

Form **990**

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

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2012 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"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WAYNE COUNTY INDIANA FOUNDATION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 33 SOUTH 7TH STREET City, town, or post office, state, and ZIP code RICHMOND, IN 47374 F Name and address of principal officer: STEPHEN C. BORCHERS SAME AS C ABOVE	D Employer identification number 35-1406033 E Telephone number 765-962-1638 G Gross receipts \$ 4,598,083. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates 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: <u>TO ATTRACT, RECEIVE, HOLD AND DISTRIBUTE CONTRIBUTED FUNDS FOR THE BENEFIT OF WAYNE COUNTY, IN.</u> 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 2012 (Part V, line 2a) 5 5 6 Total number of volunteers (estimate if necessary) 6 70 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -6,687. b Net unrelated business taxable income from Form 990-T, line 34 7b -12,937.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">2,245,623.</td> <td style="text-align: right;">1,039,359.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">379,235.</td> <td style="text-align: right;">386,708.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">305,696.</td> <td style="text-align: right;">1,239,618.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">23,012.</td> <td style="text-align: right;">13,336.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">2,953,566.</td> <td style="text-align: right;">2,679,021.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	2,245,623.	1,039,359.	9 Program service revenue (Part VIII, line 2g)	379,235.	386,708.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	305,696.	1,239,618.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,012.	13,336.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,953,566.	2,679,021.						
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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 STEPHEN C. BORCHERS, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name SUZANNE K. MILLER	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P00452655
	Firm's name ▶ BRADY, WARE & SCHOENFELD, INC. Firm's address ▶ ONE WOODSIDE DRIVE RICHMOND, IN 47374	Firm's EIN ▶ 35-1476702 Phone no. (765) 966-0531

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO FOSTER AND ENCOURAGE PRIVATE PHILANTHROPIC GIVING, TO ENHANCE THE SPIRIT OF COMMUNITY, AND TO IMPROVE THE QUALITY OF LIFE IN THE WAYNE COUNTY, INDIANA, AREA NOW AND FOR FUTURE GENERATIONS.

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

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

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

4a (Code:) (Expenses \$ 665,375. including grants of \$ 665,375.) (Revenue \$ 405,777.) GRANTMAKING: THE WAYNE COUNTY FOUNDATION ADMINISTERS 245 FUNDS TO SUPPORT THE COMMUNITY WITH A WIDE RANGE OF ORGANIZATION-SPECIFIC, DONOR DIRECTED, FIELD OF INTEREST, AND UNRESTRICTED GRANTS. THESE GRANTS SERVE TO ENHANCE AND IMPROVE COMMUNITY LIFE, ADDRESS IDENTIFIED HUMAN SERVICE NEEDS, SUPPORT CULTURAL, SOCIAL, HISTORIC AND EDUCATIONAL ENDEAVORS, AND ENCOURAGE BROAD BASED COMMUNITY DEVELOPMENT. IN EVERY CASE, THEY ARE LEVERAGED THROUGH WAYNE COUNTY'S VIBRANT COMMUNITY OF NOT-FOR-PROFIT ORGANIZATIONS AND SERVICE PROVIDERS.

4b (Code:) (Expenses \$ 305,099. including grants of \$ 305,099.) (Revenue \$) SCHOLARSHIPS: THE WAYNE COUNTY FOUNDATION ADMINISTERS 132 SCHOLARSHIP FUNDS TO HELP QUALIFIED STUDENTS CONTINUE THEIR POST SECONDARY ACADEMIC STUDIES AT COLLEGES, UNIVERSITIES AND TRADE SCHOOLS IN THE COUNTY, THROUGHOUT THE STATE, AND ACROSS THE REGION. IN ADDITION TO DIRECT SUPPORT FOR THOSE STUDENTS SELECTED, THE FOUNDATION'S SCHOLARSHIPS SERVE TO ENCOURAGE ALL STUDENTS TO DO WELL IN THEIR STUDIES. FOUNDATION SCHOLARSHIPS INCLUDE AWARDS FOR SPECIFIC COURSES OF STUDY AT IDENTIFIED INSTITUTIONS OF HIGHER LEARNING, AS WELL AS A NUMBER OF LESS RESTRICTIVE AWARDS TO SUPPORT GENERAL STUDIES.

4c (Code:) (Expenses \$ 324,714. including grants of \$) (Revenue \$) COMMUNITY DEVELOPMENT: THE WAYNE COUNTY FOUNDATION SUPPORTS A NUMBER OF PROGRAMS TO HELP MOVE THE COMMUNITY FORWARD. THESE INCLUDE INITIATIVES TO ENCOURAGE EARLY CHILDHOOD AND ELEMENTARY SCHOOL LITERACY, AND TO PROMOTE POST SECONDARY EDUCATION AMONG MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS. THE FOUNDATION ALSO PROVIDES FUNDING FOR PROGRAMS THAT RELATE TO COMMUNITY BEAUTIFICATION AND SERVES AS A CONVENING PARTNER FOR A NUMBER OF SPECIFIC INITIATIVES THAT PROMOTE COMMUNITY PROGRESS THROUGH INCLUSIVENESS, CIVIL DIALOGUE, AND QUANTITATIVE DATA ANALYSIS.

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

4e Total program service expenses 1,295,188.

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>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		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>		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>		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>	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>		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>		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>		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>	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>	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>	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>		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>		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>	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>	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>		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>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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>		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>		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>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <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 25</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) and 501(c)(4) 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 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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 to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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, physical address, and telephone number of the person who possesses the books and records of the organization: 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 to any question 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) ADAM FORREST CHAIR	1.00	X		X				0.	0.	0.
(2) JOHN ZETZEL TREASURER	1.00	X		X				0.	0.	0.
(3) CHRIS HARDIE VICE - CHAIR	1.00	X		X				0.	0.	0.
(4) JILL KING SECRETARY	1.00	X		X				0.	0.	0.
(5) BOB RAMSEY MEMBER	1.00	X						0.	0.	0.
(6) TOM ALBERTS MEMBER	1.00	X						0.	0.	0.
(7) LESLIE DUCEY MEMBER	1.00	X						0.	0.	0.
(8) JON FORD MEMBER	1.00	X						0.	0.	0.
(9) J. RODGER GREEN MEMBER	1.00	X						0.	0.	0.
(10) GREG JANZOW MEMBER	1.00	X						0.	0.	0.
(11) DAVID JETMORE MEMBER	1.00	X						0.	0.	0.
(12) SABRINA PENNINGTON MEMBER	1.00	X						0.	0.	0.
(13) DARLA RANDALL MEMBER	1.00	X						0.	0.	0.
(14) DICK SMITH MEMBER	1.00	X						0.	0.	0.
(15) JIM TANNER MEMBER	1.00	X						0.	0.	0.
(16) LEN CLARK MEMBER	1.00	X						0.	0.	0.
(17) STEVE HIGINBOTHAM MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN MCBRIDE MEMBER	1.00	X					0.	0.	0.	
(19) JIM PUFFENBERGER MEMBER	1.00	X					0.	0.	0.	
(20) BONITA WASHINGTON-LACEY MEMBER	1.00	X					0.	0.	0.	
(21) STEVE BORCHERS EXECUTIVE DIRECTOR	40.00			X			85,820.	0.	12,933.	
(22) AMY WALTZ FINANCE OFFICER	12.00			X			14,037.	0.	69.	
1b Sub-total							99,857.	0.	13,002.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							99,857.	0.	13,002.	

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 to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,039,359.				
	g Noncash contributions included in lines 1a-1f: \$	104,526.				
	h Total. Add lines 1a-1f		1,039,359.			
	Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code 900099	386,708.	386,708.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			386,708.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		657,197.		657,197.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	16,186.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	16,186.			
	d Net rental income or (loss)		16,186.	16,186.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,493,657.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	1,911,236.			
		c Gain or (loss)	582,421.			
	d Net gain or (loss)		582,421.		582,421.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	8,780.			
		b Less: direct expenses	7,826.			
c Net income or (loss) from fundraising events			954.		954.	
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	2,883.	2,883.		
	b LOSS FROM PARTNERSHIP INVESTMENTS	900099	-6,687.	-6,687.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			-3,804.		
12 Total revenue. See instructions.			2,679,021.	405,777.	-6,687.	
					1,240,572.	

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

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,721,417.	2	1,411,767.
	3 Pledges and grants receivable, net	628,453.	3	482,121.
	4 Accounts receivable, net	7,698.	4	25,069.
	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		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 753,288.		
	b Less: accumulated depreciation	10b 312,768.	430,068.	10c 440,520.
	11 Investments - publicly traded securities	7,006,593.	11	9,683,734.
	12 Investments - other securities. See Part IV, line 11	18,661,313.	12	18,536,785.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,455,542.	16	30,579,996.	
Liabilities	17 Accounts payable and accrued expenses	1,559.	17	7,130.
	18 Grants payable	603,444.	18	531,156.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	42,917.
	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	1,523,789.	25	1,443,336.
	26 Total liabilities. Add lines 17 through 25	2,128,792.	26	2,024,539.
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	25,518,812.	27	27,841,832.
	28 Temporarily restricted net assets	747,938.	28	653,625.
	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	26,326,750.	33	28,555,457.	
34 Total liabilities and net assets/fund balances	28,455,542.	34	30,579,996.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,679,021.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,016,038.
3	Revenue less expenses. Subtract line 2 from line 1	3	662,983.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,326,750.
5	Net unrealized gains (losses) on investments	5	1,510,871.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	54,853.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	28,555,457.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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		
2b 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		
2c 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
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,338,735.	2,192,307.	1,276,508.	2,245,623.	1,039,359.	8,092,532.
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	1,338,735.	2,192,307.	1,276,508.	2,245,623.	1,039,359.	8,092,532.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,400,295.
6 Public support. Subtract line 5 from line 4.						5,692,237.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,338,735.	2,192,307.	1,276,508.	2,245,623.	1,039,359.	8,092,532.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	603,007.	566,837.	577,426.	705,629.	636,606.	3,089,505.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	37,073.	29,745.	23,632.	11,439.		101,889.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	302,064.	294,915.	329,122.	379,235.	386,708.	1,692,044.
11 Total support. Add lines 7 through 10						12,975,970.
12 Gross receipts from related 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 2012 (line 6, column (f) divided by line 11, column (f))	14	43.87 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	44.54 %
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 IV 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 - 2011. 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 IV 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"/>	

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

WAYNE COUNTY INDIANA FOUNDATION, INC.

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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 Part I, line 2 of its Form 990-PF, 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) (2012)

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
<u>1</u>	_____ _____ _____	\$ <u>102,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>22,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>51,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>45,995.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>28,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
7		\$ <u>40,656.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ <u>22,923.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ <u>25,075.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ <u>800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ <u>34,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
13		\$ 29,115.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 37,006.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 31,838.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 51,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 52,684.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 108,911.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number 35-1406033
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	ENTERPRISE PRODS PARTNERS L P STOCK _____ _____ _____	\$ 25,075.	11/07/12
17	INTEL STOCK 12/21/12 FMV 36,391 PRUDENTIAL JENNISON GROWTH FUND CL A 12/20/2012 FMV 16,293 _____ _____	\$ 52,684.	12/20/12
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number 35-1406033
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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	34	
2 Aggregate contributions to (during year)	256,730.	
3 Aggregate grants from (during year)	64,264.	
4 Aggregate value at end of year	651,781.	
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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the 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) Revenues 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 Revenues 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? 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	23,998,842.	25,795,984.	24,038,710.	19,263,942.	28,262,739.
b Contributions	474,174.	1,497,568.	242,243.	1,844,764.	995,578.
c Net investment earnings, gains, and losses	2,826,307.	-459,610.	2,884,817.	4,508,376.	-7,908,713.
d Grants or scholarships	752,406.	1,765,569.	842,877.	1,056,071.	1,353,746.
e Other expenditures for facilities and programs	-39,838.	570,142.	85,691.	157,669.	339,157.
f Administrative expenses	481,517.	499,389.	441,218.	364,632.	392,759.
g End of year balance	26,105,238.	23,998,842.	25,795,984.	24,038,710.	19,263,942.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 97.51 %
 - b Permanent endowment .23 %
 - c Temporarily restricted endowment 2.26 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| 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. 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.	241,863.	370,493.
c Leasehold improvements				
d Equipment				
e Other		120,932.	70,905.	50,027.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				440,520.

Part VII Investments - Other Securities. 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	179,581.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) CASH SURRENDER LIFE		
(B) INSURANCE ANNUITY	134,999.	COST
(C) MUTUAL FUNDS	12,816,976.	END-OF-YEAR MARKET VALUE
(D) ALTERNATIVE INVESTMENTS	5,010,782.	END-OF-YEAR MARKET VALUE
(E) FIXED INCOME FUNDS		
(F) DOMESTIC AND		
(G) INTERNATIONAL	394,447.	END-OF-YEAR MARKET VALUE
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	18,536,785.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. 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	1,443,336.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,443,336.

2. FIN 48 (ASC 740) Footnote. 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

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

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

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

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, 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

Part XIII Supplemental Information (continued)

OF ASSET CLASSES FOR ITS TOTAL RETURN POOL AND INCOME POOL. THE FUNDS ARE INTENDED TO PROVIDE ONGOING SUPPORT FOR THE FOUNDATION'S PHILANTHROPIC ENDEAVORS, INCLUDING GRANTMAKING, SCHOLARSHIPS AND COMMUNITY DEVELOPMENT IN AND AROUND THE WAYNE COUNTY, INDIANA AREA.

PART X, LINE 2: THE FOUNDATION HAS ADOPTED ACCOUNTING RULES THAT PRESCRIBE WHEN TO RECOGNIZE, AND HOW TO MEASURE THE FINANCIAL STATEMENT EFFECTS OF INCOME TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, ON ITS INCOME TAX RETURNS. THESE RULES REQUIRE MANAGEMENT TO EVALUATE THE LIKELIHOOD THAT, UPON EXAMINATION BY RELEVANT TAXING JURISDICTIONS, THOSE INCOME TAX POSITIONS WOULD BE SUSTAINED. BASED ON THAT EVALUATION, THE FOUNDATION ONLY RECOGNIZES THE MAXIMUM BENEFIT OF EACH INCOME TAX POSITION THAT IS MORE THAN 50% LIKELY OF BEING SUSTAINED. TO THE EXTENT THAT ALL OR A PORTION OF THE BENEFITS OF AN INCOME TAX POSITION ARE NOT RECOGNIZED, A LIABILITY WOULD BE RECOGNIZED FOR THE UNRECOGNIZED BENEFITS, ALONG WITH ANY INTEREST AND PENALTIES THAT WOULD RESULT FROM DISALLOWANCE OF THE POSITION. SHOULD ANY SUCH PENALTIES AND INTEREST BE INCURRED, THEY WOULD BE RECOGNIZED AS OPERATING EXPENSES.

BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE FOUNDATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY POSITION THAT WOULD PLACE THE FOUNDATION'S EXEMPT STATUS IN JEOPARDY AS OF DECEMBER 31, 2012. THE FEDERAL TAX RETURNS OF THE FOUNDATION FOR 2009, 2010, AND 2011 ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITY, GENERALLY FOR THREE YEARS AFTER THE DUE DATE.

**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.**

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. 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
ABILITIES RICHMOND 1813 NATIONAL ROAD WEST RICHMOND, IN 47374	26-4527510	501(C)3	6,222.	0.			FOR AN OUTDOOR LIGHTED SIGN
BIRTH-TO-FIVE, INC 315 NORTHWEST THIRD STREET RICHMOND, IN 47374	35-1843800	501(C)3	7,931.	0.			\$2,900 WAS DESIGNATED FOR REGISTRATION FEES FOR FIVE STAFF TO BE TRAINED ON NEW PARENTS AS
BOYS AND GIRLS CLUBS OF WAYNE COUNTY - 1717 SOUTH L STREET - RICHMOND, IN 47374	35-1065715	501(C)3	13,419.	0.			2012 CHALLENGE MATCH PROGRAM, AND \$889 FOR CLUB MEMBERSHIPS
CARDINAL GREENWAY PO BOX 2411 RICHMOND, IN 47375	35-1885151	501(C)3	21,478.	0.			TO PURCHASE NEW TRACTOR AND MOWER, 2012 CHALLENGE MATCH PROGRAM
CITY OF RICHMOND 50 NORTH 5TH STREET RICHMOND, IN 47374	35-6001174		7,424.	0.			RPD K9 UNIT TRAINING SUPPLIES AND STREET TREE COMMISSION TO PURCHASE TREES AND PLANTS FOR
CIVIC HALL PERFORMING ARTS CENTER 380 HUB ETCHISON PARKWAY RICHMOND, IN 47374	35-1071211	501(C)3	5,000.	0.			FOR SUPPORT OF THE 2012-2013 PROUDLY PRESENTING SERIES INCLUDING THE PUBLIC

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **39.**
- 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) (2012)

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
COMMUNITIES IN SCHOOLS OF WAYNE COUNTY - PO BOX 1784 - RICHMOND, IN 47375	35-2132872	501(C)3	18,965.	0.			TO SUPPORT TWO MIDDLE SCHOOL PROGRAMS AND TO PURCHASE TWO COMPUTERS, DONOR ADVISED
EVERY CHILD CAN READ INC. (THIRD GRADE ACADEMY) - 33 SOUTH 7TH STREET, - RICHMOND, IN 47374	26-4389859	501(C)3	23,678.	0.			DONOR ADVISED DONATIONS, TO PROVIDE OPERATIONAL SUPPORT FOR THE 2012 THIRD GRADE READING
GIRLS INC P.O. BOX 43 RICHMOND, IN 47375	23-7188644	501(C)3	16,394.	0.			2012 ALTERNATIVE GIFT FAIR, FEBRUARY DISTRIBUTION, SUPPORT OF THE LEGO ROBOTICS
GLEANERS FOOD BANK OF INDIANA INC 3737 WALDEMER AVE INDIANAPOLIS, IN 46241	35-1483868	501(C)3	5,000.	0.			TO ASSIST WITH THE COST OF 12 MOBILE PANTRY FOOD DISTRIBUTIONS IN WAYNE COUNTY
GOLAY COMMUNITY CENTER 1007 E MAIN STREET CAMBRIDGE CITY, IN 47327	35-1518699	501(C)3	11,307.	0.			2012 CHALLENGE MATCH PROGRAM
CHRISTIAN CHARITIES OF RICHMOND AND WAYNE COUNTY, INC - 3121 SOUTHEAST PARKWAY - RICHMOND, IN 47374	20-0850936	501(C)3	11,257.	0.			2012 CHALLENGE MATCH PROGRAM, DONOR ADVISED GIFTS; TO PROVIDE MONTHLY LUNCHES TO RCS ELEMENTARY
HABITAT FOR HUMANITY 1114 SOUTH F STREET RICHMOND, IN 47374	35-1803693	501(C)3	12,414.	0.			2012 CHALLENGE MATCH PROGRAM, ALTERNATIVE GIFT FAIR, WOMEN BUILD IN MAY PARTNER, 2012 WOMEN'S
HISTORIC HAGERSTOWN, INC. P.O. BOX 126 HAGERSTOWN, IN 47346	23-7225013	501(C)3	13,882.	0.			TO EXPAND AND CONTINUE TO OFFER FREE ART AND MUSIC LESSONS TO THE COMMUNITY; GRANT FROM THE
HOPE HOUSE 275 GROVE RD RICHMOND, IN 47374	35-2130321	501(C)3	10,870.	0.			2012 CHALLENGE MATCH PROGRAM; DONOR ADVISED GIFTS; FOR KITCHEN EQUIPMENT

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
HUBBARD FUND 240 SOUTH 6TH STREET RICHMOND, IN 47374	35-0992124	501(C)3	132,400.	0.			NOVEMBER AND SPRING 2012 GRANTS; SETON TUITION ASSISTANCE; SETON CATHOLIC HIGH SCHOOL
INDIANA UNIVERSITY EAST 2325 CHESTER BOULEVARD RICHMOND, IN 47374	35-6001673	501(C)3	5,700.	0.			1:1 MATCH FOR RETIRED FACULTY FOR THE STUDENT EVENTS CENTER; DONOR ADVISED FUNDS
INDIANA WOMEN IN NEED 2907 CANTERBURY COURT RICHMOND, IN 47374	91-2057735	501(C)3	5,150.	0.			TO PROVIDE PERSONAL SERVICES TO FINANCIALLY CHALLENGED WOMEN IN WAYNE COUNTY WHO ARE UNDERGOING
MODEL T FORD CLUB OF AMERICA P.O. BOX 126 CENTERVILLE, IN 47330	95-2467053	501(C)3	10,668.	0.			DONOR ADVISED FUNDS; 2012 CHALLENGE MATCH PROGRAM
MORRISSON-REEVES LIBRARY 80 NORTH 6TH STREET RICHMOND, IN 47374	35-6001895	501(C)3	7,199.	0.			DISTRIBUTION; FOR THE NEW PROGRAM CALLED READ 1,000 BOOKS BEFORE KINDERGARTEN A PROJECT TO HELP KIDS
PEER INFORMATION CENTER FOR TEENS, INC. - 380 HUB ETCHISON PARKWAY - RICHMOND, IN 47374	35-1956555	501(C)3	8,200.	0.			2012 WOMEN'S FUND GRANT; TO PROVIDE A YEAR'S SUPPORT FOR TWO CHILDREN AND FOUR TEEN PARENTS AT
PARKS FOUNDATION COPE ENVIRONMENTAL CENTER - 4910 SHOEMAKER ROAD - CENTERVILLE, IN 47330	35-1856406	501(C)3	14,749.	0.			DISTRIBUTION; 2012 CHALLENGE MATCH PROGRAM; 2012 WOMEN'S FUND GRANT; DOXPOP MATCHING GIFT
RICHMOND ART MUSEUM PO BOX 816 RICHMOND, IN 47375	35-6005040	501(C)3	13,589.	0.			TO UPDATE AND ENHANCE THE CURRENT AUDIO/VISUAL SYSTEM USED FOR THE PHANTOSCOPE FILM FESTIVAL
RICHMOND CIVIC THEATRE 1003 EAST MAIN STREET RICHMOND, IN 47374	35-0886844	501(C)3	16,637.	0.			TO ASSIST WITH THE RIPPLE EFFECT A COMMUNITY READS OUTREACH PROJECT; DISTRIBUTION; 2012

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 PARKS AND RECREATION DEPARTMENT - 50 NORTH 5TH STREET - RICHMOND, IN 47374	35-6001174		7,820.	0.			TO ASSIST WITH THE ARTIST FEES AND MARKETING FOR THE 2012 LIVE AT THE PARK OUTDOOR CONCERT SERIES;
RICHMOND SYMPHONY ORCHESTRA 300 HUB ETCHISON PARKWAY RICHMOND, IN 47374	35-6042479	501(C)3	17,930.	0.			DISTRIBUTIONS; 2012 RODEFELD AWARD; TO ASSIST WITH THE PRODUCTION OF "THE NUTCRACKER" IN
ROCK SOLID MINISTRIES, INC P.O. BOX 2606 RICHMOND, IN 47375	35-2153457	501(C)3	5,600.	0.			DONOR ADVISED DISTRIBUTIONS; DONATION FOR WALL REPAIRS
SETON CATHOLIC HIGH SCHOOL 240 SOUTH 6TH STREET RICHMOND, IN 47374	30-0036396	501(C)3	9,200.	0.			DISTRIBUTIONS; FOR SETON HIGH SCHOOL IN MEMORY OF SAM KITCHEN
SPECIAL OLYMPICS INDIANA - WAYNE COUNTY - 5240 STATE ROUTE 44 EAST - LIBERTY, IN 47353	35-1262574	501(C)3	5,000.	0.			TO ASSIST WITH REGISTRATION FEES AND TRANSPORTATION FOR ATHLETES.
STARR GENNETT FOUNDATION 33 SOUTH 7TH STREET, RICHMOND, IN 47374	35-1406033	501(C)3	5,900.	0.			TO PURCHASE SCRAPPER BLACKWELL DONOR PLAQUE; 2012 CHALLENGE MATCH PROGRAM; DONOR ADVISED
SUNRISE, INC. 2670 MINNEMAN ROAD RICHMOND, IN 47374	31-0979407	501(C)3	5,000.	0.			TO HELP PURCHASE NEW SADDLES
SYLVAN NOOK CHURCH OF CHRIST 1221 SYLVAN NOOK DRIVE RICHMOND, IN 47374	35-1089446	501(C)3	10,500.	0.			TO HELP PURCHASE A 12 PASSENGER VAN TO BE USED TO DELIVER FOOD AND TOILETRIES TO NON-PROFIT
TOWN OF DUBLIN 2250 EAST CUMBERLAND STREET, PO BOX DUBLIN, IN 47335	35-6001006	170(C)1	10,000.	0.			TO REPLACE PLAYGROUND EQUIPMENT AT WILSON PARK.

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
UNITED WAY OF WHITEWATER VALLEY 129 SOUTH NINTH STREET RICHMOND, IN 47374	35-1020935	501(C)3	10,507.	0.			FEBRUARY DISTRIBUTION, DONOR ADVISED GIFT, STAFF MINI-GRANT
VINEYARD GATEWAY FELLOWSHIP CHURCH 3361 INDIANA 227 RICHMOND, IN 47374	31-1119115	501(C)3	8,389.	0.			2012 CHALLENGE MATCH PROGRAM; ALTERNATIVE GIFT FAIR; TO PURCHASE TWO FREEZERS FOR THE FOOD
WAYNE COUNTY HISTORICAL MUSEUM 1150 NORTH A STREET RICHMOND, IN 47374	35-0899077	501(C)3	26,303.	0.			TO REPLACE THE ROOF ON THE 1953 ADDITION TO THE MUSEUM, PASS-THROUGH GRANT FOR THE BUILDING
WESTERN WAYNE DOLLARS FOR SCHOLARS 215 PARKWAY DRIVE CAMBRIDGE CITY, IN 47327	36-4692070	501(C)3	6,632.	0.			2012 CHALLENGE MATCH PROGRAM
WHITEWATER COMMUNITY TELEVISION 2325 CHESTER BOULEVARD RICHMOND, IN 47374	35-1750716	501(C)3	10,871.	0.			TO PURCHASE DIGITAL VIDEO ENCODER AND ONE YEAR WEB MEDIA HOSTING AND STREAMING VIDEO-ON-DEMAND
WHITEWATER VALLEY LAND TRUST 4910 SHOEMAKER ROAD CENTERVILLE, IN 47330	35-2106655	501(C)3	8,580.	0.			TO ASSIST WITH THE PURCHASE OF COFFMAN BLUFF (A STATE NATURE PRESERVE) AND ABINGTON-YANKEETOWN

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
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	209	305,099.	0.		

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

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

PART II, LINE 1, COLUMN (H):

Part IV Supplemental Information

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

(H) PURPOSE OF GRANT OR ASSISTANCE: \$2,900 WAS DESIGNATED FOR REGISTRATION FEES FOR FIVE STAFF TO BE TRAINED ON NEW PARENTS AS TEACHER'S CURRICULUM.

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF RICHMOND

(H) PURPOSE OF GRANT OR ASSISTANCE: RPD K9 UNIT TRAINING SUPPLIES AND STREET TREE COMMISSION TO PURCHASE TREES AND PLANTS FOR PUBLIC AREAS

NAME OF ORGANIZATION OR GOVERNMENT: CIVIC HALL PERFORMING ARTS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE 2012-2013 PROUDLY PRESENTING SERIES INCLUDING THE PUBLIC PERFORMANCES, COMMUNITY OUTREACH, AND EDUCATIONAL ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITIES IN SCHOOLS OF WAYNE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TWO MIDDLE SCHOOL PROGRAMS AND TO PURCHASE TWO COMPUTERS, DONOR ADVISED DISTRIBUTIONS, 2012 CHALLENGE MATCH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

EVERY CHILD CAN READ INC. (THIRD GRADE ACADEMY)

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED DONATIONS, TO PROVIDE OPERATIONAL SUPPORT FOR THE 2012 THIRD GRADE READING ACADEMY.

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: 2012 ALTERNATIVE GIFT FAIR, FEBRUARY DISTRIBUTION, SUPPORT OF THE LEGO ROBOTICS EDUCATIONAL PROGRAM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CHRISTIAN CHARITIES OF RICHMOND AND WAYNE COUNTY, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: 2012 CHALLENGE MATCH PROGRAM, DONOR ADVISED GIFTS; TO PROVIDE MONTHLY LUNCHESES TO RCS ELEMENTARY SCHOOLS WITH FREE/REDUCED LUNCH RATES OF 85% OR HIGHER

NAME OF ORGANIZATION OR GOVERNMENT: HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2012 CHALLENGE MATCH PROGRAM, ALTERNATIVE GIFT FAIR, WOMEN BUILD IN MAY PARTNER, 2012 WOMEN'S FUND GRANT

NAME OF ORGANIZATION OR GOVERNMENT: HISTORIC HAGERSTOWN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND AND CONTINUE TO OFFER FREE ART AND MUSIC LESSONS TO THE COMMUNITY; GRANT FROM THE NETTLE CREEK ARTS FUND FOR CHALLENGE MATCH PROGRAM; 2012 CHALLENGE MATCH PROGRAM, ALTERNATIVE GIFT FAIR

NAME OF ORGANIZATION OR GOVERNMENT: HUBBARD FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: NOVEMBER AND SPRING 2012 GRANTS; SETON TUITION ASSISTANCE; SETON CATHOLIC HIGH SCHOOL SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: INDIANA WOMEN IN NEED

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PERSONAL SERVICES TO FINANCIALLY CHALLENGED WOMEN IN WAYNE COUNTY WHO ARE UNDERGOING TREATMENT FOR BREAST CANCER; ALTERNATIVE GIFT FAIR

NAME OF ORGANIZATION OR GOVERNMENT: MORRISSON-REEVES LIBRARY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: DISTRIBUTION; FOR THE NEW PROGRAM CALLED READ 1,000 BOOKS BEFORE KINDERGARTEN A PROJECT TO HELP KIDS ENTER SCHOOL READY TO LEARN; ALTERNATIVE GIFT FAIR

NAME OF ORGANIZATION OR GOVERNMENT:

PEER INFORMATION CENTER FOR TEENS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: 2012 WOMEN'S FUND GRANT; TO PROVIDE A YEAR'S SUPPORT FOR TWO CHILDREN AND FOUR TEEN PARENTS AT RHS.

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND ART MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO UPDATE AND ENHANCE THE CURRENT AUDIO/VISUAL SYSTEM USED FOR THE PHANTOSCOPE FILM FESTIVAL IN MCGUIRE HALL AUDITORIUM; 2012 CHALLENGE MATCH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND CIVIC THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH THE RIPPLE EFFECT A COMMUNITY READS OUTREACH PROJECT; DISTRIBUTION; 2012 CHALLENGE MATCH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

RICHMOND PARKS AND RECREATION DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH THE ARTIST FEES AND MARKETING FOR THE 2012 LIVE AT THE PARK OUTDOOR CONCERT SERIES; DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: DISTRIBUTIONS; 2012 RODEFELD AWARD; TO ASSIST WITH THE PRODUCTION OF "THE NUTCRACKER" IN DECEMBER 2012.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: STARR GENNETT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE SCRAPPER BLACKWELL DONOR
PLAQUE; 2012 CHALLENGE MATCH PROGRAM; DONOR ADVISED GIFT

NAME OF ORGANIZATION OR GOVERNMENT: SYLVAN NOOK CHURCH OF CHRIST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP PURCHASE A 12 PASSENGER VAN
TO BE USED TO DELIVER FOOD AND TOILETRIES TO NON-PROFIT PARTNERS IN THE
COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: VINEYARD GATEWAY FELLOWSHIP CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: 2012 CHALLENGE MATCH PROGRAM;
ALTERNATIVE GIFT FAIR; TO PURCHASE TWO FREEZERS FOR THE FOOD PANTRY

NAME OF ORGANIZATION OR GOVERNMENT: WAYNE COUNTY HISTORICAL MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REPLACE THE ROOF ON THE 1953
ADDITION TO THE MUSEUM; PASS-THROUGH GRANT FOR THE BUILDING CAMPAIGN;
DISTRIBUTION; 2012 CHALLENGE MATCH PROGRAM; ROOF REPLACEMENT ON ADDITION;
DONOR ADVISED GIFT

NAME OF ORGANIZATION OR GOVERNMENT: WHITEWATER COMMUNITY TELEVISION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE DIGITAL VIDEO ENCODER
AND ONE YEAR WEB MEDIA HOSTING AND STREAMING VIDEO-ON-DEMAND SERVICE;
2012 CHALLENGE MATCH PROGRAM; DONOR ADVISED GIFT

NAME OF ORGANIZATION OR GOVERNMENT: WHITEWATER VALLEY LAND TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH THE PURCHASE OF
COFFMAN BLUFF (A STATE NATURE PRESERVE) AND ABINGTON-YANKEETOWN CORRIDOR;

Part IV Supplemental Information

ALTERNATIVE GIFT FAIR

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

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.**

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	8	104,526.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization 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) (2012)

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.

OMB No. 1545-0047

2012

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 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 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

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

Name of the organization WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number 35-1406033
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WHICH IS WIDELY DISTRIBUTED TO THE PUBLIC VIA MAILINGS AND OTHER MEANS OF DISBURSEMENT, AS WELL AS ON THE FOUNDATION'S WEBSITE. THE FOUNDATION'S FORM 990 IS AVAILABLE ONLINE AT WWW.GUIDESTAR.ORG. A LINK TO WWW.GUIDESTAR.ORG IS ON THE FOUNDATION'S WEBSITE. THE FORM 990 IS ALSO IMMEDIATELY AVAILABLE UPON REQUEST THROUGH THE FOUNDATION OFFICE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FAS 136 ADJUSTMENT	129,956.
CHANGE IN SPLIT INTEREST AGREEMENTS	-75,100.
ROUNDING	-3.
TOTAL TO FORM 990, PART XI, LINE 9	54,853.

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" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VIGRAN FAMILY FOUNDATION INC	C	2,500.	
(2) VIGRAN FAMILY FOUNDATION INC	L	17,147.	
(3) VIGRAN FAMILY FOUNDATION INC	Q	680.	
(4)			
(5)			
(6)			

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

2012

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

Department of the Treasury Internal Revenue Service

For calendar year 2012 or other tax year beginning , and ending

Header section containing organization name (WAYNE COUNTY INDIANA FOUNDATION, INC.), address (33 SOUTH 7TH STREET, RICHMOND, IN 47374), and other identifying information.

H Describe the organization's primary unrelated business activity. SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

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

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include gross receipts, cost of goods sold, and total net income of -6,687.

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

Table with 4 columns: Line number, Description, Sub-column, Total. Rows include compensation of officers, depreciation, and total deductions of 6,250.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations taxable as corporations (35), Trusts taxable at trust rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded amount (49).

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

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts (1), foreign trusts (2), and tax-exempt interest (3).

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year (1, 6), Purchases (2), Cost of labor (3), Additional section 263A costs (4a, 4b), and Total (5).

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

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

Paid Preparer Use Only: Print/Type preparer's name (SUZANNE K. MILLER), Preparer's signature, Date, Check self-employed, PTIN (P00452655), Firm's name (BRADY, WARE & SCHOENFELD, INC.), Firm's EIN (35-1476702), Firm's address (RICHMOND, IN 47374), and Phone no. ((765) 966-0531).

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

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
		0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...
		0.

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

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

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			0.	0.	
			0.	0.	

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

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

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

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	1
DESCRIPTION		AMOUNT	
WAYTRU BANCORP		13,904.	
SAVILE ROW PRIVATE REAL ESTATE 2008		739.	
SAVILE ROW PRIVATE 2007-08		-793.	
SAVILE ROW MANAGED FUTURES		-20,537.	
TOTAL TO FORM 990-T, PAGE 1, LINE 5		-6,687.	

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
TRUSTEE FEES		5,750.	
TAX PREPARATION		500.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		6,250.	

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number (EIN) or 35-1406033
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O BRADY, WARE & SCHOENFELD, INC - ONE WOODSIDE DR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RICHMOND, IN 47374	

Enter the Return code for the return that this application is for (file a separate application for each return)

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

STEPHEN C. BORCHERS

• The books are in the care of **33 SOUTH 7TH STREET - RICHMOND, IN 47374**
Telephone No. **765-962-1638** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2013**.

5 For calendar year **2012**, or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

Name(s) shown on return	Identifying number
WAYNE COUNTY INDIANA FOUNDATION, INC.	35-1406033
1a Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions)	1a
1b Enter the employer identification number (EIN) used to report employment taxes for individuals included on line 1a (see instructions)	1b
2 Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2
3 Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	3
4 Premiums you paid during the tax year for employees included on line 1a for health insurance coverage under a qualifying arrangement (see instructions)	4
5 Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions)	5
6 Enter the smaller of line 4 or line 5	6
7 Multiply line 6 by the applicable percentage: <ul style="list-style-type: none"> • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35) 	7
8 If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions	8
9 If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions	9
10 Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions)	10
11 Subtract line 10 from line 4. If zero or less, enter -0-	11
12 Enter the smaller of line 9 or line 11	12
13 If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1a for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions)	13
14 Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13	14
15 Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	15 3.
16 Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, line 4h	16 3.
17 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	17
18 Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h	18
19 Enter the amount you paid in 2012 for taxes considered payroll taxes for purposes of this credit (see instructions)	19 18,768.
20 Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T, line 44f	20 3.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

WAYNE COUNTY INDIANA FOUNDATION, INC.
33 SOUTH 7TH STREET
RICHMOND, IN 47374

INDIANA DEPARTMENT OF REVENUE
TAX ADMINISTRATION
P.O. BOX 7147
INDIANAPOLIS, INDIANA 46207-7147

FORM NP-20

226340
05-01-12

WAYNE COUNTY INDIANA FOUNDATION, INC.
33 SOUTH 7TH STREET
RICHMOND, IN 47374

INDIANA DEPARTMENT OF REVENUE
P.O. BOX 7228
INDIANAPOLIS, IN 46207-7228

FORM IT-20NP

226340
05-01-12

NP-20

State Form 51062 (R6 / 8-12)

Indiana Department of Revenue Indiana Nonprofit Organization's Annual Report

For the Calendar Year or Fiscal Year Beginning 01 01 2012 and Ending 12 31 2012

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

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

Name of Organization: WAYNE COUNTY INDIANA FOUNDATION INC, Telephone Number: 765 962 1638, Address: 33 SOUTH 7TH STREET, City: RICHMOND, State: IN, ZIP Code: 47374, Federal Identification Number: 35 1406033, Contact: STEPHEN C. BORCHERS

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

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

Current Information

- 1. Have any changes not previously reported to the Department been made in your governing instruments... 2. Indicate number of years your organization has been in continuous existence. 34. 3. Attach a schedule, listing the names, titles and addresses of your current officers. SEE STATEMENT 1. 4. Briefly describe the purpose or mission of your organization below.

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.

Email Address: STEVE@WAYNECOUNTYFOUNDATION.ORG

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

EXECUTIVE DIRECTOR

Signature of Officer or Trustee

Title

Date

Name of Person(s) to Contact

Daytime Telephone Number

Important: Please submit this completed form and/or extension to: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, Telephone: (317) 232-0129

Extensions of Time to File

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

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report.

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



25412111019

FORM NP-20

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 1

NAME AND ADDRESS	TITLE
ADAM FORREST 33 SOUTH 7TH STREET RICHMOND, IN 47374	CHAIR
JOHN ZETZEL 33 SOUTH 7TH STREET RICHMOND, IN 47374	TREASURER
CHRIS HARDIE 33 SOUTH 7TH STREET RICHMOND, IN 47374	VICE - CHAIR
JILL KING 33 SOUTH 7TH STREET RICHMOND, IN 47374	SECRETARY
BOB RAMSEY 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
TOM ALBERTS 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
LESLIE DUCEY 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
JON FORD 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
J. RODGER GREEN 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
GREG JANZOW 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
DAVID JETMORE 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
SABRINA PENNINGTON 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER

DARLA RANDALL 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
DICK SMITH 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
JIM TANNER 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
LEN CLARK 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
STEVE HIGINBOTHAM 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
JOHN MCBRIDE 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
JIM PUFFENBERGER 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
BONITA WASHINGTON-LACEY 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
STEVE BORCHERS 33 SOUTH 7TH STREET RICHMOND, IN 47374	EXECUTIVE DIRECTOR
AMY WALTZ 33 SOUTH 7TH STREET RICHMOND, IN 47374	FINANCE OFFICER

Form **990**

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

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2012 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"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WAYNE COUNTY INDIANA FOUNDATION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 33 SOUTH 7TH STREET City, town, or post office, state, and ZIP code RICHMOND, IN 47374 F Name and address of principal officer: STEPHEN C. BORCHERS SAME AS C ABOVE	D Employer identification number 35-1406033 E Telephone number 765-962-1638 G Gross receipts \$ 4,598,083. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates 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

	1 Briefly describe the organization's mission or most significant activities: <u>TO ATTRACT, RECEIVE, HOLD AND DISTRIBUTE CONTRIBUTED FUNDS FOR THE BENEFIT OF WAYNE COUNTY, IN.</u>		
Activities & Governance	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 2012 (Part V, line 2a) 5 5 6 Total number of volunteers (estimate if necessary) 6 70 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -6,687. b Net unrelated business taxable income from Form 990-T, line 34 7b -12,937.		
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	2,245,623.	1,039,359.
	9 Program service revenue (Part VIII, line 2g)	379,235.	386,708.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	305,696.	1,239,618.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,012.	13,336.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,953,566.	2,679,021.
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,163,540.	970,474.
	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)	293,865.	295,954.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 120,389.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	827,917.	749,610.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,285,322.	2,016,038.
	19 Revenue less expenses. Subtract line 18 from line 12	-331,756.	662,983.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	28,455,542.	30,579,996.
	21 Total liabilities (Part X, line 26)	2,128,792.	2,024,539.
	22 Net assets or fund balances. Subtract line 21 from line 20	26,326,750.	28,555,457.

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO FOSTER AND ENCOURAGE PRIVATE PHILANTHROPIC GIVING, TO ENHANCE THE SPIRIT OF COMMUNITY, AND TO IMPROVE THE QUALITY OF LIFE IN THE WAYNE COUNTY, INDIANA, AREA NOW AND FOR FUTURE GENERATIONS.

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

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

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

4a (Code:) (Expenses \$ 665,375. including grants of \$ 665,375.) (Revenue \$ 405,777.) GRANTMAKING: THE WAYNE COUNTY FOUNDATION ADMINISTERS 245 FUNDS TO SUPPORT THE COMMUNITY WITH A WIDE RANGE OF ORGANIZATION-SPECIFIC, DONOR DIRECTED, FIELD OF INTEREST, AND UNRESTRICTED GRANTS. THESE GRANTS SERVE TO ENHANCE AND IMPROVE COMMUNITY LIFE, ADDRESS IDENTIFIED HUMAN SERVICE NEEDS, SUPPORT CULTURAL, SOCIAL, HISTORIC AND EDUCATIONAL ENDEAVORS, AND ENCOURAGE BROAD BASED COMMUNITY DEVELOPMENT. IN EVERY CASE, THEY ARE LEVERAGED THROUGH WAYNE COUNTY'S VIBRANT COMMUNITY OF NOT-FOR-PROFIT ORGANIZATIONS AND SERVICE PROVIDERS.

4b (Code:) (Expenses \$ 305,099. including grants of \$ 305,099.) (Revenue \$) SCHOLARSHIPS: THE WAYNE COUNTY FOUNDATION ADMINISTERS 132 SCHOLARSHIP FUNDS TO HELP QUALIFIED STUDENTS CONTINUE THEIR POST SECONDARY ACADEMIC STUDIES AT COLLEGES, UNIVERSITIES AND TRADE SCHOOLS IN THE COUNTY, THROUGHOUT THE STATE, AND ACROSS THE REGION. IN ADDITION TO DIRECT SUPPORT FOR THOSE STUDENTS SELECTED, THE FOUNDATION'S SCHOLARSHIPS SERVE TO ENCOURAGE ALL STUDENTS TO DO WELL IN THEIR STUDIES. FOUNDATION SCHOLARSHIPS INCLUDE AWARDS FOR SPECIFIC COURSES OF STUDY AT IDENTIFIED INSTITUTIONS OF HIGHER LEARNING, AS WELL AS A NUMBER OF LESS RESTRICTIVE AWARDS TO SUPPORT GENERAL STUDIES.

4c (Code:) (Expenses \$ 324,714. including grants of \$) (Revenue \$) COMMUNITY DEVELOPMENT: THE WAYNE COUNTY FOUNDATION SUPPORTS A NUMBER OF PROGRAMS TO HELP MOVE THE COMMUNITY FORWARD. THESE INCLUDE INITIATIVES TO ENCOURAGE EARLY CHILDHOOD AND ELEMENTARY SCHOOL LITERACY, AND TO PROMOTE POST SECONDARY EDUCATION AMONG MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS. THE FOUNDATION ALSO PROVIDES FUNDING FOR PROGRAMS THAT RELATE TO COMMUNITY BEAUTIFICATION AND SERVES AS A CONVENING PARTNER FOR A NUMBER OF SPECIFIC INITIATIVES THAT PROMOTE COMMUNITY PROGRESS THROUGH INCLUSIVENESS, CIVIL DIALOGUE, AND QUANTITATIVE DATA ANALYSIS.

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

4e Total program service expenses 1,295,188.

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>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		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>		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>		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>	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>		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>		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>		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>	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>	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>	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>		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>		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>	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>	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>		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>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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>		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>		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>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <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 25</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) and 501(c)(4) 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 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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 to any question in this Part V

Main form area containing questions 1a through 14b with corresponding input fields and Yes/No columns.

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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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, physical address, and telephone number of the person who possesses the books and records of the organization: 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 to any question 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) ADAM FORREST CHAIR	1.00	X		X				0.	0.	0.
(2) JOHN ZETZEL TREASURER	1.00	X		X				0.	0.	0.
(3) CHRIS HARDIE VICE - CHAIR	1.00	X		X				0.	0.	0.
(4) JILL KING SECRETARY	1.00	X		X				0.	0.	0.
(5) BOB RAMSEY MEMBER	1.00	X						0.	0.	0.
(6) TOM ALBERTS MEMBER	1.00	X						0.	0.	0.
(7) LESLIE DUCEY MEMBER	1.00	X						0.	0.	0.
(8) JON FORD MEMBER	1.00	X						0.	0.	0.
(9) J. RODGER GREEN MEMBER	1.00	X						0.	0.	0.
(10) GREG JANZOW MEMBER	1.00	X						0.	0.	0.
(11) DAVID JETMORE MEMBER	1.00	X						0.	0.	0.
(12) SABRINA PENNINGTON MEMBER	1.00	X						0.	0.	0.
(13) DARLA RANDALL MEMBER	1.00	X						0.	0.	0.
(14) DICK SMITH MEMBER	1.00	X						0.	0.	0.
(15) JIM TANNER MEMBER	1.00	X						0.	0.	0.
(16) LEN CLARK MEMBER	1.00	X						0.	0.	0.
(17) STEVE HIGINBOTHAM MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN MCBRIDE MEMBER	1.00	X					0.	0.	0.	
(19) JIM PUFFENBERGER MEMBER	1.00	X					0.	0.	0.	
(20) BONITA WASHINGTON-LACEY MEMBER	1.00	X					0.	0.	0.	
(21) STEVE BORCHERS EXECUTIVE DIRECTOR	40.00			X			85,820.	0.	12,933.	
(22) AMY WALTZ FINANCE OFFICER	12.00			X			14,037.	0.	69.	
1b Sub-total							99,857.	0.	13,002.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							99,857.	0.	13,002.	

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 to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,039,359.				
	g Noncash contributions included in lines 1a-1f: \$	104,526.				
	h Total. Add lines 1a-1f	▶ 1,039,359.				
	Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code 900099	386,708.	386,708.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 386,708.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶▶▶	657,197.		657,197.	
	4 Income from investment of tax-exempt bond proceeds	▶▶▶				
	5 Royalties	▶▶▶				
	6 a Gross rents	(i) Real	16,186.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	16,186.			
	d Net rental income or (loss)	▶ 16,186.	16,186.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,493,657.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	1,911,236.			
		c Gain or (loss)	582,421.			
	d Net gain or (loss)	▶ 582,421.			582,421.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	8,780.			
		b Less: direct expenses	7,826.			
c Net income or (loss) from fundraising events		▶ 954.			954.	
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	2,883.	2,883.		
	b LOSS FROM PARTNERSHIP INVESTMENTS	900099	-6,687.	-6,687.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶	-3,804.			
12 Total revenue. See instructions.	▶	2,679,021.	405,777.	-6,687.	1,240,572.	

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

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing		1			
	2 Savings and temporary cash investments	1,721,417.	2	1,411,767.		
	3 Pledges and grants receivable, net	628,453.	3	482,121.		
	4 Accounts receivable, net	7,698.	4	25,069.		
	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		9			
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 753,288.				
	b Less: accumulated depreciation	10b 312,768.	430,068.	10c	440,520.	
	11 Investments - publicly traded securities	7,006,593.	11	9,683,734.		
	12 Investments - other securities. See Part IV, line 11	18,661,313.	12	18,536,785.		
	13 Investments - program-related. See Part IV, line 11		13			
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11		15			
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,455,542.	16	30,579,996.			
Liabilities	17 Accounts payable and accrued expenses	1,559.	17	7,130.		
	18 Grants payable	603,444.	18	531,156.		
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24	42,917.		
	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	1,523,789.	25	1,443,336.		
	26 Total liabilities. Add lines 17 through 25	2,128,792.	26	2,024,539.		
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	25,518,812.	27	27,841,832.		
	28 Temporarily restricted net assets	747,938.	28	653,625.		
	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	26,326,750.	33	28,555,457.			
34 Total liabilities and net assets/fund balances	28,455,542.	34	30,579,996.			

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,679,021.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,016,038.
3	Revenue less expenses. Subtract line 2 from line 1	3	662,983.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,326,750.
5	Net unrealized gains (losses) on investments	5	1,510,871.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	54,853.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	28,555,457.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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? 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		X
2b	Were the organization's financial statements audited by an independent accountant? 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	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,338,735.	2,192,307.	1,276,508.	2,245,623.	1,039,359.	8,092,532.
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	1,338,735.	2,192,307.	1,276,508.	2,245,623.	1,039,359.	8,092,532.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,400,295.
6 Public support. Subtract line 5 from line 4.						5,692,237.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,338,735.	2,192,307.	1,276,508.	2,245,623.	1,039,359.	8,092,532.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	603,007.	566,837.	577,426.	705,629.	636,606.	3,089,505.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	37,073.	29,745.	23,632.	11,439.		101,889.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	302,064.	294,915.	329,122.	379,235.	386,708.	1,692,044.
11 Total support. Add lines 7 through 10						12,975,970.
12 Gross receipts from related 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 2012 (line 6, column (f) divided by line 11, column (f))	14	43.87 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	44.54 %
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 IV 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 - 2011. 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 IV 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"/>	

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

WAYNE COUNTY INDIANA FOUNDATION, INC.

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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 Part I, line 2 of its Form 990-PF, 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) (2012)

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
13	<hr/> <hr/> <hr/>	\$ <u>29,115.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<hr/> <hr/> <hr/>	\$ <u>37,006.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<hr/> <hr/> <hr/>	\$ <u>31,838.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	<hr/> <hr/> <hr/>	\$ <u>51,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	<hr/> <hr/> <hr/>	\$ <u>52,684.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	<hr/> <hr/> <hr/>	\$ <u>108,911.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
9	ENTERPRISE PRODS PARTNERS L P STOCK _____ _____ _____	\$ 25,075.	11/07/12
17	INTEL STOCK 12/21/12 FMV 36,391 PRUDENTIAL JENNISON GROWTH FUND CL A 12/20/2012 FMV 16,293 _____ _____	\$ 52,684.	12/20/12
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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	
_____ _____ _____		_____ _____ _____	

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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	34	
2 Aggregate contributions to (during year)	256,730.	
3 Aggregate grants from (during year)	64,264.	
4 Aggregate value at end of year	651,781.	
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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the 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) Revenues 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 Revenues 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? 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	23,998,842.	25,795,984.	24,038,710.	19,263,942.	28,262,739.
b Contributions	474,174.	1,497,568.	242,243.	1,844,764.	995,578.
c Net investment earnings, gains, and losses	2,826,307.	-459,610.	2,884,817.	4,508,376.	-7,908,713.
d Grants or scholarships	752,406.	1,765,569.	842,877.	1,056,071.	1,353,746.
e Other expenditures for facilities and programs	-39,838.	570,142.	85,691.	157,669.	339,157.
f Administrative expenses	481,517.	499,389.	441,218.	364,632.	392,759.
g End of year balance	26,105,238.	23,998,842.	25,795,984.	24,038,710.	19,263,942.

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

- a Board designated or quasi-endowment 97.51 %
- b Permanent endowment .23 %
- c Temporarily restricted endowment 2.26 %

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. 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.	241,863.	370,493.
c Leasehold improvements				
d Equipment				
e Other		120,932.	70,905.	50,027.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				440,520.

Part VII Investments - Other Securities. 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	179,581.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) CASH SURRENDER LIFE		
(B) INSURANCE ANNUITY	134,999.	COST
(C) MUTUAL FUNDS	12,816,976.	END-OF-YEAR MARKET VALUE
(D) ALTERNATIVE INVESTMENTS	5,010,782.	END-OF-YEAR MARKET VALUE
(E) FIXED INCOME FUNDS		
(F) DOMESTIC AND		
(G) INTERNATIONAL	394,447.	END-OF-YEAR MARKET VALUE
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	18,536,785.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. 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	1,443,336.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,443,336.

2. FIN 48 (ASC 740) Footnote. 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			
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, 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

Part XIII Supplemental Information (continued)

OF ASSET CLASSES FOR ITS TOTAL RETURN POOL AND INCOME POOL. THE FUNDS ARE INTENDED TO PROVIDE ONGOING SUPPORT FOR THE FOUNDATION'S PHILANTHROPIC ENDEAVORS, INCLUDING GRANTMAKING, SCHOLARSHIPS AND COMMUNITY DEVELOPMENT IN AND AROUND THE WAYNE COUNTY, INDIANA AREA.

PART X, LINE 2: THE FOUNDATION HAS ADOPTED ACCOUNTING RULES THAT PRESCRIBE WHEN TO RECOGNIZE, AND HOW TO MEASURE THE FINANCIAL STATEMENT EFFECTS OF INCOME TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, ON ITS INCOME TAX RETURNS. THESE RULES REQUIRE MANAGEMENT TO EVALUATE THE LIKELIHOOD THAT, UPON EXAMINATION BY RELEVANT TAXING JURISDICTIONS, THOSE INCOME TAX POSITIONS WOULD BE SUSTAINED. BASED ON THAT EVALUATION, THE FOUNDATION ONLY RECOGNIZES THE MAXIMUM BENEFIT OF EACH INCOME TAX POSITION THAT IS MORE THAN 50% LIKELY OF BEING SUSTAINED. TO THE EXTENT THAT ALL OR A PORTION OF THE BENEFITS OF AN INCOME TAX POSITION ARE NOT RECOGNIZED, A LIABILITY WOULD BE RECOGNIZED FOR THE UNRECOGNIZED BENEFITS, ALONG WITH ANY INTEREST AND PENALTIES THAT WOULD RESULT FROM DISALLOWANCE OF THE POSITION. SHOULD ANY SUCH PENALTIES AND INTEREST BE INCURRED, THEY WOULD BE RECOGNIZED AS OPERATING EXPENSES.

BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE FOUNDATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY POSITION THAT WOULD PLACE THE FOUNDATION'S EXEMPT STATUS IN JEOPARDY AS OF DECEMBER 31, 2012. THE FEDERAL TAX RETURNS OF THE FOUNDATION FOR 2009, 2010, AND 2011 ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITY, GENERALLY FOR THREE YEARS AFTER THE DUE DATE.

**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.

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. 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
ABILITIES RICHMOND 1813 NATIONAL ROAD WEST RICHMOND, IN 47374	26-4527510	501(C)3	6,222.	0.			FOR AN OUTDOOR LIGHTED SIGN
BIRTH-TO-FIVE, INC 315 NORTHWEST THIRD STREET RICHMOND, IN 47374	35-1843800	501(C)3	7,931.	0.			\$2,900 WAS DESIGNATED FOR REGISTRATION FEES FOR FIVE STAFF TO BE TRAINED ON NEW PARENTS AS
BOYS AND GIRLS CLUBS OF WAYNE COUNTY - 1717 SOUTH L STREET - RICHMOND, IN 47374	35-1065715	501(C)3	13,419.	0.			2012 CHALLENGE MATCH PROGRAM, AND \$889 FOR CLUB MEMBERSHIPS
CARDINAL GREENWAY PO BOX 2411 RICHMOND, IN 47375	35-1885151	501(C)3	21,478.	0.			TO PURCHASE NEW TRACTOR AND MOWER, 2012 CHALLENGE MATCH PROGRAM
CITY OF RICHMOND 50 NORTH 5TH STREET RICHMOND, IN 47374	35-6001174		7,424.	0.			RPD K9 UNIT TRAINING SUPPLIES AND STREET TREE COMMISSION TO PURCHASE TREES AND PLANTS FOR
CIVIC HALL PERFORMING ARTS CENTER 380 HUB ETCHISON PARKWAY RICHMOND, IN 47374	35-1071211	501(C)3	5,000.	0.			FOR SUPPORT OF THE 2012-2013 PROUDLY PRESENTING SERIES INCLUDING THE PUBLIC

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **39.**
- 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) (2012)

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
COMMUNITIES IN SCHOOLS OF WAYNE COUNTY - PO BOX 1784 - RICHMOND, IN 47375	35-2132872	501(C)3	18,965.	0.			TO SUPPORT TWO MIDDLE SCHOOL PROGRAMS AND TO PURCHASE TWO COMPUTERS, DONOR ADVISED
EVERY CHILD CAN READ INC. (THIRD GRADE ACADEMY) - 33 SOUTH 7TH STREET, - RICHMOND, IN 47374	26-4389859	501(C)3	23,678.	0.			DONOR ADVISED DONATIONS, TO PROVIDE OPERATIONAL SUPPORT FOR THE 2012 THIRD GRADE READING
GIRLS INC P.O. BOX 43 RICHMOND, IN 47375	23-7188644	501(C)3	16,394.	0.			2012 ALTERNATIVE GIFT FAIR, FEBRUARY DISTRIBUTION, SUPPORT OF THE LEGO ROBOTICS
GLEANERS FOOD BANK OF INDIANA INC 3737 WALDEMER AVE INDIANAPOLIS, IN 46241	35-1483868	501(C)3	5,000.	0.			TO ASSIST WITH THE COST OF 12 MOBILE PANTRY FOOD DISTRIBUTIONS IN WAYNE COUNTY
GOLAY COMMUNITY CENTER 1007 E MAIN STREET CAMBRIDGE CITY, IN 47327	35-1518699	501(C)3	11,307.	0.			2012 CHALLENGE MATCH PROGRAM
CHRISTIAN CHARITIES OF RICHMOND AND WAYNE COUNTY, INC - 3121 SOUTHEAST PARKWAY - RICHMOND, IN 47374	20-0850936	501(C)3	11,257.	0.			2012 CHALLENGE MATCH PROGRAM, DONOR ADVISED GIFTS; TO PROVIDE MONTHLY LUNCHESES TO RCS ELEMENTARY
HABITAT FOR HUMANITY 1114 SOUTH F STREET RICHMOND, IN 47374	35-1803693	501(C)3	12,414.	0.			2012 CHALLENGE MATCH PROGRAM, ALTERNATIVE GIFT FAIR, WOMEN BUILD IN MAY PARTNER, 2012 WOMEN'S
HISTORIC HAGERSTOWN, INC. P.O. BOX 126 HAGERSTOWN, IN 47346	23-7225013	501(C)3	13,882.	0.			TO EXPAND AND CONTINUE TO OFFER FREE ART AND MUSIC LESSONS TO THE COMMUNITY; GRANT FROM THE
HOPE HOUSE 275 GROVE RD RICHMOND, IN 47374	35-2130321	501(C)3	10,870.	0.			2012 CHALLENGE MATCH PROGRAM; DONOR ADVISED GIFTS; FOR KITCHEN EQUIPMENT

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
HUBBARD FUND 240 SOUTH 6TH STREET RICHMOND, IN 47374	35-0992124	501(C)3	132,400.	0.			NOVEMBER AND SPRING 2012 GRANTS; SETON TUITION ASSISTANCE; SETON CATHOLIC HIGH SCHOOL
INDIANA UNIVERSITY EAST 2325 CHESTER BOULEVARD RICHMOND, IN 47374	35-6001673	501(C)3	5,700.	0.			1:1 MATCH FOR RETIRED FACULTY FOR THE STUDENT EVENTS CENTER; DONOR ADVISED FUNDS
INDIANA WOMEN IN NEED 2907 CANTERBURY COURT RICHMOND, IN 47374	91-2057735	501(C)3	5,150.	0.			TO PROVIDE PERSONAL SERVICES TO FINANCIALLY CHALLENGED WOMEN IN WAYNE COUNTY WHO ARE UNDERGOING
MODEL T FORD CLUB OF AMERICA P.O. BOX 126 CENTERVILLE, IN 47330	95-2467053	501(C)3	10,668.	0.			DONOR ADVISED FUNDS; 2012 CHALLENGE MATCH PROGRAM
MORRISSON-REEVES LIBRARY 80 NORTH 6TH STREET RICHMOND, IN 47374	35-6001895	501(C)3	7,199.	0.			DISTRIBUTION; FOR THE NEW PROGRAM CALLED READ 1,000 BOOKS BEFORE KINDERGARTEN A PROJECT TO HELP KIDS
PEER INFORMATION CENTER FOR TEENS, INC. - 380 HUB ETCHISON PARKWAY - RICHMOND, IN 47374	35-1956555	501(C)3	8,200.	0.			2012 WOMEN'S FUND GRANT; TO PROVIDE A YEAR'S SUPPORT FOR TWO CHILDREN AND FOUR TEEN PARENTS AT
PARKS FOUNDATION COPE ENVIRONMENTAL CENTER - 4910 SHOEMAKER ROAD - CENTERVILLE, IN 47330	35-1856406	501(C)3	14,749.	0.			DISTRIBUTION; 2012 CHALLENGE MATCH PROGRAM; 2012 WOMEN'S FUND GRANT; DOXPOP MATCHING GIFT
RICHMOND ART MUSEUM PO BOX 816 RICHMOND, IN 47375	35-6005040	501(C)3	13,589.	0.			TO UPDATE AND ENHANCE THE CURRENT AUDIO/VISUAL SYSTEM USED FOR THE PHANTOSCOPE FILM FESTIVAL
RICHMOND CIVIC THEATRE 1003 EAST MAIN STREET RICHMOND, IN 47374	35-0886844	501(C)3	16,637.	0.			TO ASSIST WITH THE RIPPLE EFFECT A COMMUNITY READS OUTREACH PROJECT; DISTRIBUTION; 2012

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 PARKS AND RECREATION DEPARTMENT - 50 NORTH 5TH STREET - RICHMOND, IN 47374	35-6001174		7,820.	0.			TO ASSIST WITH THE ARTIST FEES AND MARKETING FOR THE 2012 LIVE AT THE PARK OUTDOOR CONCERT SERIES;
RICHMOND SYMPHONY ORCHESTRA 300 HUB ETCHISON PARKWAY RICHMOND, IN 47374	35-6042479	501(C)3	17,930.	0.			DISTRIBUTIONS; 2012 RODEFELD AWARD; TO ASSIST WITH THE PRODUCTION OF "THE NUTCRACKER" IN
ROCK SOLID MINISTRIES, INC P.O. BOX 2606 RICHMOND, IN 47375	35-2153457	501(C)3	5,600.	0.			DONOR ADVISED DISTRIBUTIONS; DONATION FOR WALL REPAIRS
SETON CATHOLIC HIGH SCHOOL 240 SOUTH 6TH STREET RICHMOND, IN 47374	30-0036396	501(C)3	9,200.	0.			DISTRIBUTIONS; FOR SETON HIGH SCHOOL IN MEMORY OF SAM KITCHEN
SPECIAL OLYMPICS INDIANA - WAYNE COUNTY - 5240 STATE ROUTE 44 EAST - LIBERTY, IN 47353	35-1262574	501(C)3	5,000.	0.			TO ASSIST WITH REGISTRATION FEES AND TRANSPORTATION FOR ATHLETES.
STARR GENNETT FOUNDATION 33 SOUTH 7TH STREET, RICHMOND, IN 47374	35-1406033	501(C)3	5,900.	0.			TO PURCHASE SCRAPPER BLACKWELL DONOR PLAQUE; 2012 CHALLENGE MATCH PROGRAM; DONOR ADVISED
SUNRISE, INC. 2670 MINNEMAN ROAD RICHMOND, IN 47374	31-0979407	501(C)3	5,000.	0.			TO HELP PURCHASE NEW SADDLES
SYLVAN NOOK CHURCH OF CHRIST 1221 SYLVAN NOOK DRIVE RICHMOND, IN 47374	35-1089446	501(C)3	10,500.	0.			TO HELP PURCHASE A 12 PASSENGER VAN TO BE USED TO DELIVER FOOD AND TOILETRIES TO NON-PROFIT
TOWN OF DUBLIN 2250 EAST CUMBERLAND STREET, PO BOX DUBLIN, IN 47335	35-6001006	170(C)1	10,000.	0.			TO REPLACE PLAYGROUND EQUIPMENT AT WILSON PARK.

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
UNITED WAY OF WHITEWATER VALLEY 129 SOUTH NINTH STREET RICHMOND, IN 47374	35-1020935	501(C)3	10,507.	0.			FEBRUARY DISTRIBUTION, DONOR ADVISED GIFT, STAFF MINI-GRANT
VINEYARD GATEWAY FELLOWSHIP CHURCH 3361 INDIANA 227 RICHMOND, IN 47374	31-1119115	501(C)3	8,389.	0.			2012 CHALLENGE MATCH PROGRAM; ALTERNATIVE GIFT FAIR; TO PURCHASE TWO FREEZERS FOR THE FOOD
WAYNE COUNTY HISTORICAL MUSEUM 1150 NORTH A STREET RICHMOND, IN 47374	35-0899077	501(C)3	26,303.	0.			TO REPLACE THE ROOF ON THE 1953 ADDITION TO THE MUSEUM, PASS-THROUGH GRANT FOR THE BUILDING
WESTERN WAYNE DOLLARS FOR SCHOLARS 215 PARKWAY DRIVE CAMBRIDGE CITY, IN 47327	36-4692070	501(C)3	6,632.	0.			2012 CHALLENGE MATCH PROGRAM
WHITEWATER COMMUNITY TELEVISION 2325 CHESTER BOULEVARD RICHMOND, IN 47374	35-1750716	501(C)3	10,871.	0.			TO PURCHASE DIGITAL VIDEO ENCODER AND ONE YEAR WEB MEDIA HOSTING AND STREAMING VIDEO-ON-DEMAND
WHITEWATER VALLEY LAND TRUST 4910 SHOEMAKER ROAD CENTERVILLE, IN 47330	35-2106655	501(C)3	8,580.	0.			TO ASSIST WITH THE PURCHASE OF COFFMAN BLUFF (A STATE NATURE PRESERVE) AND ABINGTON-YANKEETOWN

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
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	209	305,099.	0.		

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

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

PART II, LINE 1, COLUMN (H):

Part IV Supplemental Information

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

(H) PURPOSE OF GRANT OR ASSISTANCE: \$2,900 WAS DESIGNATED FOR REGISTRATION FEES FOR FIVE STAFF TO BE TRAINED ON NEW PARENTS AS TEACHER'S CURRICULUM.

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF RICHMOND

(H) PURPOSE OF GRANT OR ASSISTANCE: RPD K9 UNIT TRAINING SUPPLIES AND STREET TREE COMMISSION TO PURCHASE TREES AND PLANTS FOR PUBLIC AREAS

NAME OF ORGANIZATION OR GOVERNMENT: CIVIC HALL PERFORMING ARTS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE 2012-2013 PROUDLY PRESENTING SERIES INCLUDING THE PUBLIC PERFORMANCES, COMMUNITY OUTREACH, AND EDUCATIONAL ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITIES IN SCHOOLS OF WAYNE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TWO MIDDLE SCHOOL PROGRAMS AND TO PURCHASE TWO COMPUTERS, DONOR ADVISED DISTRIBUTIONS, 2012 CHALLENGE MATCH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

EVERY CHILD CAN READ INC. (THIRD GRADE ACADEMY)

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED DONATIONS, TO PROVIDE OPERATIONAL SUPPORT FOR THE 2012 THIRD GRADE READING ACADEMY.

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: 2012 ALTERNATIVE GIFT FAIR, FEBRUARY DISTRIBUTION, SUPPORT OF THE LEGO ROBOTICS EDUCATIONAL PROGRAM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CHRISTIAN CHARITIES OF RICHMOND AND WAYNE COUNTY, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: 2012 CHALLENGE MATCH PROGRAM, DONOR ADVISED GIFTS; TO PROVIDE MONTHLY LUNCHESES TO RCS ELEMENTARY SCHOOLS WITH FREE/REDUCED LUNCH RATES OF 85% OR HIGHER

NAME OF ORGANIZATION OR GOVERNMENT: HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2012 CHALLENGE MATCH PROGRAM, ALTERNATIVE GIFT FAIR, WOMEN BUILD IN MAY PARTNER, 2012 WOMEN'S FUND GRANT

NAME OF ORGANIZATION OR GOVERNMENT: HISTORIC HAGERSTOWN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND AND CONTINUE TO OFFER FREE ART AND MUSIC LESSONS TO THE COMMUNITY; GRANT FROM THE NETTLE CREEK ARTS FUND FOR CHALLENGE MATCH PROGRAM; 2012 CHALLENGE MATCH PROGRAM, ALTERNATIVE GIFT FAIR

NAME OF ORGANIZATION OR GOVERNMENT: HUBBARD FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: NOVEMBER AND SPRING 2012 GRANTS; SETON TUITION ASSISTANCE; SETON CATHOLIC HIGH SCHOOL SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: INDIANA WOMEN IN NEED

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PERSONAL SERVICES TO FINANCIALLY CHALLENGED WOMEN IN WAYNE COUNTY WHO ARE UNDERGOING TREATMENT FOR BREAST CANCER; ALTERNATIVE GIFT FAIR

NAME OF ORGANIZATION OR GOVERNMENT: MORRISSON-REEVES LIBRARY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: DISTRIBUTION; FOR THE NEW PROGRAM CALLED READ 1,000 BOOKS BEFORE KINDERGARTEN A PROJECT TO HELP KIDS ENTER SCHOOL READY TO LEARN; ALTERNATIVE GIFT FAIR

NAME OF ORGANIZATION OR GOVERNMENT:

PEER INFORMATION CENTER FOR TEENS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: 2012 WOMEN'S FUND GRANT; TO PROVIDE A YEAR'S SUPPORT FOR TWO CHILDREN AND FOUR TEEN PARENTS AT RHS.

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND ART MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO UPDATE AND ENHANCE THE CURRENT AUDIO/VISUAL SYSTEM USED FOR THE PHANTOSCOPE FILM FESTIVAL IN MCGUIRE HALL AUDITORIUM; 2012 CHALLENGE MATCH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND CIVIC THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH THE RIPPLE EFFECT A COMMUNITY READS OUTREACH PROJECT; DISTRIBUTION; 2012 CHALLENGE MATCH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

RICHMOND PARKS AND RECREATION DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH THE ARTIST FEES AND MARKETING FOR THE 2012 LIVE AT THE PARK OUTDOOR CONCERT SERIES; DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: DISTRIBUTIONS; 2012 RODEFELD AWARD; TO ASSIST WITH THE PRODUCTION OF "THE NUTCRACKER" IN DECEMBER 2012.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: STARR GENNETT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE SCRAPPER BLACKWELL DONOR
PLAQUE; 2012 CHALLENGE MATCH PROGRAM; DONOR ADVISED GIFT

NAME OF ORGANIZATION OR GOVERNMENT: SYLVAN NOOK CHURCH OF CHRIST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP PURCHASE A 12 PASSENGER VAN
TO BE USED TO DELIVER FOOD AND TOILETRIES TO NON-PROFIT PARTNERS IN THE
COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: VINEYARD GATEWAY FELLOWSHIP CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: 2012 CHALLENGE MATCH PROGRAM;
ALTERNATIVE GIFT FAIR; TO PURCHASE TWO FREEZERS FOR THE FOOD PANTRY

NAME OF ORGANIZATION OR GOVERNMENT: WAYNE COUNTY HISTORICAL MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REPLACE THE ROOF ON THE 1953
ADDITION TO THE MUSEUM; PASS-THROUGH GRANT FOR THE BUILDING CAMPAIGN;
DISTRIBUTION; 2012 CHALLENGE MATCH PROGRAM; ROOF REPLACEMENT ON ADDITION;
DONOR ADVISED GIFT

NAME OF ORGANIZATION OR GOVERNMENT: WHITEWATER COMMUNITY TELEVISION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE DIGITAL VIDEO ENCODER
AND ONE YEAR WEB MEDIA HOSTING AND STREAMING VIDEO-ON-DEMAND SERVICE;
2012 CHALLENGE MATCH PROGRAM; DONOR ADVISED GIFT

NAME OF ORGANIZATION OR GOVERNMENT: WHITEWATER VALLEY LAND TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH THE PURCHASE OF
COFFMAN BLUFF (A STATE NATURE PRESERVE) AND ABINGTON-YANKEETOWN CORRIDOR;

Part IV Supplemental Information

ALTERNATIVE GIFT FAIR

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

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.**

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	8	104,526.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

OMB No. 1545-0047

2012

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 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 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

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

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 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

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

WHICH IS WIDELY DISTRIBUTED TO THE PUBLIC VIA MAILINGS AND OTHER MEANS OF DISBURSEMENT, AS WELL AS ON THE FOUNDATION'S WEBSITE. THE FOUNDATION'S FORM 990 IS AVAILABLE ONLINE AT WWW.GUIDESTAR.ORG. A LINK TO WWW.GUIDESTAR.ORG IS ON THE FOUNDATION'S WEBSITE. THE FORM 990 IS ALSO IMMEDIATELY AVAILABLE UPON REQUEST THROUGH THE FOUNDATION OFFICE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FAS 136 ADJUSTMENT	129,956.
CHANGE IN SPLIT INTEREST AGREEMENTS	-75,100.
ROUNDING	-3.
TOTAL TO FORM 990, PART XI, LINE 9	54,853.

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" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VIGRAN FAMILY FOUNDATION INC	C	2,500.	
(2) VIGRAN FAMILY FOUNDATION INC	L	17,147.	
(3) VIGRAN FAMILY FOUNDATION INC	Q	680.	
(4)			
(5)			
(6)			

Indiana Nonprofit Organization Unrelated Business Income Tax Return

2012

Calendar Year Ending December 31, 2012 or

Fiscal Year Beginning _____ 2012 and Ending _____
 Check box if amended. Check box if name changed.

Name of Organization WAYNE COUNTY INDIANA FOUNDATION INC			Federal Identification Number (FID) 35 1406033
Number and Street 33 SOUTH 7TH STREET		Indiana County or O.O.S. WAYNE	Principal Business Activity Code 522100
City RICHMOND	State IN	ZIP Code 47374	Telephone Number 765 962 1638
K Check all boxes that apply: <input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> In Bankruptcy <input type="checkbox"/> Schedule M L Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Due Date: 15th day of the fifth month following close of the tax year.			

Adjusted Gross Income Tax Calculation on Unrelated Business Income

Round all entries

1. Unrelated business taxable income (before NOL) deduction and specific deduction from federal return Form 990T (attach Form 990T); use minus sign for negative amounts _____	1	-12937.00
2. Specific deduction (generally \$1,000; see instructions) _____	2	1000.00
3. Interest on U.S. government obligations on the federal return less related expenses _____	3	.00
4. Deduction for qualified patents income _____	4	.00
5. Enter total from lines 2 through 4 _____	5	1000.00
6. Subtotal for unrelated business income (subtract line 5 from line 1) _____	6	-13937.00
7. Indiana modifications. See instructions. (Use a minus sign to denote negative amounts.) _____	7	.00
8. Unrelated business income, as adjusted (add lines 6 and 7). (If not apportioning, enter same amount on line 10.) _____	8	-13937.00
9. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E apportionment (attach schedule) _____	9	%
10. Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise, enter line 8 amount) _____	10	-13937.00
11. Enter Indiana NOL deduction without specific deduction (attach Schedule IT-20NOL; see instructions) _____	11	.00
12. Taxable Indiana unrelated business income (subtract line 11 from line 10) _____	12	-13937.00
13. Taxable income from other forms (Form 1120-POL) _____	13	.00
14. Subtotal (add lines 12 and 13) _____	14	-13937.00
15. Indiana tax on unrelated business income (multiply line 14 by tax rate). See instructions for line 15 _____	15	0.00
16. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet _____	16	.00
17. Total tax due (add lines 15 and 16) _____ Total Tax ▶	17	0.00
Credit for Estimated Tax and Other Payments		
18. Quarterly estimated tax paid: Qrt. 1 _____ Qrt. 2 _____ Qrt. 3 _____ Qrt. 4 _____ Enter total	18	.00
19. Amount paid with extension _____	19	.00
20. Amount of overpayment credit (from tax year ending <u>12 31 11</u>) _____	20	370.00
21. Enter name of other credit _____ Code No. 21a _____	21b	.00
22. Total credits (add lines 18,19, 20, and 21) _____ Total Credits ▶	22	370.00
23. Balance of tax due (line 17 minus 22; if line 22 is greater than line 17, proceed to lines 24, 25, and 28) _____	23	0.00
24. Penalty for the underpayment of income tax. Attach Schedule IT-2220 _____ <input type="checkbox"/> Check box if using annualization method	24	.00
25. Interest: If payment is made after the original due date, compute interest _____	25	.00
26. Penalty: If paid late, enter 10% of line 23; see instructions. If line 17 is zero, enter \$10 per day filed past due date _____	26	.00
27. Total payment due (add lines 23 through 26). (Payment must be made in U.S. funds) PAY THIS AMOUNT ▶	27	.00
28. Total overpayment (line 22 minus lines 17, 24-26) _____	28	370.00
29. Amount of line 28 to be refunded _____	29	370.00
30. Amount of line 28 to be applied to the following year's estimated tax account _____	30	.00

You must go to the certification and authorization section on page 2 to complete this return.



Indiana Department of Revenue
Indiana Nonprofit Organization Unrelated Business Income

Additional Explanation or Adjustment		
State Form 49189 (R11 / 8-12)		
Line (a)	Explanation (b)	Amount (c)
		.00
		.00
		.00

Certification of Signatures and Authorization Section

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

I authorize the Department to discuss my return with my personal representative (see page 11) Yes No

Organization's E-mail address EE **STEVE@WAYNECOUNTYFOUNDATION.ORG**

Signature of Officer _____ Date _____
STEPHEN C. BORCHERS **EXECUTIVE**
 Print or Type Name of Officer Title
STEPHEN C. BORCHERS
 Personal Representative's Name (Print or Type)
 Telephone Number 765 962 1638
 Address _____
 City _____
 State _____ ZIP Code +4 **47374**

BRADY, WARE & SCHOENFELD, INC.
 Paid Preparer: Firm's Name (or yours if self-employed)
 PTIN **P00452655**
 Telephone Number **765 966 0531**
 Address **ONE WOODSIDE DRIVE**
 City **RICHMOND**
 State **IN** ZIP Code +4 **47374**
 Paid Preparer's Signature _____ Date _____

Sales/Use Tax Worksheet

List all purchases made during 2012 from out-of-state companies.

Column A Description of personal property purchased from out-of-state retailer	Column B Date of Purchase(s)	Column C Purchase Price
Magazine subscriptions:		.00
Mail order purchases:		.00
Internet purchases:		.00
Other purchases:		.00
1. Total purchase price of property subject to the sales/use tax	1C	.00
2. Sales/use tax: Multiply line 1 by .07 (7%)	2C	.00
3. Sales tax previously paid on the above items (up to 7% per item)	3C	.00
4. Total amount due: Subtract line 3 from line 2. Carry to Form IT-20NP, line 16. If the amount is negative, enter zero and put no entry on line 16 of the IT-20NP	4C	.00

Please mail your forms to:
 Indiana Department of Revenue
 PO Box 7228
 Indianapolis, IN 46207-7228



Form **990**

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

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2012 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"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WAYNE COUNTY INDIANA FOUNDATION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 33 SOUTH 7TH STREET City, town, or post office, state, and ZIP code RICHMOND, IN 47374 F Name and address of principal officer: STEPHEN C. BORCHERS SAME AS C ABOVE	D Employer identification number 35-1406033 E Telephone number 765-962-1638 G Gross receipts \$ 4,598,083. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates 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

	1 Briefly describe the organization's mission or most significant activities: <u>TO ATTRACT, RECEIVE, HOLD AND DISTRIBUTE CONTRIBUTED FUNDS FOR THE BENEFIT OF WAYNE COUNTY, IN.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	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 2012 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	70
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-6,687.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	-12,937.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		2,245,623.	1,039,359.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		379,235.	386,708.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		305,696.	1,239,618.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		23,012.	13,336.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,953,566.	2,679,021.
14 Benefits paid to or for members (Part IX, column (A), line 4)		2,163,540.	970,474.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)		293,865.	295,954.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 120,389.		0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		827,917.	749,610.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,285,322.	2,016,038.
19 Revenue less expenses. Subtract line 18 from line 12	-331,756.	662,983.	
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)	28,455,542.	30,579,996.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,128,792.	2,024,539.
		26,326,750.	28,555,457.

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO FOSTER AND ENCOURAGE PRIVATE PHILANTHROPIC GIVING, TO ENHANCE THE SPIRIT OF COMMUNITY, AND TO IMPROVE THE QUALITY OF LIFE IN THE WAYNE COUNTY, INDIANA, AREA NOW AND FOR FUTURE GENERATIONS.

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

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

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

4a (Code:) (Expenses \$ 665,375. including grants of \$ 665,375.) (Revenue \$ 405,777.) GRANTMAKING: THE WAYNE COUNTY FOUNDATION ADMINISTERS 245 FUNDS TO SUPPORT THE COMMUNITY WITH A WIDE RANGE OF ORGANIZATION-SPECIFIC, DONOR DIRECTED, FIELD OF INTEREST, AND UNRESTRICTED GRANTS. THESE GRANTS SERVE TO ENHANCE AND IMPROVE COMMUNITY LIFE, ADDRESS IDENTIFIED HUMAN SERVICE NEEDS, SUPPORT CULTURAL, SOCIAL, HISTORIC AND EDUCATIONAL ENDEAVORS, AND ENCOURAGE BROAD BASED COMMUNITY DEVELOPMENT. IN EVERY CASE, THEY ARE LEVERAGED THROUGH WAYNE COUNTY'S VIBRANT COMMUNITY OF NOT-FOR-PROFIT ORGANIZATIONS AND SERVICE PROVIDERS.

4b (Code:) (Expenses \$ 305,099. including grants of \$ 305,099.) (Revenue \$) SCHOLARSHIPS: THE WAYNE COUNTY FOUNDATION ADMINISTERS 132 SCHOLARSHIP FUNDS TO HELP QUALIFIED STUDENTS CONTINUE THEIR POST SECONDARY ACADEMIC STUDIES AT COLLEGES, UNIVERSITIES AND TRADE SCHOOLS IN THE COUNTY, THROUGHOUT THE STATE, AND ACROSS THE REGION. IN ADDITION TO DIRECT SUPPORT FOR THOSE STUDENTS SELECTED, THE FOUNDATION'S SCHOLARSHIPS SERVE TO ENCOURAGE ALL STUDENTS TO DO WELL IN THEIR STUDIES. FOUNDATION SCHOLARSHIPS INCLUDE AWARDS FOR SPECIFIC COURSES OF STUDY AT IDENTIFIED INSTITUTIONS OF HIGHER LEARNING, AS WELL AS A NUMBER OF LESS RESTRICTIVE AWARDS TO SUPPORT GENERAL STUDIES.

4c (Code:) (Expenses \$ 324,714. including grants of \$) (Revenue \$) COMMUNITY DEVELOPMENT: THE WAYNE COUNTY FOUNDATION SUPPORTS A NUMBER OF PROGRAMS TO HELP MOVE THE COMMUNITY FORWARD. THESE INCLUDE INITIATIVES TO ENCOURAGE EARLY CHILDHOOD AND ELEMENTARY SCHOOL LITERACY, AND TO PROMOTE POST SECONDARY EDUCATION AMONG MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS. THE FOUNDATION ALSO PROVIDES FUNDING FOR PROGRAMS THAT RELATE TO COMMUNITY BEAUTIFICATION AND SERVES AS A CONVENING PARTNER FOR A NUMBER OF SPECIFIC INITIATIVES THAT PROMOTE COMMUNITY PROGRESS THROUGH INCLUSIVENESS, CIVIL DIALOGUE, AND QUANTITATIVE DATA ANALYSIS.

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

4e Total program service expenses 1,295,188.

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>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		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>		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>		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>	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>		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>		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>		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>	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>	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>	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>		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>		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>	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>	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>		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>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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>		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>		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>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <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 25</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) and 501(c)(4) 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 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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 to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-1b, 2a-2b, etc.), and Yes/No columns. Includes questions about Form 1096, Form W-2G, foreign accounts, 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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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, physical address, and telephone number of the person who possesses the books and records of the organization: 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 to any question 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) ADAM FORREST CHAIR	1.00	X		X				0.	0.	0.
(2) JOHN ZETZEL TREASURER	1.00	X		X				0.	0.	0.
(3) CHRIS HARDIE VICE - CHAIR	1.00	X		X				0.	0.	0.
(4) JILL KING SECRETARY	1.00	X		X				0.	0.	0.
(5) BOB RAMSEY MEMBER	1.00	X						0.	0.	0.
(6) TOM ALBERTS MEMBER	1.00	X						0.	0.	0.
(7) LESLIE DUCEY MEMBER	1.00	X						0.	0.	0.
(8) JON FORD MEMBER	1.00	X						0.	0.	0.
(9) J. RODGER GREEN MEMBER	1.00	X						0.	0.	0.
(10) GREG JANZOW MEMBER	1.00	X						0.	0.	0.
(11) DAVID JETMORE MEMBER	1.00	X						0.	0.	0.
(12) SABRINA PENNINGTON MEMBER	1.00	X						0.	0.	0.
(13) DARLA RANDALL MEMBER	1.00	X						0.	0.	0.
(14) DICK SMITH MEMBER	1.00	X						0.	0.	0.
(15) JIM TANNER MEMBER	1.00	X						0.	0.	0.
(16) LEN CLARK MEMBER	1.00	X						0.	0.	0.
(17) STEVE HIGINBOTHAM MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN MCBRIDE MEMBER	1.00	X					0.	0.	0.	
(19) JIM PUFFENBERGER MEMBER	1.00	X					0.	0.	0.	
(20) BONITA WASHINGTON-LACEY MEMBER	1.00	X					0.	0.	0.	
(21) STEVE BORCHERS EXECUTIVE DIRECTOR	40.00			X			85,820.	0.	12,933.	
(22) AMY WALTZ FINANCE OFFICER	12.00			X			14,037.	0.	69.	
1b Sub-total							99,857.	0.	13,002.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							99,857.	0.	13,002.	

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 to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,039,359.				
	g Noncash contributions included in lines 1a-1f: \$	104,526.				
	h Total. Add lines 1a-1f		1,039,359.			
	Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code 900099	386,708.	386,708.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			386,708.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		657,197.		657,197.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	16,186.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	16,186.			
	d Net rental income or (loss)		16,186.	16,186.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,493,657.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	1,911,236.			
		c Gain or (loss)	582,421.			
	d Net gain or (loss)		582,421.		582,421.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	8,780.			
		b Less: direct expenses	7,826.			
c Net income or (loss) from fundraising events			954.		954.	
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	2,883.	2,883.		
	b LOSS FROM PARTNERSHIP INVESTMENTS	900099	-6,687.	-6,687.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			-3,804.		
12 Total revenue. See instructions.			2,679,021.	405,777.	-6,687.	
					1,240,572.	

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

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,721,417.	2	1,411,767.
	3 Pledges and grants receivable, net	628,453.	3	482,121.
	4 Accounts receivable, net	7,698.	4	25,069.
	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		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 753,288.		
	b Less: accumulated depreciation	10b 312,768.	430,068.	10c 440,520.
	11 Investments - publicly traded securities	7,006,593.	11	9,683,734.
	12 Investments - other securities. See Part IV, line 11	18,661,313.	12	18,536,785.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,455,542.	16	30,579,996.	
Liabilities	17 Accounts payable and accrued expenses	1,559.	17	7,130.
	18 Grants payable	603,444.	18	531,156.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	42,917.
	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	1,523,789.	25	1,443,336.
	26 Total liabilities. Add lines 17 through 25	2,128,792.	26	2,024,539.
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	25,518,812.	27	27,841,832.
	28 Temporarily restricted net assets	747,938.	28	653,625.
	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	26,326,750.	33	28,555,457.	
34 Total liabilities and net assets/fund balances	28,455,542.	34	30,579,996.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,679,021.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,016,038.
3	Revenue less expenses. Subtract line 2 from line 1	3	662,983.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,326,750.
5	Net unrealized gains (losses) on investments	5	1,510,871.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	54,853.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	28,555,457.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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			
2b	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			
2c	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
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,338,735.	2,192,307.	1,276,508.	2,245,623.	1,039,359.	8,092,532.
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	1,338,735.	2,192,307.	1,276,508.	2,245,623.	1,039,359.	8,092,532.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,400,295.
6 Public support. Subtract line 5 from line 4.						5,692,237.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,338,735.	2,192,307.	1,276,508.	2,245,623.	1,039,359.	8,092,532.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	603,007.	566,837.	577,426.	705,629.	636,606.	3,089,505.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	37,073.	29,745.	23,632.	11,439.		101,889.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	302,064.	294,915.	329,122.	379,235.	386,708.	1,692,044.
11 Total support. Add lines 7 through 10						12,975,970.
12 Gross receipts from related 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 2012 (line 6, column (f) divided by line 11, column (f))	14	43.87 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	44.54 %
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 IV 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 - 2011. 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 IV 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"/>	

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

WAYNE COUNTY INDIANA FOUNDATION, INC.

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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 Part I, line 2 of its Form 990-PF, 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) (2012)

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
<u>1</u>	_____ _____ _____	\$ <u>102,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>22,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>51,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>45,995.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>28,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
7		\$ 40,656.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 22,923.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 25,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 34,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
13		\$ 29,115.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 37,006.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 31,838.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 51,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 52,684.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 108,911.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number 35-1406033
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	ENTERPRISE PRODS PARTNERS L P STOCK _____ _____ _____	\$ 25,075.	11/07/12
17	INTEL STOCK 12/21/12 FMV 36,391 PRUDENTIAL JENNISON GROWTH FUND CL A 12/20/2012 FMV 16,293 _____ _____	\$ 52,684.	12/20/12
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number 35-1406033
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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	34	
2 Aggregate contributions to (during year)	256,730.	
3 Aggregate grants from (during year)	64,264.	
4 Aggregate value at end of year	651,781.	
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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the 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) Revenues 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 Revenues 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? 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	23,998,842.	25,795,984.	24,038,710.	19,263,942.	28,262,739.
b Contributions	474,174.	1,497,568.	242,243.	1,844,764.	995,578.
c Net investment earnings, gains, and losses	2,826,307.	-459,610.	2,884,817.	4,508,376.	-7,908,713.
d Grants or scholarships	752,406.	1,765,569.	842,877.	1,056,071.	1,353,746.
e Other expenditures for facilities and programs	-39,838.	570,142.	85,691.	157,669.	339,157.
f Administrative expenses	481,517.	499,389.	441,218.	364,632.	392,759.
g End of year balance	26,105,238.	23,998,842.	25,795,984.	24,038,710.	19,263,942.

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

- a Board designated or quasi-endowment 97.51 %
- b Permanent endowment .23 %
- c Temporarily restricted endowment 2.26 %

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. 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.	241,863.	370,493.
c Leasehold improvements				
d Equipment				
e Other		120,932.	70,905.	50,027.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				440,520.

Part VII Investments - Other Securities. 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	179,581.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) CASH SURRENDER LIFE		
(B) INSURANCE ANNUITY	134,999.	COST
(C) MUTUAL FUNDS	12,816,976.	END-OF-YEAR MARKET VALUE
(D) ALTERNATIVE INVESTMENTS	5,010,782.	END-OF-YEAR MARKET VALUE
(E) FIXED INCOME FUNDS		
(F) DOMESTIC AND		
(G) INTERNATIONAL	394,447.	END-OF-YEAR MARKET VALUE
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	18,536,785.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. 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	1,443,336.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,443,336.

2. FIN 48 (ASC 740) Footnote. 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

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

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

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

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, 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

Part XIII Supplemental Information (continued)

OF ASSET CLASSES FOR ITS TOTAL RETURN POOL AND INCOME POOL. THE FUNDS ARE INTENDED TO PROVIDE ONGOING SUPPORT FOR THE FOUNDATION'S PHILANTHROPIC ENDEAVORS, INCLUDING GRANTMAKING, SCHOLARSHIPS AND COMMUNITY DEVELOPMENT IN AND AROUND THE WAYNE COUNTY, INDIANA AREA.

PART X, LINE 2: THE FOUNDATION HAS ADOPTED ACCOUNTING RULES THAT PRESCRIBE WHEN TO RECOGNIZE, AND HOW TO MEASURE THE FINANCIAL STATEMENT EFFECTS OF INCOME TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, ON ITS INCOME TAX RETURNS. THESE RULES REQUIRE MANAGEMENT TO EVALUATE THE LIKELIHOOD THAT, UPON EXAMINATION BY RELEVANT TAXING JURISDICTIONS, THOSE INCOME TAX POSITIONS WOULD BE SUSTAINED. BASED ON THAT EVALUATION, THE FOUNDATION ONLY RECOGNIZES THE MAXIMUM BENEFIT OF EACH INCOME TAX POSITION THAT IS MORE THAN 50% LIKELY OF BEING SUSTAINED. TO THE EXTENT THAT ALL OR A PORTION OF THE BENEFITS OF AN INCOME TAX POSITION ARE NOT RECOGNIZED, A LIABILITY WOULD BE RECOGNIZED FOR THE UNRECOGNIZED BENEFITS, ALONG WITH ANY INTEREST AND PENALTIES THAT WOULD RESULT FROM DISALLOWANCE OF THE POSITION. SHOULD ANY SUCH PENALTIES AND INTEREST BE INCURRED, THEY WOULD BE RECOGNIZED AS OPERATING EXPENSES.

BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE FOUNDATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY POSITION THAT WOULD PLACE THE FOUNDATION'S EXEMPT STATUS IN JEOPARDY AS OF DECEMBER 31, 2012. THE FEDERAL TAX RETURNS OF THE FOUNDATION FOR 2009, 2010, AND 2011 ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITY, GENERALLY FOR THREE YEARS AFTER THE DUE DATE.

**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.**

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. 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
ABILITIES RICHMOND 1813 NATIONAL ROAD WEST RICHMOND, IN 47374	26-4527510	501(C)3	6,222.	0.			FOR AN OUTDOOR LIGHTED SIGN
BIRTH-TO-FIVE, INC 315 NORTHWEST THIRD STREET RICHMOND, IN 47374	35-1843800	501(C)3	7,931.	0.			\$2,900 WAS DESIGNATED FOR REGISTRATION FEES FOR FIVE STAFF TO BE TRAINED ON NEW PARENTS AS
BOYS AND GIRLS CLUBS OF WAYNE COUNTY - 1717 SOUTH L STREET - RICHMOND, IN 47374	35-1065715	501(C)3	13,419.	0.			2012 CHALLENGE MATCH PROGRAM, AND \$889 FOR CLUB MEMBERSHIPS
CARDINAL GREENWAY PO BOX 2411 RICHMOND, IN 47375	35-1885151	501(C)3	21,478.	0.			TO PURCHASE NEW TRACTOR AND MOWER, 2012 CHALLENGE MATCH PROGRAM
CITY OF RICHMOND 50 NORTH 5TH STREET RICHMOND, IN 47374	35-6001174		7,424.	0.			RPD K9 UNIT TRAINING SUPPLIES AND STREET TREE COMMISSION TO PURCHASE TREES AND PLANTS FOR
CIVIC HALL PERFORMING ARTS CENTER 380 HUB ETCHISON PARKWAY RICHMOND, IN 47374	35-1071211	501(C)3	5,000.	0.			FOR SUPPORT OF THE 2012-2013 PROUDLY PRESENTING SERIES INCLUDING THE PUBLIC

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **39.**
- 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) (2012)

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
COMMUNITIES IN SCHOOLS OF WAYNE COUNTY - PO BOX 1784 - RICHMOND, IN 47375	35-2132872	501(C)3	18,965.	0.			TO SUPPORT TWO MIDDLE SCHOOL PROGRAMS AND TO PURCHASE TWO COMPUTERS, DONOR ADVISED
EVERY CHILD CAN READ INC. (THIRD GRADE ACADEMY) - 33 SOUTH 7TH STREET, - RICHMOND, IN 47374	26-4389859	501(C)3	23,678.	0.			DONOR ADVISED DONATIONS, TO PROVIDE OPERATIONAL SUPPORT FOR THE 2012 THIRD GRADE READING
GIRLS INC P.O. BOX 43 RICHMOND, IN 47375	23-7188644	501(C)3	16,394.	0.			2012 ALTERNATIVE GIFT FAIR, FEBRUARY DISTRIBUTION, SUPPORT OF THE LEGO ROBOTICS
GLEANERS FOOD BANK OF INDIANA INC 3737 WALDEMER AVE INDIANAPOLIS, IN 46241	35-1483868	501(C)3	5,000.	0.			TO ASSIST WITH THE COST OF 12 MOBILE PANTRY FOOD DISTRIBUTIONS IN WAYNE COUNTY
GOLAY COMMUNITY CENTER 1007 E MAIN STREET CAMBRIDGE CITY, IN 47327	35-1518699	501(C)3	11,307.	0.			2012 CHALLENGE MATCH PROGRAM
CHRISTIAN CHARITIES OF RICHMOND AND WAYNE COUNTY, INC - 3121 SOUTHEAST PARKWAY - RICHMOND, IN 47374	20-0850936	501(C)3	11,257.	0.			2012 CHALLENGE MATCH PROGRAM, DONOR ADVISED GIFTS; TO PROVIDE MONTHLY LUNCHES TO RCS ELEMENTARY
HABITAT FOR HUMANITY 1114 SOUTH F STREET RICHMOND, IN 47374	35-1803693	501(C)3	12,414.	0.			2012 CHALLENGE MATCH PROGRAM, ALTERNATIVE GIFT FAIR, WOMEN BUILD IN MAY PARTNER, 2012 WOMEN'S
HISTORIC HAGERSTOWN, INC. P.O. BOX 126 HAGERSTOWN, IN 47346	23-7225013	501(C)3	13,882.	0.			TO EXPAND AND CONTINUE TO OFFER FREE ART AND MUSIC LESSONS TO THE COMMUNITY; GRANT FROM THE
HOPE HOUSE 275 GROVE RD RICHMOND, IN 47374	35-2130321	501(C)3	10,870.	0.			2012 CHALLENGE MATCH PROGRAM; DONOR ADVISED GIFTS; FOR KITCHEN EQUIPMENT

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
HUBBARD FUND 240 SOUTH 6TH STREET RICHMOND, IN 47374	35-0992124	501(C)3	132,400.	0.			NOVEMBER AND SPRING 2012 GRANTS; SETON TUITION ASSISTANCE; SETON CATHOLIC HIGH SCHOOL
INDIANA UNIVERSITY EAST 2325 CHESTER BOULEVARD RICHMOND, IN 47374	35-6001673	501(C)3	5,700.	0.			1:1 MATCH FOR RETIRED FACULTY FOR THE STUDENT EVENTS CENTER; DONOR ADVISED FUNDS
INDIANA WOMEN IN NEED 2907 CANTERBURY COURT RICHMOND, IN 47374	91-2057735	501(C)3	5,150.	0.			TO PROVIDE PERSONAL SERVICES TO FINANCIALLY CHALLENGED WOMEN IN WAYNE COUNTY WHO ARE UNDERGOING
MODEL T FORD CLUB OF AMERICA P.O. BOX 126 CENTERVILLE, IN 47330	95-2467053	501(C)3	10,668.	0.			DONOR ADVISED FUNDS; 2012 CHALLENGE MATCH PROGRAM
MORRISSON-REEVES LIBRARY 80 NORTH 6TH STREET RICHMOND, IN 47374	35-6001895	501(C)3	7,199.	0.			DISTRIBUTION; FOR THE NEW PROGRAM CALLED READ 1,000 BOOKS BEFORE KINDERGARTEN A PROJECT TO HELP KIDS
PEER INFORMATION CENTER FOR TEENS, INC. - 380 HUB ETCHISON PARKWAY - RICHMOND, IN 47374	35-1956555	501(C)3	8,200.	0.			2012 WOMEN'S FUND GRANT; TO PROVIDE A YEAR'S SUPPORT FOR TWO CHILDREN AND FOUR TEEN PARENTS AT
PARKS FOUNDATION COPE ENVIRONMENTAL CENTER - 4910 SHOEMAKER ROAD - CENTERVILLE, IN 47330	35-1856406	501(C)3	14,749.	0.			DISTRIBUTION; 2012 CHALLENGE MATCH PROGRAM; 2012 WOMEN'S FUND GRANT; DOXPOP MATCHING GIFT
RICHMOND ART MUSEUM PO BOX 816 RICHMOND, IN 47375	35-6005040	501(C)3	13,589.	0.			TO UPDATE AND ENHANCE THE CURRENT AUDIO/VISUAL SYSTEM USED FOR THE PHANTOSCOPE FILM FESTIVAL
RICHMOND CIVIC THEATRE 1003 EAST MAIN STREET RICHMOND, IN 47374	35-0886844	501(C)3	16,637.	0.			TO ASSIST WITH THE RIPPLE EFFECT A COMMUNITY READS OUTREACH PROJECT; DISTRIBUTION; 2012

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 PARKS AND RECREATION DEPARTMENT - 50 NORTH 5TH STREET - RICHMOND, IN 47374	35-6001174		7,820.	0.			TO ASSIST WITH THE ARTIST FEES AND MARKETING FOR THE 2012 LIVE AT THE PARK OUTDOOR CONCERT SERIES;
RICHMOND SYMPHONY ORCHESTRA 300 HUB ETCHISON PARKWAY RICHMOND, IN 47374	35-6042479	501(C)3	17,930.	0.			DISTRIBUTIONS; 2012 RODEFELD AWARD; TO ASSIST WITH THE PRODUCTION OF "THE NUTCRACKER" IN
ROCK SOLID MINISTRIES, INC P.O. BOX 2606 RICHMOND, IN 47375	35-2153457	501(C)3	5,600.	0.			DONOR ADVISED DISTRIBUTIONS; DONATION FOR WALL REPAIRS
SETON CATHOLIC HIGH SCHOOL 240 SOUTH 6TH STREET RICHMOND, IN 47374	30-0036396	501(C)3	9,200.	0.			DISTRIBUTIONS; FOR SETON HIGH SCHOOL IN MEMORY OF SAM KITCHEN
SPECIAL OLYMPICS INDIANA - WAYNE COUNTY - 5240 STATE ROUTE 44 EAST - LIBERTY, IN 47353	35-1262574	501(C)3	5,000.	0.			TO ASSIST WITH REGISTRATION FEES AND TRANSPORTATION FOR ATHLETES.
STARR GENNETT FOUNDATION 33 SOUTH 7TH STREET, RICHMOND, IN 47374	35-1406033	501(C)3	5,900.	0.			TO PURCHASE SCRAPPER BLACKWELL DONOR PLAQUE; 2012 CHALLENGE MATCH PROGRAM; DONOR ADVISED
SUNRISE, INC. 2670 MINNEMAN ROAD RICHMOND, IN 47374	31-0979407	501(C)3	5,000.	0.			TO HELP PURCHASE NEW SADDLES
SYLVAN NOOK CHURCH OF CHRIST 1221 SYLVAN NOOK DRIVE RICHMOND, IN 47374	35-1089446	501(C)3	10,500.	0.			TO HELP PURCHASE A 12 PASSENGER VAN TO BE USED TO DELIVER FOOD AND TOILETRIES TO NON-PROFIT
TOWN OF DUBLIN 2250 EAST CUMBERLAND STREET, PO BOX DUBLIN, IN 47335	35-6001006	170(C)1	10,000.	0.			TO REPLACE PLAYGROUND EQUIPMENT AT WILSON PARK.

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
UNITED WAY OF WHITEWATER VALLEY 129 SOUTH NINTH STREET RICHMOND, IN 47374	35-1020935	501(C)3	10,507.	0.			FEBRUARY DISTRIBUTION, DONOR ADVISED GIFT, STAFF MINI-GRANT
VINEYARD GATEWAY FELLOWSHIP CHURCH 3361 INDIANA 227 RICHMOND, IN 47374	31-1119115	501(C)3	8,389.	0.			2012 CHALLENGE MATCH PROGRAM; ALTERNATIVE GIFT FAIR; TO PURCHASE TWO FREEZERS FOR THE FOOD
WAYNE COUNTY HISTORICAL MUSEUM 1150 NORTH A STREET RICHMOND, IN 47374	35-0899077	501(C)3	26,303.	0.			TO REPLACE THE ROOF ON THE 1953 ADDITION TO THE MUSEUM, PASS-THROUGH GRANT FOR THE BUILDING
WESTERN WAYNE DOLLARS FOR SCHOLARS 215 PARKWAY DRIVE CAMBRIDGE CITY, IN 47327	36-4692070	501(C)3	6,632.	0.			2012 CHALLENGE MATCH PROGRAM
WHITEWATER COMMUNITY TELEVISION 2325 CHESTER BOULEVARD RICHMOND, IN 47374	35-1750716	501(C)3	10,871.	0.			TO PURCHASE DIGITAL VIDEO ENCODER AND ONE YEAR WEB MEDIA HOSTING AND STREAMING VIDEO-ON-DEMAND
WHITEWATER VALLEY LAND TRUST 4910 SHOEMAKER ROAD CENTERVILLE, IN 47330	35-2106655	501(C)3	8,580.	0.			TO ASSIST WITH THE PURCHASE OF COFFMAN BLUFF (A STATE NATURE PRESERVE) AND ABINGTON-YANKEETOWN

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
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	209	305,099.	0.		

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

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

PART II, LINE 1, COLUMN (H):

Part IV Supplemental Information

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

(H) PURPOSE OF GRANT OR ASSISTANCE: \$2,900 WAS DESIGNATED FOR REGISTRATION FEES FOR FIVE STAFF TO BE TRAINED ON NEW PARENTS AS TEACHER'S CURRICULUM.

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF RICHMOND

(H) PURPOSE OF GRANT OR ASSISTANCE: RPD K9 UNIT TRAINING SUPPLIES AND STREET TREE COMMISSION TO PURCHASE TREES AND PLANTS FOR PUBLIC AREAS

NAME OF ORGANIZATION OR GOVERNMENT: CIVIC HALL PERFORMING ARTS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE 2012-2013 PROUDLY PRESENTING SERIES INCLUDING THE PUBLIC PERFORMANCES, COMMUNITY OUTREACH, AND EDUCATIONAL ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITIES IN SCHOOLS OF WAYNE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TWO MIDDLE SCHOOL PROGRAMS AND TO PURCHASE TWO COMPUTERS, DONOR ADVISED DISTRIBUTIONS, 2012 CHALLENGE MATCH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

EVERY CHILD CAN READ INC. (THIRD GRADE ACADEMY)

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED DONATIONS, TO PROVIDE OPERATIONAL SUPPORT FOR THE 2012 THIRD GRADE READING ACADEMY.

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: 2012 ALTERNATIVE GIFT FAIR, FEBRUARY DISTRIBUTION, SUPPORT OF THE LEGO ROBOTICS EDUCATIONAL PROGRAM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CHRISTIAN CHARITIES OF RICHMOND AND WAYNE COUNTY, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: 2012 CHALLENGE MATCH PROGRAM, DONOR ADVISED GIFTS; TO PROVIDE MONTHLY LUNCHESES TO RCS ELEMENTARY SCHOOLS WITH FREE/REDUCED LUNCH RATES OF 85% OR HIGHER

NAME OF ORGANIZATION OR GOVERNMENT: HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2012 CHALLENGE MATCH PROGRAM, ALTERNATIVE GIFT FAIR, WOMEN BUILD IN MAY PARTNER, 2012 WOMEN'S FUND GRANT

NAME OF ORGANIZATION OR GOVERNMENT: HISTORIC HAGERSTOWN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND AND CONTINUE TO OFFER FREE ART AND MUSIC LESSONS TO THE COMMUNITY; GRANT FROM THE NETTLE CREEK ARTS FUND FOR CHALLENGE MATCH PROGRAM; 2012 CHALLENGE MATCH PROGRAM, ALTERNATIVE GIFT FAIR

NAME OF ORGANIZATION OR GOVERNMENT: HUBBARD FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: NOVEMBER AND SPRING 2012 GRANTS; SETON TUITION ASSISTANCE; SETON CATHOLIC HIGH SCHOOL SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: INDIANA WOMEN IN NEED

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PERSONAL SERVICES TO FINANCIALLY CHALLENGED WOMEN IN WAYNE COUNTY WHO ARE UNDERGOING TREATMENT FOR BREAST CANCER; ALTERNATIVE GIFT FAIR

NAME OF ORGANIZATION OR GOVERNMENT: MORRISSON-REEVES LIBRARY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: DISTRIBUTION; FOR THE NEW PROGRAM CALLED READ 1,000 BOOKS BEFORE KINDERGARTEN A PROJECT TO HELP KIDS ENTER SCHOOL READY TO LEARN; ALTERNATIVE GIFT FAIR

NAME OF ORGANIZATION OR GOVERNMENT:

PEER INFORMATION CENTER FOR TEENS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: 2012 WOMEN'S FUND GRANT; TO PROVIDE A YEAR'S SUPPORT FOR TWO CHILDREN AND FOUR TEEN PARENTS AT RHS.

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND ART MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO UPDATE AND ENHANCE THE CURRENT AUDIO/VISUAL SYSTEM USED FOR THE PHANTOSCOPE FILM FESTIVAL IN MCGUIRE HALL AUDITORIUM; 2012 CHALLENGE MATCH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND CIVIC THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH THE RIPPLE EFFECT A COMMUNITY READS OUTREACH PROJECT; DISTRIBUTION; 2012 CHALLENGE MATCH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

RICHMOND PARKS AND RECREATION DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH THE ARTIST FEES AND MARKETING FOR THE 2012 LIVE AT THE PARK OUTDOOR CONCERT SERIES; DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: DISTRIBUTIONS; 2012 RODEFELD AWARD; TO ASSIST WITH THE PRODUCTION OF "THE NUTCRACKER" IN DECEMBER 2012.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: STARR GENNETT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE SCRAPPER BLACKWELL DONOR
PLAQUE; 2012 CHALLENGE MATCH PROGRAM; DONOR ADVISED GIFT

NAME OF ORGANIZATION OR GOVERNMENT: SYLVAN NOOK CHURCH OF CHRIST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP PURCHASE A 12 PASSENGER VAN
TO BE USED TO DELIVER FOOD AND TOILETRIES TO NON-PROFIT PARTNERS IN THE
COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: VINEYARD GATEWAY FELLOWSHIP CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: 2012 CHALLENGE MATCH PROGRAM;
ALTERNATIVE GIFT FAIR; TO PURCHASE TWO FREEZERS FOR THE FOOD PANTRY

NAME OF ORGANIZATION OR GOVERNMENT: WAYNE COUNTY HISTORICAL MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REPLACE THE ROOF ON THE 1953
ADDITION TO THE MUSEUM; PASS-THROUGH GRANT FOR THE BUILDING CAMPAIGN;
DISTRIBUTION; 2012 CHALLENGE MATCH PROGRAM; ROOF REPLACEMENT ON ADDITION;
DONOR ADVISED GIFT

NAME OF ORGANIZATION OR GOVERNMENT: WHITEWATER COMMUNITY TELEVISION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE DIGITAL VIDEO ENCODER
AND ONE YEAR WEB MEDIA HOSTING AND STREAMING VIDEO-ON-DEMAND SERVICE;
2012 CHALLENGE MATCH PROGRAM; DONOR ADVISED GIFT

NAME OF ORGANIZATION OR GOVERNMENT: WHITEWATER VALLEY LAND TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH THE PURCHASE OF
COFFMAN BLUFF (A STATE NATURE PRESERVE) AND ABINGTON-YANKEETOWN CORRIDOR;

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**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.**

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	8	104,526.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization 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) (2012)

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.

OMB No. 1545-0047

2012

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 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 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

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

Name of the organization WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number 35-1406033
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WHICH IS WIDELY DISTRIBUTED TO THE PUBLIC VIA MAILINGS AND OTHER MEANS OF DISBURSEMENT, AS WELL AS ON THE FOUNDATION'S WEBSITE. THE FOUNDATION'S FORM 990 IS AVAILABLE ONLINE AT WWW.GUIDESTAR.ORG. A LINK TO WWW.GUIDESTAR.ORG IS ON THE FOUNDATION'S WEBSITE. THE FORM 990 IS ALSO IMMEDIATELY AVAILABLE UPON REQUEST THROUGH THE FOUNDATION OFFICE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FAS 136 ADJUSTMENT	129,956.
CHANGE IN SPLIT INTEREST AGREEMENTS	-75,100.
ROUNDING	-3.
TOTAL TO FORM 990, PART XI, LINE 9	54,853.

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" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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" to 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" to 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" to 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) Disproportion- ate 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" to 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" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VIGRAN FAMILY FOUNDATION INC	C	2,500.	
(2) VIGRAN FAMILY FOUNDATION INC	L	17,147.	
(3) VIGRAN FAMILY FOUNDATION INC	Q	680.	
(4)			
(5)			
(6)			

Form **990-T**

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

OMB No. 1545-0687

2012

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

Department of the Treasury
Internal Revenue Service

For calendar year 2012 or other tax year beginning _____, and ending _____

A <input type="checkbox"/> Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) WAYNE COUNTY INDIANA FOUNDATION, INC.	D Employer identification number (Employees' trust, see instructions.) 35-1406033
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 33 SOUTH 7TH STREET	E Unrelated business activity codes (See instructions)
		City or town, state, and ZIP code RICHMOND, IN 47374	522100 531120
C Book value of all assets at end of year 30,579,996.	F Group exemption number (see instructions) _____		
	G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity. **SEE STATEMENT 1**

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

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5	-6,687.	STMT 1
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	-6,687.	-6,687.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach statement)	18		
19 Taxes and licenses	19		
20 Charitable contributions (see instructions for limitation rules)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach statement)	28	SEE STATEMENT 2	6,250.
29 Total deductions. Add lines 14 through 28	29		6,250.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-12,937.
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		-12,937.
33 Specific deduction (generally \$1,000, but see instructions for exceptions)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-12,937.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations taxable as corporations (35), Trusts taxable at trust rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Credited to 2013 estimated tax (49).

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

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts (1), foreign trusts (2), and tax-exempt interest (3).

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year (1, 6), Purchases (2), Cost of labor (3), Additional section 263A costs (4a, 4b), and Total (5, 8).

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

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

Paid Preparer Use Only: Print/Type preparer's name (SUZANNE K. MILLER), Preparer's signature, Date, Check self-employed, PTIN (P00452655), Firm's name (BRADY, WARE & SCHOENFELD, INC.), Firm's EIN (35-1476702), Firm's address (RICHMOND, IN 47374), Phone no. ((765) 966-0531).

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

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total 0.		Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... 0.

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

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

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			0.	0.	
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

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

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

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	1
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DESCRIPTION	AMOUNT
WAYTRU BANCORP	13,904.
SAVILE ROW PRIVATE REAL ESTATE 2008	739.
SAVILE ROW PRIVATE 2007-08	-793.
SAVILE ROW MANAGED FUTURES	-20,537.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-6,687.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
TRUSTEE FEES	5,750.
TAX PREPARATION	500.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	6,250.

Name(s) shown on return	Identifying number
WAYNE COUNTY INDIANA FOUNDATION, INC.	35-1406033
1a Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions)	1a
1b Enter the employer identification number (EIN) used to report employment taxes for individuals included on line 1a (see instructions)	1b
2 Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2
3 Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	3
4 Premiums you paid during the tax year for employees included on line 1a for health insurance coverage under a qualifying arrangement (see instructions)	4
5 Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions)	5
6 Enter the smaller of line 4 or line 5	6
7 Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35)	7
8 If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions	8
9 If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions	9
10 Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions)	10
11 Subtract line 10 from line 4. If zero or less, enter -0-	11
12 Enter the smaller of line 9 or line 11	12
13 If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1a for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions)	13
14 Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13	14
15 Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	15 3.
16 Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, line 4h	16 3.
17 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	17
18 Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h	18
19 Enter the amount you paid in 2012 for taxes considered payroll taxes for purposes of this credit (see instructions)	19 18,768.
20 Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T, line 44f	20 3.