

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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning and ending

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	C Name of organization WAYNE COUNTY INDIANA FOUNDATION, INC.		D Employer identification number 35-1406033
	Doing business as		E Telephone number 765-962-1638
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code RICHMOND, IN 47374		G Gross receipts \$ 14,740,535.
F Name and address of principal officer: STEPHEN C. BORCHERS SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number	
I 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			
J Website: WWW.WAYNECOUNTYFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1978
M State of legal domicile: IN			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ATTRACT, RECEIVE, HOLD AND DISTRIBUTE CONTRIBUTED FUNDS FOR THE BENEFIT OF WAYNE COUNTY, IN.		
	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)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	70
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,744.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,370,355.	3,134,338.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	424,683.	472,761.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,731,441.	2,217,721.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,307.	76,064.
		5,557,786.	5,900,884.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,308,147.	1,465,026.
	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)	334,309.	350,068.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 137,330.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	792,316.	812,392.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,434,772.	2,627,486.	
19 Revenue less expenses. Subtract line 18 from line 12	3,123,014.	3,273,398.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	35,278,802.	38,224,981.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,634,791.	1,811,598.
		33,644,011.	36,413,383.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	STEPHEN C. BORCHERS, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SUZANNE K. MILLER CPA		11/05/15		P00452655
	Firm's name	Firm's EIN		Phone no. (765) 966-0531	
	BRADY, WARE & SCHOENFELD, INC.	35-1476702			
	Firm's address	ONE WOODSIDE DRIVE RICHMOND, IN 47374			

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.

4a (Code:) (Expenses \$ 982,395. including grants of \$ 982,395.) (Revenue \$ 544,127.) GRANTMAKING: THE WAYNE COUNTY FOUNDATION ADMINISTERS 266 FUNDS TO SUPPORT THE COMMUNITY WITH A WIDE RANGE OF ORGANIZATION-SPECIFIC, DONOR DIRECTED, FIELD OF INTEREST, AND UNRESTRICTED GRANTS.

4b (Code:) (Expenses \$ 482,631. including grants of \$ 482,631.) (Revenue \$) SCHOLARSHIPS: THE WAYNE COUNTY FOUNDATION ADMINISTERS 127 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.

4c (Code:) (Expenses \$ 277,078. including grants of \$) (Revenue \$) COMMUNITY DEVELOPMENT: THE FOUNDATION SUPPORTS OR PROVIDES A NUMBER OF PROGRAMS THAT REPRESENT SPECIFIC INITIATIVES TO HELP MOVE THE COMMUNITY FORWARD.

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

4e Total program service expenses 1,742,104.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
3 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 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>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 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>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O check

Main table with columns for line numbers (1a-14b), descriptions, and Yes/No columns. Includes rows for backup withholding, employee reporting, 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 [X]

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); 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).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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. [X] Own website [X] Another's website [X] 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) CHRIS HARDIE CHAIR	1.00	X		X				0.	0.	0.
(2) DARLA LANE VICE CHAIR	1.00	X		X				0.	0.	0.
(3) JILL KING SECRETARY	1.00	X		X				0.	0.	0.
(4) JOHN ZETZL TREASURER	1.00	X		X				0.	0.	0.
(5) J. ROGER GREEN MEMBER	1.00	X						0.	0.	0.
(6) GREG JANZOW MEMBER	1.00	X						0.	0.	0.
(7) SABRINA PENNINGTON MEMBER	1.00	X						0.	0.	0.
(8) JIM TANNER MEMBER	1.00	X						0.	0.	0.
(9) LEN CLARK MEMBER	1.00	X						0.	0.	0.
(10) STEVE HIGINBOTHAM MEMBER	1.00	X						0.	0.	0.
(11) JOHN MCBRIDE MEMBER	1.00	X						0.	0.	0.
(12) BONITA WASHINGTON-LACEY MEMBER	1.00	X						0.	0.	0.
(13) AMY NOE MEMBER	1.00	X						0.	0.	0.
(14) PAMELA HANCOCK MEMBER	1.00	X						0.	0.	0.
(15) SUSAN ISAACS MEMBER	1.00	X						0.	0.	0.
(16) STEVE BORCHERS EXECUTIVE DIRECTOR	40.00			X				89,421.	0.	14,854.
(17) AMY WALTZ FINANCE OFFICER	28.00			X				56,724.	0.	10,500.

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			
1b Sub-total							146,145.	0.	25,354.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							146,145.	0.	25,354.	

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	12,376.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,121,962.				
	g Noncash contributions included in lines 1a-1f: \$		636,628.				
	h Total. Add lines 1a-1f		3,134,338.				
Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code					
		900099	472,761.	472,761.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		472,761.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		803,555.			803,555.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	30,319.				
		(ii) Personal					
		b Less: rental expenses	0.				
	c Rental income or (loss)		30,319.				
	d Net rental income or (loss)		30,319.	30,319.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	10,244,071.				
		(ii) Other					
		b Less: cost or other basis and sales expenses		8,829,905.			
		c Gain or (loss)		1,414,166.			
	d Net gain or (loss)		1,414,166.			1,414,166.	
	8 a Gross income from fundraising events (not including \$ 12,376. of contributions reported on line 1c). See Part IV, line 18	a	6,700.				
		b Less: direct expenses		9,746.			
c Net income or (loss) from fundraising events			-3,046.			-3,046.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS	900099	25,865.	25,865.				
b NETWORKING EVENTS	900099	15,182.	15,182.				
c INCOME FROM PARTNERSHIP INVESTMEN	900099	7,744.		7,744.			
d All other revenue							
e Total. Add lines 11a-11d		48,791.					
12 Total revenue. See instructions.		5,900,884.	544,127.	7,744.	2,214,675.		

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	982,395.	982,395.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	482,631.	482,631.		
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	168,100.	40,915.	96,499.	30,686.
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	133,273.	35,034.	48,192.	50,047.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,421.	685.	1,855.	1,881.
9 Other employee benefits	22,793.	4,538.	11,556.	6,699.
10 Payroll taxes	21,481.	6,372.	8,737.	6,372.
11 Fees for services (non-employees):				
a Management				
b Legal	294.		294.	
c Accounting	19,195.		19,195.	
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	13,051.		13,051.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,530.	448.	1,818.	264.
20 Interest	1,951.		1,951.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,857.		41,857.	
23 Insurance	2,274.		2,274.	
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 FOUNDATION MANAGEMENT FEES	453,428.		453,428.	
b TRUSTEE FEES	125,837.	125,837.		
c OTHER EXPENSES	57,278.	57,744.	-466.	
d MARKETING	20,976.			20,976.
e All other expenses	73,721.	5,505.	47,811.	20,405.
25 Total functional expenses. Add lines 1 through 24e	2,627,486.	1,742,104.	748,052.	137,330.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,823,554.	2	2,113,525.
	3 Pledges and grants receivable, net	1,307,923.	3	683,370.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	183.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 748,155.		
	b Less: accumulated depreciation	10b 385,483.	403,778.	10c 362,672.
	11 Investments - publicly traded securities	10,615,277.	11	9,799,073.
	12 Investments - other securities. See Part IV, line 11	20,128,087.	12	25,266,341.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,278,802.	16	38,224,981.	
Liabilities	17 Accounts payable and accrued expenses	4,886.	17	8,334.
	18 Grants payable	434,231.	18	412,512.
	19 Deferred revenue		19	112,462.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	39,014.	24	35,328.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,156,660.	25	1,242,962.
	26 Total liabilities. Add lines 17 through 25	1,634,791.	26	1,811,598.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	32,087,605.	27	35,174,834.
	28 Temporarily restricted net assets	1,496,406.	28	1,178,549.
	29 Permanently restricted net assets	60,000.	29	60,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	33,644,011.	33	36,413,383.
	34 Total liabilities and net assets/fund balances	35,278,802.	34	38,224,981.

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	5,900,884.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,627,486.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,273,398.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,644,011.
5	Net unrealized gains (losses) on investments	5	-388,858.
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	-115,168.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	36,413,383.

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		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,276,508.	2,245,623.	1,039,359.	3,370,355.	3,134,388.	11,066,233.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	1,276,508.	2,245,623.	1,039,359.	3,370,355.	3,134,388.	11,066,233.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,085,023.
6 Public support. Subtract line 5 from line 4.						7,981,210.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	1,276,508.	2,245,623.	1,039,359.	3,370,355.	3,134,388.	11,066,233.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	577,426.	705,629.	636,606.	780,200.	833,874.	3,533,735.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	23,632.	11,439.			7,744.	42,815.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	329,122.	379,235.	386,708.	424,683.	472,761.	1,992,509.
11 Total support. Add lines 7 through 10						16,635,292.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	47.98 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	43.37 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
2 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>		
3a 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 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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
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.		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Schedule A (Form 990 or 990-EZ) 2014

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

OMB No. 1545-0047

2014

Name of the organization

WAYNE COUNTY INDIANA FOUNDATION, INC.

Employer identification number

35-1406033

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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number 35-1406033
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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>674,179.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>375,265.</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>433,910.</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>518,000.</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>126,679.</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>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number 35-1406033
--	---

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/>	\$ 76,051.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 70,189.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number 35-1406033
--	---

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
3	4640 SHARES OF PROCTOR GAMBLE	\$ 433,910.	12/24/14
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number 35-1406033
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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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization **WAYNE COUNTY INDIANA FOUNDATION, INC.** Employer identification number **35-1406033**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	37	
2 Aggregate value of contributions to (during year)	217,308.	
3 Aggregate value of grants from (during year)	167,788.	
4 Aggregate value at end of year	888,534.	

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of 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 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c
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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	31,093,060.	26,105,238.	23,998,842.	25,795,984.	24,038,710.
b Contributions	1,729,212.	2,729,950.	474,174.	1,497,568.	242,243.
c Net investment earnings, gains, and losses	1,748,316.	3,673,483.	2,826,307.	-459,610.	2,884,817.
d Grants or scholarships	217,731.	967,149.	752,406.	1,765,569.	842,877.
e Other expenditures for facilities and programs	124,428.	-80,150.	-39,838.	570,142.	85,691.
f Administrative expenses	576,905.	528,612.	481,517.	499,389.	441,218.
g End of year balance	33,651,524.	31,093,060.	26,105,238.	23,998,842.	25,795,984.

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

- a Board designated or quasi-endowment 96.37 %
- b Permanent endowment 3.45 %
- c Temporarily restricted endowment .18 %

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

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

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

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

b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,000.		20,000.
b Buildings		612,356.	280,927.	331,429.
c Leasehold improvements				
d Equipment				
e Other		115,799.	104,556.	11,243.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				362,672.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	177,169.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) MUTUAL FUNDS	17,333,309.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	7,532,436.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME FUNDS		
(D) DOMESTIC AND		
(E) INTERNATIONAL	223,427.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	25,266,341.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITIES ASSOCIATED WITH	
(3) SPLIT-INTEREST AGREEMENTS	1,242,962.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,242,962.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	5,211,951.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-388,858.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-91,480.	
e	Add lines 2a through 2d	2e		-480,338.
3	Subtract line 2e from line 1		3	5,692,289.
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	208,595.	
c	Add lines 4a and 4b	4c		208,595.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,900,884.

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

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

1	Total expenses and losses per audited financial statements		1	2,452,413.
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	9,746.	
e	Add lines 2a through 2d	2e		9,746.
3	Subtract line 2e from line 1		3	2,442,667.
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	184,819.	
c	Add lines 4a and 4b	4c		184,819.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,627,486.

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:

THE FOUNDATION HAS ADOPTED ACCOUNTING RULES THAT PRESCRIBE WHEN TO RECOGNIZE, AND HOW TO MEASURE THE FINANCIAL STATEMENT EFFECTS OF INCOME TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, ON ITS INCOME TAX RETURNS. THESE RULES REQUIRE MANAGEMENT TO EVALUATE THE LIKELIHOOD THAT, UPON EXAMINATION BY RELEVANT TAXING JURISDICTIONS, THOSE INCOME TAX POSITIONS WOULD BE SUSTAINED. BASED ON THAT EVALUATION, THE FOUNDATION ONLY RECOGNIZES THE MAXIMUM BENEFIT OF EACH INCOME TAX POSITION THAT IS MORE THAN 50% LIKELY OF BEING SUSTAINED. TO THE EXTENT THAT ALL OR A PORTION OF THE BENEFITS OF AN INCOME TAX POSITION ARE NOT RECOGNIZED, A LIABILITY WOULD BE RECOGNIZED FOR THE UNRECOGNIZED BENEFITS, ALONG WITH ANY INTEREST AND PENALTIES THAT WOULD RESULT FROM DISALLOWANCE OF THE POSITION. SHOULD ANY SUCH PENALTIES AND INTEREST BE INCURRED, THEY WOULD BE RECOGNIZED AS OPERATING EXPENSES.

BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE FOUNDATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY POSITION THAT WOULD PLACE THE FOUNDATION'S EXEMPT STATUS IN JEOPARDY AS OF DECEMBER 31, 2014. THE FEDERAL TAX RETURNS OF THE FOUNDATION FOR 2011, 2012, AND 2013 ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITY, GENERALLY FOR THREE YEARS AFTER THE DUE DATE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST AGREEMENTS -91,480.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FAS 136 ADJUSTMENT 218,340.

Part XIII Supplemental Information (continued)

FUNDRAISING EXPENSES -9,746.

ROUNDING 1.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 208,595.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES ON PAGE 9 9,746.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FAS 136 184,816.

ROUNDING 3.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 184,819.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BLOOM AND GLOW (event type)	(event type)	NONE (total number)	
	1 Gross receipts	19,076.			19,076.
	2 Less: Contributions	12,376.			12,376.
	3 Gross income (line 1 minus line 2)	6,700.			6,700.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	9,746.			9,746.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				9,746.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-3,046.

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization **WAYNE COUNTY INDIANA FOUNDATION, INC.** Employer identification number **35-1406033**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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 non-cash assistance	(h) Purpose of grant or assistance
COPE ENVIRONMENTAL CENTER 4940 SHOEMAKER ROAD RICHMOND, IN 47374	35-1856406	501(C)3	6,200.	0.			TO HELP ADVERTISE AND PROMOTE THE 10TH ANNUAL WAYNE COUNTY ALTERNATIVE GIFT FAIR. DONOR ADVISED
AMIGOS/COMMUNITY ACTION OF CENTRAL INDIANA - 855 NORTH 12TH STREET - RICHMOND, IN 47374	80-0636080	501(C)3	7,250.	0.			TO PURCHASE BOOKS WRITTEN BY VISITING BILINGUAL CHILDREN'S AUTHOR, XAVIER GARZA, IN CONNECTION WITH
BIRTH-TO-FIVE, INC 315 NORTHWEST THIRD STREET RICHMOND, IN 47374	35-1843800	501(C)3	16,081.	0.			TO FUND TEN ADDITIONAL PLAY GROUPS A MONTH ON THE PREMISES OF PUBLIC HOUSING UNITS; 2014
BOYS AND GIRLS CLUBS OF WAYNE COUNTY - 1717 SOUTH L STREET - RICHMOND, IN 47374	35-1065715	501(C)3	25,483.	0.			2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH
CHILDREN'S JUSTICE AND ADVOCACY CENTER INC - PO BOX 2195 - RICHMOND, IN 47375	16-1637581	501(C)3	8,400.	0.			2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH
CHRISTIAN CHARITIES OF RICHMOND AND WAYNE COUNTY, INC - 3121 SOUTHEAST PARKWAY - RICHMOND, IN 47374	20-0850936	501(C)3	7,400.	0.			2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **56.**

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

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

Schedule I (Form 990) (2014)

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
CIRCLE U HELP CENTER PO BOX 491 RICHMOND, IN 47375	35-1611125	501(C)3	8,534.	0.			PASS-THROUGH GIFT; 2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH; 2014
COMMUNITIES IN SCHOOLS OF WAYNE COUNTY - PO BOX 1784 - RICHMOND, IN 47375	35-2132872	501(C)3	16,768.	0.			2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH
COMMUNITY FOOD PANTRY 2702 WEISS ROAD RICHMOND, IN 47374	35-1805444	501(C)3	5,410.	0.			2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH
COPE ENVIRONMENTAL CENTER 4940 SHOEMAKER ROAD CENTERVILLE, IN 47330	35-1856406	501(C)3	21,767.	0.			2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH
DIPLOMAS IN SCHOOL NURSERY FOR TEEN MOTHERS - 300 HUB ETCHISON PARKWAY - RICHMOND, IN 47374	26-3582802	501(C)3	12,200.	0.			TO COVER A YEAR'S EXPENSE FOR TWO CHILDREN AND FOUR TEEN PARENTS AT RHS. WOMEN'S FUND 2014 GRANT
EARLHAM COLLEGE 801 NATIONAL ROAD WEST RICHMOND, IN 47374	35-0868073	501(C)3	48,300.	0.			2014 FEBRUARY DISTRIBUTION; DONOR ADVISED GIFT - \$1500 FOR THE EARLHAM FUND AND \$500
EVERY CHILD CAN READ INC. (THIRD GRADE ACADEMY) - 33 SOUTH 7TH STREET, - RICHMOND, IN 47374	26-4389859	501(C)3	25,493.	0.			DONOR ADVISED PASS THROUGH GIFTS; DONOR ADVISED GRANTS
FORT BRAGG AREA COMMUNITY FOUNDATION - PO BOX 74620 - FORT BRAGG, NC 28307	56-1750625	501(C)3	5,000.	0.			GRANT DONOR ADVISED FUND
GATEWAY VINEYARD FELLOWSHIP CHURCH 3361 STATE ROAD 227 NORTH RICHMOND, IN 47374	31-1119115	501(C)3	10,550.	0.			TO PURCHASE A PALLET TRUCK STACKER AND PLATFORM CARTS; PASS-THROUGH GIFTS FROM

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 P.O. BOX 43 RICHMOND, IN 47375	23-7188644	501(C)3	19,160.	0.			GRANT IN SUPPORT OF EMPLOYEE SERVICE; WOMEN'S FUND 2014 GRANT; 2014 FEBRUARY DISTRIBUTION;
GLEANERS FOOD BANK OF INDIANA INC 3737 WALDERMERE AVENUE INDIANAPOLIS, IN 46241	35-1483868	501(C)3	5,000.	0.			IN SUPPORT OF MOBILE PANTRY FOOD DISTRIBUTIONS IN WAYNE COUNTY OVER THE NEXT TWELVE MONTHS.
GOLAY COMMUNITY CENTER 1007 E MAIN STREET CAMBRIDGE CITY, IN 47327	35-1518699	501(C)3	10,025.	0.			ANONYMOUS PASS-THROUGH GIFT; 2014 CHALLENGE MATCH PROGRAM
HAYES ARBORETUM 801 ELKS ROAD RICHMOND, IN 47374	35-1061111	501(C)3	6,545.	0.			DONOR ADVISED GRANT; PASS-THROUGH GIFTS FROM CHALLENGE MATCH; 2014 CHALLENGE MATCH PROGRAM
HELP THE ANIMALS PO BOX 117 RICHMOND, IN 47375	35-1772951	501(C)3	14,734.	0.			2014 FEBRUARY DISTRIBUTION; DONOR ADVISED GRANT; TO ASSIST WITH THE RENOVATION OF
HISTORIC HAGERSTOWN, INC. P.O. BOX 126 HAGERSTOWN, IN 47346	23-7225013	501(C)3	7,675.	0.			2014 FEBRUARY DISTRIBUTION; TO CONTINUE TO OFFER FREE CLASSES WITH "MORE ARTS FOR LIFE"
HOPE HOUSE 275 GROVE RD RICHMOND, IN 47374	35-2130321	501(C)3	84,891.	0.			FINAL DISTRIBUTION FROM ENDOWED FUND; DONOR ADVISED GRANTS; PASS-THROUGH GIFTS FROM
INDIANA UNIVERSITY SCHOOL OF MEDICINE - PO BOX 7059 - INDIANAPOLIS, IN 46207-7059	35-6018940	501(C)3	5,000.	0.			DONOR ADVISED GRANT
INDIANA WOMEN IN NEED 6507 CARROLLTON AVENUE INDIANAPOLIS, IN 46220	91-2057735	501(C)3	5,000.	0.			TO PROVIDE PERSONAL SERVICE ASSISTANCE TO WOMEN IN WAYNE COUNTY WHO ARE COPING WITH THE

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
IVY TECH FOUNDATION 2357 CHESTER BLVD RICHMOND, IN 47374	23-7073977	501(C)3	5,000.	0.			DONOR ADVISED GRANT
K-READY 33 SOUTH 7TH STREET, RICHMOND, IN 47374	26-4389859	501(C)3	14,020.	0.			2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH
LEVI COFFIN HOUSE ASSOCIATION PO BOX 77 FOUNTAIN CITY, IN 47341	31-1182438	501(C)3	31,420.	0.			TO COMPLETE THE LEVI COFFIN HOUSE VISITOR CENTER AND HOUSE RENOVATION PROJECT; 2014
MODEL T FORD CLUB OF AMERICA PO BOX 126 CENTERVILLE, IN 47330	95-2467053	501(C)3	11,750.	0.			2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH
MORRISSON-REEVES LIBRARY 80 NORTH 6TH STREET RICHMOND, IN 47374	35-6001895	501(C)3	17,577.	0.			2014 FEBRUARY DISTRIBUTION
NORTHEASTERN MUSIC BOOSTER 7295 US 27 NORTH FOUNTAIN CITY, IN 47341	47-0963013	501(C)3	5,050.	0.			2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH
OPEN ARMS MINISTRY PO BOX 1012 RICHMOND, IN 47375	30-0583053	501(C)3	10,272.	0.			2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH
PEER INFORMATION CENTER FOR TEENS INC - PO BOX 462 - RICHMOND, IN 47375	35-1956555	501(C)3	7,935.	0.			2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH; TO UPDATE TRAINING
PETRA PROJECT INC 1024 EAST MAIN STREET RICHMOND, IN 47374	35-2153457	501(C)3	5,085.	0.			TO HELP REPLACE THE "BREAD BASKET" KITCHEN FLOOR; 2014 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
RICHMOND ART MUSEUM PO BOX 816 RICHMOND, IN 47375	35-6005040	501(C)3	18,485.	0.			2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH
RICHMOND CIVIC THEATRE 1003 EAST MAIN STREET RICHMOND, IN 47374	35-0886844	501(C)3	13,412.	0.			DONOR ADVISED GRANT; 2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH; DONOR
RICHMOND DAY NURSERY 300 NORTH 10TH STREET RICHMOND, IN 47374	35-0786393	501(C)3	6,251.	0.			2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH
RICHMOND FAMILY YMCA 1215 SOUTH J STREET RICHMOND, IN 47374	35-0984030	501(C)3	9,250.	0.			2014 CHALLENGE MATCH PROGRAM; IN SUPPORT OF THE FREE FIELD TRIP FRIDAY SUMMER PROGRAM TO
RICHMOND FRIENDS SCHOOL 607 WEST MAIN STREET RICHMOND, IN 47374	35-1267045	501(C)3	14,949.	0.			2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH
RICHMOND PARKS AND RECREATION DEPARTMENT - 50 NORTH 5TH STREET - RICHMOND, IN 47374	35-6001174		11,058.	0.			2014 FEBRUARY DISTRIBUTION; TO SUPPORT SPRINGWOOD LAKE PARK IN SUPPORT OF THE 2014
RICHMOND SYMPHONY ORCHESTRA 300 HUB ETCHISON PARKWAY RICHMOND, IN 47374	35-6042479	501(C)3	52,483.	0.			2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH
SETON CATHOLIC HIGH SCHOOL 240 SOUTH 6TH STREET RICHMOND, IN 47374	30-0036396	501(C)3	53,848.	0.			2014 FEBRUARY DISTRIBUTION; DONOR ADVISED GRANT; DONOR ADVISED GRANT
ST. ANDREW CHURCH 240 SOUTH 6TH STREET RICHMOND, IN 47374	35-0992124	501(C)3	7,336.	0.			2014 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. PAUL'S EPISCOPAL CHURCH 800 NORTH A STREET RICHMOND, IN 47374	35-1079972	501(C)3	13,250.	0.			DONOR ADVISED DISTRIBUTION; DONOR ADVISED GRANT FOR THE HUMAN NEED FUND;
ST. PAUL'S EVANGELICAL LUTHERAN CHURCH - 121 SOUTH 18TH STREET - RICHMOND, IN 47374	35-0906500	501(C)3	8,374.	0.			2014 FEBRUARY DISTRIBUTION
STAGE ONE YOUTH THEATRE AT RICHMOND CIVIC THEATRE - 1003 EAST MAIN STREET - RICHMOND, IN 47374	35-0886844	501(C)3	4,678.	0.			2014 FEBRUARY DISTRIBUTION; IN SUPPORT OF PROJECT COSTS ASSOCIATED WITH FOUR
STARR GENNETT FOUNDATION 33 SOUTH 7TH STREET, RICHMOND, IN 47374	35-1406033	501(C)3	10,497.	0.			PASS-THROUGH GIFT; 2014 MEDALLION EXPENSES; STAFF MINI GRANT FOR 2014 MUSICAL FESTIVAL 1,000
SUNRISE INC 2670 MINNEMAN ROAD RICHMOND, IN 47374	31-0979407	501(C)3	5,450.	0.			DONOR ADVISED GRANT; PASS-THROUGH GIFTS FROM CHALLENGE MATCH; 2014 CHALLENGE MATCH PROGRAM
RICHMOND ART MUSEUM PO BOX 816 RICHMOND, IN 47374	35-6005040	501(C)3	5,000.	0.			IN SUPPORT OF THE 2014 WAYNE COUNTY MELTDOWN FESTIVAL.
TOWN OF DUBLIN PO BOX 145 DUBLIN, IN 47335	35-6001006		10,000.	0.			TO REPLACE PLAYGROUND EQUIPMENT AT WILSON PARK.
UNITED WAY OF WHITEWATER VALLEY 129 SOUTH NINTH STREET RICHMOND, IN 47374	35-1020935	501(C)3	7,000.	0.			DISTRIBUTION FROM DONOR ADVISED FUND; DONOR ADVISED GRANT; KARL AND MARJORIE SHARP GRANT
VIRGINIA TECH FOUNDATION INC OFFICE OF DEVELOPMENT, VIRGINIA TEC BLACKSBURG, VA 24061	54-0721690	501(C)3	6,500.	0.			GRANT FROM DONOR ADVISED FUND

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 CARDINAL GREENWAY PO BOX 2411 RICHMOND, IN 47375	35-1885151	501(C)3	11,865.	0.			2014 CHALLENGE MATCH PROGRAM; ANONYMOUS PASS-THROUGH GIFT; PASS-THROUGH GIFTS FROM
WAYNE COUNTY HISTORICAL MUSEUM 1150 NORTH A STREET RICHMOND, IN 47374	35-0899077	501(C)3	17,184.	0.			2014 FEBRUARY DISTRIBUTION; EMPLOYEE MATCHING GRANT; 2014 MACY GRANT FOR PAVING PROJECT
WESTERN WAYNE DOLLARS FOR SCHOLARS 205 EAST PARKWAY DRIVE CAMBRIDGE CITY, IN 47327	46-0503560	501(C)3	5,750.	0.			2014 FEBRUARY DISTRIBUTION; 2014 CHALLENGE MATCH PROGRAM
WHITEWATER VALLEY DISTRICT 9 PRO BONO COMMISSION - 50 NORTH 5TH STREET - RICHMOND, IN 47374	26-1455162	501(C)3	21,200.	0.			IN SUPPORT OF FREE LEGAL SERVICES TO THOSE IN NEED. 2014 CHALLENGE MATCH
YOUNG WOMEN'S CHRISTIAN ASSOCIATION - 15 SOUTH 11TH STREET PO BOX 2430 - RICHMOND, IN 47375	35-0868959	501(C)3	28,898.	0.			WOMEN'S FUND 2014 GRANT - GENESIS SHELTER; 2014 FEBRUARY DISTRIBUTION; TO REPLACE THE HVAC SYSTEM

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR POST SECONDARY EDUCATION	237	482,631.	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 GRANTEES 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: COPE ENVIRONMENTAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP ADVERTISE AND PROMOTE THE 10TH ANNUAL WAYNE COUNTY ALTERNATIVE GIFT FAIR. DONOR ADVISED GRANT.

NAME OF ORGANIZATION OR GOVERNMENT:

AMIGOS/COMMUNITY ACTION OF CENTRAL INDIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE BOOKS WRITTEN BY VISITING BILINGUAL CHILDREN'S AUTHOR, XAVIER GARZA, IN CONNECTION WITH HISPANIC HERITAGE MONTH. 2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH

NAME OF ORGANIZATION OR GOVERNMENT: BIRTH-TO-FIVE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND TEN ADDITIONAL PLAY GROUPS A MONTH ON THE PREMISES OF PUBLIC HOUSING UNITS; 2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH; DISTRIBUTION FROM THE EARLY CHILDHOOD LITERACY FUND FOR EARLY CHILDHOOD LITERACY PROGRAMS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH

GRANT: \$2500 FOR THE ANNUAL CAMPAIGN AND \$2500 TO THE RESTRICTED FOCUS FUND; DONOR ADVISED GRANT; TO ASSIST WITH THE PURCHASE OF WALKIE-TALKIE RADIOS AND OTHER SAFETY EQUIPMENT; 2014 FEBRUARY DISTRIBUTION; GRANT;DONOR ADVISED EMPLOYEE MATCHING GIFT

NAME OF ORGANIZATION OR GOVERNMENT:

CHILDREN'S JUSTICE AND ADVOCACY CENTER INC

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 CHALLENGE MATCH PROGRAM;
PASS-THROUGH GIFTS FROM CHALLENGE MATCH
DONOR ADVISED GRANT TO HELP PURCHASE EQUIPMENT AND SUPPLIES IN CONNECTION
WITH THE "DARKNESS TO LIGHT, STEWARDS OF CHILDREN" SEXUAL ABUSE
PREVENTION PROGRAM. DONOR ADVISED GRANTS

NAME OF ORGANIZATION OR GOVERNMENT:
CHRISTIAN CHARITIES OF RICHMOND AND WAYNE COUNTY, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 CHALLENGE MATCH PROGRAM;
PASS-THROUGH GIFTS FROM CHALLENGE MATCH
TO PURCHASE FROZEN TURKEYS TO BE DISTRIBUTED IN CONJUNCTION WITH ROCK
SOLID MINISTRIES.

NAME OF ORGANIZATION OR GOVERNMENT: CIRCLE U HELP CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: PASS-THROUGH GIFT; 2014 CHALLENGE
MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH; 2014 FEBRUARY
DISTRIBUTION;

NAME OF ORGANIZATION OR GOVERNMENT:
COMMUNITIES IN SCHOOLS OF WAYNE COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 CHALLENGE MATCH PROGRAM;
PASS-THROUGH GIFTS FROM CHALLENGE MATCH
DONOR ADVISED GRANTS; DISTRIBUTION FROM THE EARLY CHILDHOOD LITERACY FUND
FOR EARLY CHILDHOOD LITERACY PROGRAMS; BED IN A BAG PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: COPE ENVIRONMENTAL CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 CHALLENGE MATCH PROGRAM;
PASS-THROUGH GIFTS FROM CHALLENGE MATCH

Part IV Supplemental Information

DONOR ADVISED GRANT; TO REPLACE SIGNAGE ON SOUTH END OF PROPERTY; 2014 FEBRUARY DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: EARLHAM COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 FEBRUARY DISTRIBUTION; DONOR ADVISED GIFT - \$1500 FOR THE EARLHAM FUND AND \$500 FOR THE ESR ANNUAL FUND

NAME OF ORGANIZATION OR GOVERNMENT: GATEWAY VINEYARD FELLOWSHIP CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE A PALLET TRUCK STACKER AND PLATFORM CARTS; PASS-THROUGH GIFTS FROM CHALLENGE MATCH; 2014 CHALLENGE MATCH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT IN SUPPORT OF EMPLOYEE SERVICE; WOMEN'S FUND 2014 GRANT; 2014 FEBRUARY DISTRIBUTION; GANNETT MATCHING FUNDS; RODEFELD AWARD GRANT; DONOR ADVISED GRANT; PASS-THROUGH GIFTS FROM CHALLENGE MATCH; 2014 CHALLENGE MATCH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: HELP THE ANIMALS

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 FEBRUARY DISTRIBUTION; DONOR ADVISED GRANT; TO ASSIST WITH THE RENOVATION OF THE LARGE DOG KENNELS AT THE SHELTER; PASS-THROUGH GIFTS FROM CHALLENGE MATCH; 2014 CHALLENGE MATCH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: HISTORIC HAGERSTOWN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 FEBRUARY DISTRIBUTION; TO CONTINUE TO OFFER FREE CLASSES WITH "MORE ARTS FOR LIFE" PROGRAMS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HOPE HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: FINAL DISTRIBUTION FROM ENDOWED FUND; DONOR ADVISED GRANTS; PASS-THROUGH GIFTS FROM CHALLENGE MATCH; 2014 CHALLENGE MATCH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: INDIANA WOMEN IN NEED

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PERSONAL SERVICE ASSISTANCE TO WOMEN IN WAYNE COUNTY WHO ARE COPING WITH THE TREATMENT OF BREAST CANCER.

NAME OF ORGANIZATION OR GOVERNMENT: K-READY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH DONOR ADVISED GRANT; GRANT FROM WOMEN'S GIVING CIRCLE FOR PURCHASE OF BOOKS ONLY; DISTRIBUTION FROM THE EARLY CHILDHOOD LITERACY FUND FOR EARLY CHILDHOOD LITERACY PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: LEVI COFFIN HOUSE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMPLETE THE LEVI COFFIN HOUSE VISITOR CENTER AND HOUSE RENOVATION PROJECT; 2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH;

NAME OF ORGANIZATION OR GOVERNMENT: MODEL T FORD CLUB OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH IN SUPPORT OF THE HOMECOMING 2015 MODEL T EVENT.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: OPEN ARMS MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 CHALLENGE MATCH PROGRAM;

PASS-THROUGH GIFTS FROM CHALLENGE MATCH

DONOR ADVISED GRANT; GRANT FROM WOMEN'S GIVING CIRCLE

TO PURCHASE A LAPTOP AND PORTABLE PRINTER.

NAME OF ORGANIZATION OR GOVERNMENT: PEER INFORMATION CENTER FOR TEENS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 CHALLENGE MATCH PROGRAM;

PASS-THROUGH GIFTS FROM CHALLENGE MATCH; TO UPDATE TRAINING MATERIALS FOR THE PEER HELPERS.

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND ART MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 CHALLENGE MATCH PROGRAM;

PASS-THROUGH GIFTS FROM CHALLENGE MATCH

DONOR ADVISED GRANT FOR EQUIPMENT PURCHASES IN SUPPORT OF A PHOTOGRAPHIC

NEGATIVE PRESERVATION PROJECT IN COLLABORATION WITH THE WAYNE COUNTY

HISTORICAL MUSEUM; EMPLOYEE MATCHING GRANT; AWARD GRANT

IN SUPPORT OF THE CHINESE FOLK POTTERY EXHIBITION AT POTTERY PALOOZA.

DONOR ADVISED GRANTS; GIFT FOR THE HIGH SCHOOL ART EXHIBITION; ANONYMOUS

DONOR GIFT TO SPONSOR THE RICH MULLINS EVENT

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND CIVIC THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED GRANT; 2014 CHALLENGE

MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH; DONOR ADVISED

GIFT; 2014 FEBRUARY DISTRIBUTION; DISTRIBUTION FROM CHARITABLE GIVING

FUND FOR MELODRAMA SHOW SPONSOR; EMPLOYEE MATCHING GIFT

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND DAY NURSERY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 CHALLENGE MATCH PROGRAM;
PASS-THROUGH GIFTS FROM CHALLENGE MATCH
TO REPLACE FLOORING IN THE BASEMENT AREA WHERE CHILDREN LEARN AND PLAY.
DONOR ADVISED DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND FAMILY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 CHALLENGE MATCH PROGRAM; IN
SUPPORT OF THE FREE FIELD TRIP FRIDAY SUMMER PROGRAM TO HELP COMBAT
SUMMER LEARNING LOSS.

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND FRIENDS SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 CHALLENGE MATCH PROGRAM;
PASS-THROUGH GIFTS FROM CHALLENGE MATCH
IN SUPPORT OF ADDING TWO ENERGY EFFICIENT AIR CONDITIONING UNITS AT THE
SCHOOL; DONOR ADVISED GIFT; 2014 FEBRUARY DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT:

RICHMOND PARKS AND RECREATION DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 FEBRUARY DISTRIBUTION; TO
SUPPORT SPRINGWOOD LAKE PARK
IN SUPPORT OF THE 2014 "LIVE IN THE GLEN" SUMMER CONCERT SERIES.

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 CHALLENGE MATCH PROGRAM;
PASS-THROUGH GIFTS FROM CHALLENGE MATCH
DONOR ADVISED GRANTS; TO PROVIDE AT LEAST TWO FREE COMMUNITY CONCERTS IN
WAYNE COUNTY; 2014 FEBRUARY DISTRIBUTION

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ST. PAUL'S EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED DISTRIBUTION; DONOR ADVISED GRANT FOR THE HUMAN NEED FUND; WICKEMEYER AWARD GRANT

NAME OF ORGANIZATION OR GOVERNMENT:

STAGE ONE YOUTH THEATRE AT RICHMOND CIVIC THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 FEBRUARY DISTRIBUTION; IN SUPPORT OF PROJECT COSTS ASSOCIATED WITH FOUR PRODUCTIONS IN THE 2014 - 2015 SEASON.

NAME OF ORGANIZATION OR GOVERNMENT: STARR GENNETT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PASS-THROUGH GIFT; 2014 MEDALLION EXPENSES; STAFF MINI GRANT FOR 2014 MUSICAL FESTIVAL 1,000 COLOR FOLDED GLOSSY MAPS; 2014 CHALLENGE MATCH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: WAYNE COUNTY CARDINAL GREENWAY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 CHALLENGE MATCH PROGRAM; ANONYMOUS PASS-THROUGH GIFT; PASS-THROUGH GIFTS FROM CHALLENGE MATCH

NAME OF ORGANIZATION OR GOVERNMENT: WAYNE COUNTY HISTORICAL MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: 2014 FEBRUARY DISTRIBUTION; EMPLOYEE MATCHING GRANT; 2014 MACY GRANT FOR PAVING PROJECT AROUND NEW BUILDING; PASS-THROUGH GIFTS FROM CHALLENGE MATCH; 2014 CHALLENGE MATCH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

WHITEWATER VALLEY DISTRICT 9 PRO BONO COMMISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF FREE LEGAL SERVICES TO THOSE IN NEED.

Part IV Supplemental Information

2014 CHALLENGE MATCH PROGRAM; PASS-THROUGH GIFTS FROM CHALLENGE MATCH;
DONOR ADVISED GRANTS

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG WOMEN'S CHRISTIAN ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: WOMEN'S FUND 2014 GRANT - GENESIS

SHELTER; 2014 FEBRUARY DISTRIBUTION; TO REPLACE THE HVAC SYSTEM AT

GENESIS SHELTER; PASS-THROUGH GIFTS FROM CHALLENGE MATCH; 2014 CHALLENGE
MATCH PROGRAM

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

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

Name of the organization

WAYNE COUNTY INDIANA FOUNDATION, INC.

Employer identification number

35-1406033

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	11	636,628.	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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2014)

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

WAYNE COUNTY INDIANA FOUNDATION, INC.

Employer identification number

35-1406033

FORM 990, PART VI, SECTION A, LINE 2:

SEVERAL OF THE BOARD MEMBERS SERVE ON OTHER BOARDS TOGETHER

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 11:

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

Name of the organization

WAYNE COUNTY INDIANA FOUNDATION, INC.

Employer identification number

35-1406033

DURING THE DISCUSSION.

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

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

Name of the organization WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number 35-1406033
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INDIVIDUAL PERFORMANCE REVIEW.

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

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC IMMEDIATELY UPON REQUEST THROUGH THE FOUNDATION OFFICE. ADDITIONALLY, FINANCIAL INFORMATION IS MADE AVAILABLE IN ITS ANNUAL REPORT WHICH IS WIDELY DISTRIBUTED TO THE PUBLIC VIA MAILINGS AND OTHER MEANS OF DISBURSEMENT, AS WELL AS ON THE FOUNDATION'S WEBSITE. THE FOUNDATION'S FORM 990 IS AVAILABLE ONLINE AT WWW.GUIDESTAR.ORG. A LINK FOR SEVERAL PRIOR YEARS OF FORM 990 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	-23,687.
CHANGE IN SPLIT INTEREST AGREEMENTS	-91,480.
ROUNDING	-1.
TOTAL TO FORM 990, PART XI, LINE 9	-115,168.

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.

Related Organizations and Unrelated Partnerships

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

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

Name of the organization

WAYNE COUNTY INDIANA FOUNDATION, INC.

Employer identification number
35-1406033

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 11A, I			X

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.

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s 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	2,500.	FAIR MARKET VALUE
(2) VIGRAN FAMILY FOUNDATION INC	L	19,332.	FAIR MARKET VALUE
(3) VIGRAN FAMILY FOUNDATION INC	Q	7.	FAIR MARKET VALUE
(4)			
(5)			
(6)			

