	
2 BUILDING IMPROVEMENTS	01/01/92	52,792.	43,505.	SL	31.50	1,676.	
3 BUILDING IMPROVEMENTS	11/01/96	1,663.	877.	SL	39.00	43.	
4 BUILDING IMPROVEMENTS	04/01/02	8,500.	4,664.	SL	31.50	237.	
5 BUILDING IMPROVEMENTS	10/21/05	372,425.	141,872.	SL	31.50	11,823.	
6 BUILDING IMPROVEMENTS	01/31/06	1,976.	1,516.	150DB	15.00	131.	
7 OFFICE FURNITURE	VARIOUS	31,545.	31,545.	200DB	7.00	0.	
8 LAND	07/01/91	20,000.		L		0.	
10 WALL DISPLAY	06/18/10	12,324.	12,325.	SL	7.00	-1.	
11 COPIER - USED	02/23/11	800.	800.	SL	5.00	0.	
13 COFFEE MAKER - BRUN	03/17/11	535.	494.	SL	7.00	41.	
14 PHONE SYSTEM - PARALLAX	05/20/11	5,691.	5,691.	SL	5.00	0.	
15 COMPUTER/SMART- UPS & SWITCH	06/30/11	1,863.	1,863.	SL	5.00	0.	
16 PEARL SOFTWARE	03/15/12	52,842.	52,842.	SL	3.00	0.	
17 DELL COMPUTERS	04/26/13	4,611.	4,610.	SL	5.00	1.	
18 REFRIGERATOR	12/23/13	750.	535.	SL	7.00	107.	
19 KYOCERA COLOR PRINTER	05/28/14	749.	525.	SL	5.00	150.	
20 EPSON SCANNER (RACHEL) - BEST BUY	01/06/15	263.	159.	SL	5.00	53.	
21 DELL SERVER POWEREDGE T320	05/08/15	2,618.	1,572.	SL	5.00	524.	
22 BUILDING IMPROVEMENTS	05/31/16	4,800.	228.	SL	31.50	152.	
TOTAL TO FORM 3885		751,747.	452,616.			20,493.	



2018

# Underpayment of Estimated Tax by Corporations

5806

For calendar year 2018 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)

Corporation name

WAYNE COUNTY INDIANA FOUNDATION, INC.

California corporation number

### Part I Figure the Underpayment

1	Current year's tax. See instructions				1	2,030
		(a)	(b)	(c)		(d)
2	Installment due dates. See instructions	04/17/18	06/15/18	09/17/18		12/17/18
3	Percentage required. See instructions	30% (not less than min.)	70% less 1st	70% less prior		100% less prior
4	Amount due. See instructions	609	812			609
5 a	Amount paid or credited for each installment					
b	Overpayment from previous installment					
6	Add line 5a and line 5b					
7	Underpayment (subtract line 6 from line 4). See instructions. Overpayment (subtract line 4 from line 6). (If line 7 shows an underpayment for any installment, go to Part IV, Exceptions Worksheets.)	609	812			609

### Part II Exceptions to the Penalty

See instructions. If Exception A, line 8a is met for all four installments, do not attach this form to the return. If Exception B or C is met, for any installment, attach form FTB 5806 to the back of Form 100, Form 100W, Form 100S or Form 109.

(check the applicable boxes)		Yes	No	Yes	No	Yes	No	Yes	No
8 a	Exception A - Regular Corporations, line 26, met?		X		X			X	X
b	Exception A - Large Corporations, line 30, met?								
9	Exception B (line 42) met?								
10	Exception C (line 64) met?								

### Part III Figure the Penalty

If line 7 shows an underpayment for any installment and none of the three exceptions is met, figure the penalty for that installment by completing line 11 through line 22.

11	Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year. Form 109 filers, see instr.					
12	Number of days from date shown on line 2 to date shown on line 11					
13	Number of days on line 12 before 7/01/18, or the payment date, whichever is earlier					
14	Number of days on line 12 after 6/30/18 and before 1/01/19, or the payment date, whichever is earlier					
15	Number of days on line 12 after 12/31/18 and before 7/01/19, or the payment date, whichever is earlier. <b>Calendar yr corps.</b> , see instr.					
16	<b>For fiscal yr corps. only.</b> Number of days on line 12 after 6/30/19 and before 1/01/20. See instr.					
17	<b>For fiscal year corps. only.</b> Number of days on line 12 after 12/31/19 and before 2/15/20					
18	Number of days on line 13 Number of days in taxable year x 4% x line 7					
19	Number of days on line 14 Number of days in taxable year x 4% x line 7					
20	Number of days on line 15 Number of days in taxable year x 5% x line 7					
21	Number of days on line 16 x % (see instr.) Number of days in taxable year x line 7					
22	Number of days on line 17 x % (see instr.) Number of days in taxable year x line 7	SEE ATTACHED WORKSHEET				
22a	Add amounts for each column from line 18 through line 22					
22b	<b>Total estimated penalty due.</b> Add line 22a, column (a) through column (d). Enter here and on Form 100, line 43a; Form 100W, line 40a; Form 100S, line 42a; or Form 109, line 27					74

**UNDERPAYMENT OF ESTIMATED TAX WORKSHEET  
CA**

Name(s)					Identifying Number
WAYNE COUNTY INDIANA FOUNDATION, INC.					** - *** 6033
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/18	609.	609.	61	.000109589	4.
06/15/18	812.	1,421.	183	.000109589	28.
12/15/18	609.	2,030.	16	.000109589	4.
12/31/18	0.	2,030.	135	.000136986	38.
Penalty Due (Sum of Column F) .....					74.

COPY

\* Date of estimated tax payment, withholding credit date or installment due date.

**California Exempt Organization  
Business Income Tax Return**

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name  
**WAYNE COUNTY INDIANA FOUNDATION, INC.**

California corporation number

Additional information. See instructions.  
FEIN  
**\*\* - \*\*\* 6033**

Street address (suite/room no.)  
**33 SOUTH 7TH STREET**

PMB no.

City (If the corporation has a foreign address, see instructions.)  
**RICHMOND**

State  
**IN**

ZIP code  
**47374**

Foreign country name Foreign province/state/county Foreign postal code

- A First Return Filed?  Yes  No
- B Is this an education IRA within the meaning of R&TC Section 23712?  Yes  No
- C Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- D Final Return?  
  - Dissolved  Surrendered (Withdrawn)  Merged/Reorganized
  - Enter date (mm/dd/yyyy) \_\_\_\_\_
- E Amended Return  Yes  No
- F Accounting Method Used: (1)  Cash (2)  Accrual (3)  Other
- G Nature of trade or business **SEE STATEMENT 1**
- H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)?  Yes  No
- I Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits?  Yes  No
- J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)?  Yes  No
- K Unrelated Business Activity (UBA) Code **522100**
- L Is this a Hospital?  Yes  No  
If "Yes," attach federal Schedule H (Form 990)

<b>Taxable Corporation</b>	1	Unrelated business taxable income from Side 2, Part II, line 30	•	1	33,878	00
	2	Mult. In 1 by the avg. apport. pctg <b>67.7942%</b> from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	•	2	22,967	00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	•	3	22,967	00
<b>Taxable Trust</b>	4	Unrelated business taxable income from Side 2, Part II, line 30	•	4		00
<b>Tax Computation</b>	5	Unrelated business taxable income from line 3 or line 4	•	5	22,967	00
	6	EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	•	6		00
	7	Net Operating Loss deduction. See General Information N	•	7		00
	8	Add line 6 and line 7	•	8		00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	•	9	22,967	00
	10	Tax <b>8.84%</b> x line 9. See General Information J	•	10	2,030	00
	11	Tax credits from Schedule B. See instructions	•	11		00
<b>Total Tax</b>	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	•	12	2,030	00
	13	Alternative minimum tax. See General Information O	•	13		00
	14	Total tax. Add line 12 and line 13	•	14	2,030	00
<b>Payments</b>	15	Overpayment from a prior year allowed as a credit	•	15		00
	16	2018 estimated tax payments. See instructions	•	16		00
	17	Withholding (Form 592-B and/or 593.) See instructions	•	17		00
	18	Amount paid with extension (form FTB 3539)	•	18		00
	19	Total payments and credits. Add line 15 through line 18	•	19		00
<b>Use Tax/Tax Due/Overpayment</b>	20	Use tax. See instructions	•	20		00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	•	21		00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	•	22		00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	•	23	2,030	00
	24	Overpayment. Subtract line 14 from line 21. See instructions	•	24		00
	25	Enter amount of line 24 to be applied to 2019 estimated tax	•	25		00

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	• 26		00
	a Fill in the account information to have the refund directly deposited. Routing number b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	• 26a		
		• 26c		
	27 Penalties and interest. See General Information M	• 27	74	00
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.			
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	• 29	2,104	00

**Unrelated Business Taxable Income**

**Part I Unrelated Trade or Business Income**

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	• 1c		00
2 Cost of goods sold and/or operations (Schedule A, line 7)			• 2		00
3 Gross profit. Subtract line 2 from line 1c			• 3		00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			• 4a	347	00
b Net gain (loss) from Part II, Schedule D-1			• 4b		00
c Capital loss deduction for trusts			• 4c		00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	SEE STATEMENT 13		• 5	41,633	00
6 Rental income (Schedule C)			• 6		00
7 Unrelated debt-financed income (Schedule D)			• 7		00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			• 8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			• 9		00
10 Exploited exempt activity income (Schedule G)			• 10		00
11 Advertising income (Schedule H, Part III, Column A)			• 11		00
12 Other income. Attach schedule			• 12		00
13 Total unrelated trade or business income. Add line 3 through line 12			• 13	41,980	00

**Part II Deductions Not Taken Elsewhere** (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	• 14		00
15 Salaries and wages	• 15		00
16 Repairs	• 16		00
17 Bad debts	• 17		00
18 Interest	• 18		00
19 Taxes	• 19		00
20 Contributions	• 20		00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	• 21a		00
b Less: depreciation claimed on Schedule A	• 21b		00
22 Depletion	• 22		00
23 a Contributions to deferred compensation plans	• 23a		00
b Employee benefit programs	• 23b		00
24 Other deductions	• 24	7,102	00
25 Total deductions. Add line 14 through line 24	• 25	7,102	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	• 26	34,878	00
27 Excess advertising costs (Schedule H, Part III, Column B)	• 27		00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	• 28	34,878	00
29 Specific deduction	• 29	1,000	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	• 30	33,878	00

**Sign Here**

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131. To request this notice by mail, call 800.852.5711.  
 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title <b>EXECUTIVE DIRECTOR</b>	Date	• Telephone 765-962-1638
Preparer's signature	Date 10/31/19	Check if self-employed <input type="checkbox"/>	• PTIN P00517541
Firm's name (or yours, if self-employed) and address BRADY, WARE & SCHOENFELD, INC. ONE WOODSIDE DRIVE RICHMOND, IN 47374			• FEIN ** - *** 6702 • Telephone (765) 966-0531

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Schedule A Cost of Goods Sold and/or Operations.**

Method of inventory valuation (specify)

N/A

1	Inventory at beginning of year	1	00
2	Purchases	2	00
3	Cost of labor	3	00
4 a	Additional IRC Section 263A costs. Attach schedule	4a	00
b	Other costs. Attach schedule	4b	00
5	Total. Add line 1 through line 4b	5	00
6	Inventory at end of year	6	00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization?  Yes  No

**Schedule B Tax Credits.**

1	Enter credit name	code	1	00
2	Enter credit name	code	2	00
3	Enter credit name	code	3	00
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits on line 4. Enter here and on Side 1, line 11		4	00

**Schedule K Add-On Taxes or Recapture of Tax.**

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
	b Method for non-dealer installment obligations	2b	00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4	Credit recapture. Credit name	4	00
5	Total. Combine the amounts on line 1 through line 4	5	00

**Schedule R Apportionment Formula Worksheet.** Use only for unrelated trade or business amounts.

**Part A. Standard Method - Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total Sales	41,980	28,460	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			67.7942%

**Part B. Three Factor Formula.** Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor:			
2 Payroll factor: Wages and other compensation of employees			
3 Sales factor: Gross sales and/or receipts less returns and allowances			
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

**Schedule C Rental Income from Real Property and Personal Property Leased with Real Property**

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3
		(b) Deductions directly connected with personal property
		(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrelated Debt-Financed Income

Table with 9 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions, 4 Amount of average acquisition indebtedness on or allocable to debt-financed property, 5 Average adjusted basis of or allocable to debt-financed property, 6 Debt basis percentage, column 4 ÷ column 5, 7 Gross income reportable, column 2 x column 6, 8 Allocable deductions, total of columns 3(a) and 3(b) x column 6, 9 Net income (or loss) includible, column 7 less column 8.

Total. Enter here and on Side 2, Part I, line 7

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, column 2 less column 3, 5 Set-asides, 6 Balance of investment income, column 4 less column 5.

Total. Enter here and on Side 2, Part I, line 8

Enter gross income from members (dues, fees, charges, or similar amounts)

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Table for Exempt Controlled Organizations with 6 columns: 1 Name of controlled organizations, 2 Employer Identification Number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column (5).

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 6 columns: 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column (9) that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column (10).

4 Add columns 5 and 10

5 Add columns 6 and 11

6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity), 2 Gross unrelated business income from trade or business, 3 Expenses directly connected with production of unrelated business income, 4 Net income from unrelated trade or business, column 2 less column 3, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, column 6 less column 5 but not more than column 4, 8 Net income includible, column 4 less column 7 but not less than zero.

Total. Enter here and on Side 2, Part I, line 10

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b).

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns for reporting separate basis income from periodicals.

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

Table with 4 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, column 4 or 7.

Enter total here and on Side 2, Part I, line 11

Enter total here and on Side 2, Part II, line 27

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of Officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Total. Enter here and on Side 2, Part II, line 14

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired (mm/dd/yyyy), 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

CA 109	INCOME OR (LOSS) FROM PARTNERSHIPS, LIMITED LIABILITY COMPANIES OR S CORPORATIONS	STATEMENT 13
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DESCRIPTION	AMOUNT
SAVILE ROW PRIVATE REAL ESTATE 2008 - ORDINARY BUSINESS INCOME (LOSS)	176.
SAVILE ROW PRIVATE REAL ESTATE 2008 - OTHER INCOME (LOSS)	8.
SAVILE ROW PRIVATE 2007-08 - ORDINARY BUSINESS INCOME (LOSS)	3,336.
SAVILE ROW PRIVATE 2007-08 - INTEREST INCOME	3.
SAVILE ROW PRIVATE 2007-08 - DIVIDEND INCOME	14.
SAVILE ROW PRIVATE 2007-08 - ROYALTIES	3.
SAVILE ROW PRIVATE 2007-08 - OTHER INCOME (LOSS)	38.
SAVILE ROW ENERGY OPPORTUNITIES Q, LLC - ORDINARY BUSINESS INCOME (LOSS)	42,487.
SAVILE ROW ENERGY OPPORTUNITIES Q, LLC - ORDINARY BUSINESS INCOME (LOSS)	-15,513.
REGENT STREET SPECIAL SITUATIONS FUND S 2016-2 - INTEREST INCOME	836.
SAVILE ROW SPECIALTY FINANCE FUND VP 2016-1 LLC - ORDINARY BUSINESS INCOME (	10,245.
TOTAL TO FORM 109, PAGE 2, LINE 5	41,633.

CA 109	OTHER DEDUCTIONS	STATEMENT 14
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DESCRIPTION	AMOUNT
TRUSTEE FEES	6,602.
TAX PREPARATION	500.
TOTAL TO FORM 109, PAGE 2, LINE 24	7,102.



# Capital Gains and Losses Worksheet

## \*\*(Non-official Do Not File)\*\*

Name <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	Employer identification number <b>** - *** 6033</b>
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### Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 shares of Z Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) (Subtract (e) from (d))
1					
2	Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....				2
3	Short-term gain or (loss) from like-kind exchanges from Form 8824 .....				3
4	Unused capital loss carryover (attach computation) .....				4 ( )
5	Net short-term capital gain or (loss). Combine lines 1 through 4 .....				5

### Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

6	SAVILE ROW PRIVATE REAL ESTATE 2008				19.
	SAVILE ROW PRIVATE 2007-08				286.
7	Enter gain from Form 4797, line 7 or 9 .....				7 42.
8	Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....				8
9	Long-term gain or (loss) from like-kind exchanges from Form 8824 .....				9
10	Capital gain distributions (see instructions) .....				10
11	Net long-term capital gain or (loss). Combine lines 6 through 10 .....				11 347.

### Part III Summary of Parts I and II

12	Enter excess of net short-term capital gain (line 5) over net long-term capital loss (line 11) .....				12
13	Net capital gain. Enter excess of net long-term capital gain (line 11) over net short-term capital loss (line 5) .....				13 347.
14	Add lines 12 and 13. Enter here and on the proper line on the return .....				14 347.
<b>Note.</b> If losses exceed gains, see the instructions.					

TAXABLE YEAR

2018

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under IRC Sections 179 and 280F(b)(2))

CALIFORNIA SCHEDULE

D-1

Complete and attach this schedule to your tax return only if your California gains or losses are different from your federal gains or losses.

Name(s) as shown on tax return

SSN, ITIN, CA SOS file no., California Corp. no., or FEIN

WAYNE COUNTY INDIANA FOUNDATION, INC.

\*\* - \*\*\*6033

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty and Theft - Property Held More Than 1 Year

Use federal Form 4684, Casualties and Thefts, to report involuntary conversions from casualty and theft.

1 Enter the gross proceeds from sales or exchanges reported to you for 2018 on federal Form 1099-S, Proceeds From Real Estate Transactions (or a substitute statement), that you will be including on line 2 or line 10, (column (d)), or on line 23

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (Loss) Subtract (f) from the sum of (d) and (e). Includes a row for STATEMENT 15 with a total of 42.

3 Gain, if any, from federal Form 4684, line 39
4 IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37
5 IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)
6 Gain, if any, from line 35, from other than casualty and theft
7 Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows: 42

IRC Section 179 Assets: For reporting the sale or disposition of assets for which an IRC Section 179 expense deduction was claimed in a prior year, see instructions. Partnerships or Limited Liability Companies (classified as partnerships): Enter the gain or (loss) on Schedule K (565 or 568), line 10. Skip lines 8, 9, 11, and 12 below. S corporations: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain, continue to line 8. All others: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain and you did not have any prior year IRC Section 1231 losses, or they were recaptured in an earlier year, enter the gain as follows: Form 540 and Long Form 540NR filers, enter the gain on Schedule D (540 or 540NR), line 1, and skip lines 8, 9, and 12 below; Form 100 and Form 100W filers, enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6, and skip lines 8, 9, and 12 below.

8 Nonrecaptured net IRC Section 1231 losses from prior years. Enter as a positive number. See instructions
9 Subtract line 8 from line 7. If zero or less, enter -0- 42

S corporations: If line 9 is more than zero, enter this amount on Schedule D (100S), Section B, Part II, line 5 and enter the amount, if any, from line 8 on line 12 below. If line 9 is zero, enter the amount from line 7 on line 12 below. All others: If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the amount from line 9 as follows: Form 540 and Long Form 540NR filers, enter as a capital gain on Schedule D (540 or 540NR), line 1; Form 100 and Form 100W filers, enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6. If line 9 is zero, enter the amount from line 7 on line 12 below. See instructions.

Part II Section A - Ordinary Gains and Losses

10 Ordinary gains and losses not included on line 11 through line 16 (include property held 1 year or less):

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (Loss) Subtract (f) from the sum of (d) and (e).

11 Loss, if any, from line 7
12 Gain, if any, from line 7, or amount from line 8, if applicable. See instructions
13 Gain, if any, from line 34
14 Net gain or (loss) from federal Form 4684, line 31 and line 38a (completed using California amounts)
15 Ordinary gain from installment sales from form FTB 3805E, line 25 or line 36. See instructions
16 Ordinary gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)
17 Combine line 10 through line 16

18 For all except individual tax returns, enter the amount from line 17 on the appropriate line of your tax return and skip line a and line b below. For individual tax returns, complete line a and line b below: see instructions.

a If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii) of line 30 or line 35, enter that part of the loss here. See instructions

b Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on line 20

Table with 2 columns: 18a, 18b

**Part II Section B - Adjusting California Ordinary Gain or Loss** For individual tax returns (Form 540 and Long Form 540NR) only.

19	Enter ordinary federal gain or (loss) from federal Schedule 1 (Form 1040), line 14	<input type="radio"/>	19	
20	Enter ordinary California gain or (loss) from line 18b	<input type="radio"/>	20	
21	Ordinary gain or loss adjustment: Compare line 19 and line 20. See instructions.			
a	If line 19 is more than line 20, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 14, col. B	<input type="radio"/>	21a	
b	If line 20 is more than line 19, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 14, col. C	<input type="radio"/>	21b	

**Part III Gain from Disposition of Property Under IRC Sections 1245, 1250, 1252, 1254, and 1255**

Description of IRC Sections 1245, 1250, 1252, 1254, and 1255 property.	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)
22 <b>A</b> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B</b> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C</b> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>D</b> <input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Relate the properties on lines 22A through 22D to these columns	Property A	Property B	Property C	Property D
23 Gross sales price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Cost or other basis plus expense of sale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Depreciation (or depletion) allowed or allowable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Adjusted basis. Subtract line 25 from line 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Total gain. Subtract line 26 from line 23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>28 If IRC Section 1245 property:</b>				
a Depreciation allowed or allowable from line 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Enter the <b>smaller</b> of line 27 or line 28a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>29 If IRC Section 1250 property:</b> If straight-line depreciation was used, enter -0- on line 29g, except for a corporation subject to IRC Sec. 291:				
a Additional depreciation after 12/31/76	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Applicable percentage multiplied by the <b>smaller</b> of line 27 or line 29a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Subtract line 29a from line 27. If line 27 is not more than line 29a, skip line 29d and line 29e	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Additional depreciation after 12/31/70 and before 1/1/77	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Enter the <b>smaller</b> of line 29c or line 29d	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f IRC Section 291 amount (for corporations only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Add line 29b, line 29e, and line 29f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>30 If IRC Section 1252 property:</b> Skip section if you did not dispose of farm land or if form is being completed for a partnership.				
a Soil, water, and land clearing expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Applicable percentage multiplied by line 30a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Enter the <b>smaller</b> of line 27 or line 30b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>31 If IRC Section 1254 property:</b>				
a Intangible drilling and development costs deducted after 12/31/76	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Enter the <b>smaller</b> of line 27 or line 31a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>32 If IRC Section 1255 property:</b>				
a Applicable percentage of payments excluded from income under IRC Section 126	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Enter the <b>smaller</b> of line 27 or line 32a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Summary of Part III Gains.** Complete property column A through column D for line 23 through line 32b before going to line 33.

33	Total gains for all properties. Add column A through column D of line 27	<input type="radio"/>	33	
34	Add column A through column D of lines 28b, 29g, 30c, 31b, and 32b. Enter here and on line 13	<input type="radio"/>	34	
35	Subtract line 34 from line 33. Enter the portion from other than casualty and theft here and on line 6. Enter the portion from casualty and theft on federal Form 4684, line 33	<input type="radio"/>	35	

**Part IV Recapture Amounts Under IRC Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**

	(a) Expense deductions	(b) Recovery deductions
36	Expense deductions or recovery deductions. See instructions	<input type="radio"/>
37	Depreciation or recovery deductions. See instructions	<input type="radio"/>
38	Recapture amount. Subtract line 37 from line 36. See instructions	<input type="radio"/>

SCHEDULE D-1 PROPERTY HELD MORE THAN ONE YEAR STATEMENT 15

PROPERTY DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR. ALLOWED	COST OR BASIS	GAIN OR (LOSS)
SAVILE ROW PRIVATE	2007-08					42.
TOTAL TO SCH D-1, PART I, LINE 2						42.

COPY

**Application for Automatic Extension of Time To File an Exempt Organization Return**

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.  <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	Employer identification number (EIN) or  <b>**-***6033</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>33 SOUTH 7TH STREET</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>RICHMOND, IN 47374</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STEPHEN C. BORCHERS**

- The books are in the care of ► **33 SOUTH 7TH STREET - RICHMOND, IN 47374**  
Telephone No. ► **765-962-1638** Fax No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year **2018** or  
 ►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**NP-20**

State Form 51062  
(R9 / 8-18)

Indiana Department of Revenue  
**Indiana Nonprofit Organization's Annual Report**  
**For the Calendar Year or Fiscal Year**  
**Beginning 01 / 01 / 2018 and Ending 12 / 31 / 2018**  
MM/ DD/ YYYY MM/ DD/ YYYY

Check if:  Change of Address  
 Amended Report  
 Final Report: Indicate Date Closed \_\_\_\_\_

**Due on the 15th day of the 5th month following the end of the tax year.**  
**NO FEE REQUIRED.**

Name of Organization <b>WAYNE COUNTY INDIANA FOUNDATION INC</b>		Telephone Number <b>765 962 1638</b>
Address <b>33 SOUTH 7TH STREET</b>		County 
City <b>RICHMOND</b>		State <b>INDIANA</b>
Zip Code <b>47374</b>		Indiana Taxpayer Identification Number <b>0004175239</b>
Federal Identification Number <b>** - *** 6033</b>		
Printed Name of Person to Contact <b>STEPHEN C. BORCHERS</b>		Contact's Telephone Number <b>765 962 1638</b>

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

**Note:** If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

**Current Information**

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 40.
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

**SEE STATEMENT 1**

Email Address: STEVE@WAYNECOUNTYFOUNDATION.ORG

*I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.*

**EXECUTIVE DIRECTOR**

Signature of Officer or Trustee \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name of Person(s) to Contact \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

**Important:** Please submit this completed form and/or extension to:  
 Indiana Department of Revenue, Tax Administration  
 P.O. Box 6481  
 Indianapolis, IN 46206-6481  
 Telephone: (317) 232-0129

**Extensions of Time to File**

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



25418111019

TO FOSTER AND ENCOURAGE PRIVATE PHILANTHROPIC GIVING, TO ENHANCE THE SPIRIT OF COMMUNITY, AND TO IMPROVE THE QUALITY OF LIFE IN THE WAYNE COUNTY, INDIANA, AREA NOW AND FOR FUTURE GENERATIONS.

COPY

FORM NP-20

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 2

## NAME AND ADDRESS

## TITLE

LEN CLARK  
33 SOUTH 7TH STREET  
RICHMOND, IN 47374

CHAIR

STEVE HIGINBOTHAM  
33 SOUTH 7TH STREET  
RICHMOND, IN 47374

MEMBER

BONITA WASHINGTON-LACEY  
33 SOUTH 7TH STREET  
RICHMOND, IN 47374

MEMBER

AMY NOE-DUDAS  
33 SOUTH 7TH STREET  
RICHMOND, IN 47374

VICE CHAIR

PAMELA ZELAYA-CHEVAZ  
33 SOUTH 7TH STREET  
RICHMOND, IN 47374

MEMBER

SUSAN ISAACS  
33 SOUTH 7TH STREET  
RICHMOND, IN 47374

TREASURER

EILEEN BAKER WALL  
33 SOUTH 7TH STREET  
RICHMOND, IN 47374

MEMBER

MARK SOUKUP  
33 SOUTH 7TH STREET  
RICHMOND, IN 47374

MEMBER

BRAD BOWMAN  
33 SOUTH 7TH STREET  
RICHMOND, IN 47374

MEMBER

CHAD BOLSER  
33 SOUTH 7TH STREET  
RICHMOND, IN 47374

MEMBER

GARRY KLEER  
33 SOUTH 7TH STREET  
RICHMOND, IN 47374

MEMBER

VALERIE SHAFFER  
33 SOUTH 7TH STREET  
RICHMOND, IN 47374

MEMBER



KATHY CRUZ-URIBE 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
CHRIS KNIGHT 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
DAVID RODGERS 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
RAY ONTKO 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
JOHN WRIGHT 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
STEVE BORCHERS 33 SOUTH 7TH STREET RICHMOND, IN 47374	EXECUTIVE DIRECTOR
AMY WALTZ 33 SOUTH 7TH STREET RICHMOND, IN 47374	FINANCE OFFICER

COPY

COPY

850451 08-20-18

Cut on line before mailing

IT-6 0812

6

Printed Name of Officer Title

Federal ID Number Due Date

Signature of Officer Title

Date Daytime Phone #

Voucher Number Calendar or Fiscal Year Ending

Enter Total Tax Below

1

INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 7226  
INDIANAPOLIS, IN 46207-7226

083514060330000030070000110190000005

COPY

850451 08-20-18

Cut on line before mailing

IT-6 0812

6

\_\_\_\_\_  
Printed Name of Officer Title

\_\_\_\_\_  
Signature of Officer Title

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**Federal ID Number Due Date**

**Voucher Number Calendar or Fiscal Year Ending**

**Enter Total Tax Below**

2

INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 7226  
INDIANAPOLIS, IN 46207-7226

COPY

850451 08-20-18

Cut on line before mailing

IT-6 0812

6

Printed Name of Officer Title

Signature of Officer Title

Date Daytime Phone #

Federal ID Number Due Date

Voucher Number Calendar or Fiscal Year Ending

Enter Total Tax Below

3

INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 7226  
INDIANAPOLIS, IN 46207-7226

COPY

850451 08-20-18

Cut on line before mailing

IT-6 0812

WAYNE COUNTY INDIANA FOUNDATI  
33 SOUTH 7TH STREET  
RICHMOND IN 47374

6

STEPHEN C. BORCHERS EXECUTIVE DIRECT  
Printed Name of Officer Title

EXECUTIVE DIRECT  
Signature of Officer Title

**Federal ID Number**      **Due Date**  
\*\*-\*\*\*6033                  12 20 2019

Date \_\_\_\_\_ Daytime Phone # 765 962 1638

**Voucher Number**                  **Calendar or Fiscal Year Ending**  
4    DEC 2019

Enter Total Tax Below

1430.00

INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 7226  
INDIANAPOLIS, IN 46207-7226

083514060330000030070000410190000004

**Indiana Nonprofit Organization Unrelated Business Income Tax Return**

Calendar Year Ending December 31, 2018 or

Fiscal Year Beginning

2018 and Ending

Check box if amended.

Check box if name changed.

Name of Organization  
**WAYNE COUNTY INDIANA FOUNDATION INC**

Federal Identification Number (FID)  
**\*\*-\*\*\*6033**

Number and Street  
**33 SOUTH 7TH STREET**

Enter 2-Digit County Code Principal Business Activity Code  
**522100**

City  
**RICHMOND, IN 47374**

State ZIP Code Telephone Number  
**765 962 1638**

**K** Check all boxes that apply: Initial Return Final Return In Bankruptcy Schedule M  
**L** Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? Yes  No

**Adjusted Gross Income Tax Calculation on Unrelated Business Income**

1. Unrelated business taxable income (before NOL deduction and specific deduction) from federal return Form 990T (enclose Form 990T); use minus sign for negative amounts	1	29532.00
2. Specific deduction (generally \$1,000; see instructions)	2	1000.00
3. Interest on U.S. government obligations on the federal return less related expenses	3	.00
4. Deduction for qualified patents income	4	.00
5. Enter total from lines 2 through 4	5	1000.00
6. Subtotal for unrelated business income (subtract line 5 from line 1)	6	28532.00
7. Indiana modifications (see instructions; use a minus sign to denote negative amounts)	7	.00
8. Unrelated business income, as adjusted (add lines 6 and 7). (If not apportioning, enter same amount on line 10.)	8	28532.00
9. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E apportionment (enclose schedule)	9	%
10. Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise, enter line 8 amount)	10	28532.00
11. Enter Indiana NOL deduction without specific deduction (enclose Schedule IT-20NOL; see instructions)	11	4345.00
12. Taxable Indiana unrelated business income (subtract line 11 from line 10)	12	24187.00
13. Taxable income from other forms (Form 1120-POL)	13	.00
14. Subtotal (add lines 12 and 13)	14	24187.00
15. Indiana tax on unrelated business income (multiply line 14 by tax rate; see instructions for line 15)	15	1422.00
16. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet	16	.00
17. Total tax due (add lines 15 and 16)	17	1422.00

**Credit for Estimated Tax and Other Payments**

18. Quarterly estimated tax paid: Qrt. 1 Qrt. 2 Qrt. 3 Qrt. 4 Enter total	18	.00
19. Amount paid with extension	19	.00
20. Amount of overpayment credit (from tax year ending _____)	20	.00
21. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)	21	.00
22. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)	22	.00
23. Enter the amount of other credit Code No.	23	.00
24. Certified credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return	24	.00
25. Total credits (add lines 18-24)	25	.00
26. Balance of tax due (line 17 minus line 25)	26	1422.00
27. Penalty for the underpayment of income tax. Attach Schedule IT-2220	27	.00
Check box if using annualization method		
28. Interest: If payment is made after the original due date, compute interest	28	.00
29. Penalty: If paid late, enter 10% of line 26; see instructions. If line 17 is zero, enter \$10 per day filed past due date	29	.00
30. Total payment due (add lines 26-29). (Payment must be made in U.S. funds) PAY THIS AMOUNT	30	1422.00
31. Total overpayment (line 25 minus lines 17 and 27-29)	31	.00
32. Amount of line 31 to be refunded	32	.00
33. Amount of line 31 to be applied to the following year's estimated tax account	33	.00



**Additional Explanation or Adjustment**

**Line (a)**

**Explanation (b)**

**Amount (c)**

.00

.00

.00

**Certification of Signatures and Authorization Section**

Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

I authorize the department to discuss my return with my personal representative (see instructions).     Yes                       No

Paid Preparer's Email Address:

**THAINES@BRADYWARE.COM**

**STEPHEN C. BORCHERS**

**BRADY, WARE & SCHOENFELD, INC.**

**Personal Representative's Name (Print or Type)**

**Paid Preparer: Firm's Name (or yours if self-employed)**

**STEVE@WAYNECOUNTYFOUNDATION.ORG**

**P00517541**

Personal Representative's Email Address

PTIN

**765 966 0531**

Signature of Corporate Officer

Date

Telephone Number

**STEPHEN C. BORCHERS**

**EXECUTIVE**

**ONE WOODSIDE DRIVE**

Print or Type Name of Corporate Officer

Title

Address

**10 31 19**

**RICHMOND**

Signature of Paid Preparer

Date

City

**TRACY A HAINES**

**IN**

**47374**

Print or Type Name of Paid Preparer

State

ZIP Code +4

**Please mail your forms to:  
Indiana Department of Revenue  
P.O. Box 7228  
Indianapolis, IN 46207-7228**

