

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

**REBECCA S. GILLIAM**

- 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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

Form **990**

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

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>33 SOUTH 7TH STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>RICHMOND, IN 47374</b>	<b>D Employer identification number</b> <b>** - *** 6033</b>
	<b>F Name and address of principal officer:</b> <b>REBECCA GILLIAM</b> <b>SAME AS C ABOVE</b>	<b>E Telephone number</b> <b>765-962-1638</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J Website:</b> ▶ <b>WWW.WAYNECOUNTYFOUNDATION.ORG</b>	<b>G Gross receipts \$</b> <b>9,455,767.</b>
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation:</b> <b>1978</b>	<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>M State of legal domicile:</b> <b>IN</b>		<b>H(c) Group exemption number</b> ▶

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE WAYNE COUNTY, INDIANA, FOUNDATION, INC. EXISTS TO FOSTER AND ENCOURAGE PRIVATE</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>9</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>44</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>44,079.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>30,061.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>7,347,626.</b>	<b>Current Year</b> <b>4,253,664.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>508,731.</b>	<b>564,938.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,539,979.</b>	<b>1,546,283.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>125,459.</b>	<b>107,051.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>9,521,795.</b>	<b>6,471,936.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,254,427.</b>	<b>2,212,467.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>497,057.</b>	<b>423,881.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>134,693.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,007,133.</b>	<b>1,173,274.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,758,617.</b>	<b>3,809,622.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>5,763,178.</b>	<b>2,662,314.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>50,511,383.</b>	<b>End of Year</b> <b>59,378,205.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>570,651.</b>	<b>544,271.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>49,940,732.</b>	<b>58,833,934.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	▶ Signature of officer <b>REBECCA GILLIAM, EXECUTIVE DIRECTOR</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TRACY A HAINES</b>	Preparer's signature
	Firm's name ▶ <b>BRADY, WARE &amp; SCHOENFELD, INC.</b>	Date <b>10/29/21</b>
	Firm's address ▶ <b>ONE WOODSIDE DRIVE</b> <b>RICHMOND, IN 47374</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00517541</b>
		Firm's EIN ▶ <b>** - *** 6702</b>
		Phone no. (765) <b>966-0531</b>

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 1,730,441. including grants of \$ 1,730,441. ) (Revenue \$ 281,209. ) GRANTMAKING: THE WAYNE COUNTY FOUNDATION ADMINISTERS 340 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 \$ 482,026. including grants of \$ 482,026. ) (Revenue \$ 316,857. ) SCHOLARSHIPS: THE WAYNE COUNTY FOUNDATION ADMINISTERS 140 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 \$ 639,575. including grants of \$ ) (Revenue \$ ) COMMUNITY DEVELOPMENT: THE FOUNDATION SUPPORTS OR PROVIDES A NUMBER OF PROGRAMS THAT REPRESENT SPECIFIC INITIATIVES TO HELP MOVE THE COMMUNITY FORWARD. THESE INCLUDE A NUMBER OF WORKSHOPS AND SEMINARS TO HELP BUILD CAPACITY IN THE NOT-FOR-PROFIT COMMUNITY; FOUNDATION-DIRECTED INITIATIVES TO HELP PROMOTE WOMEN'S PHILANTHROPY AND LEADERSHIP DEVELOPMENT; AND FORWARD WAYNE COUNTY, A COLLECTIVE-IMPACT STYLE APPROACH TO BETTER ALIGNING COMMUNITY RESOURCES IN SUPPORT OF SPECIFIC GOALS AND OBJECTIVES.

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

4e Total program service expenses 2,852,042.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b> X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included on line 1a, above, who are independent (14); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN, CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records REBECCA S. GILLIAM - 765-962-1638 33 SOUTH 7TH STREET, RICHMOND, IN 47374

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

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

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

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

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

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) REBECCA GILLIAM EXECUTIVE DIRECTOR	40.00			X				95,075.	0.	13,398.
(2) AMY WALTZ FINANCE OFFICER	40.00			X				71,700.	0.	15,848.
(3) AMY NOE-DUDAS FORMER CHAIR	1.00	X		X				0.	0.	0.
(4) PAMELA ZELAYA-CHEVAZ MEMBER	1.00	X						0.	0.	0.
(5) SUSAN ISAACS MEMBER	1.00	X						0.	0.	0.
(6) EILEEN BAKER WALL MEMBER	1.00	X						0.	0.	0.
(7) BRAD BOWMAN VICE CHAIR	1.00	X		X				0.	0.	0.
(8) CHAD BOLSER MEMBER	1.00	X						0.	0.	0.
(9) GARRY KLEER MEMBER	1.00	X						0.	0.	0.
(10) VALERIE SHAFFER MEMBER	1.00	X						0.	0.	0.
(11) CHRIS KNIGHT TREASURER	1.00	X		X				0.	0.	0.
(12) DAVID RODGERS SECRETARY	1.00	X		X				0.	0.	0.
(13) RAY ONTKO MEMBER	1.00	X						0.	0.	0.
(14) JOHN WRIGHT MEMBER	1.00	X						0.	0.	0.
(15) KEVIN HANDLEY MEMBER	1.00	X						0.	0.	0.
(16) BRENDA MCLANE MEMBER	1.00	X						0.	0.	0.
(17) ERIC MARSH CHAIR	1.00	X		X				0.	0.	0.



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	78,500.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,175,164.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			4,253,664.			
<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATIVE FEES	<b>Business Code</b>	900099	564,938.	564,938.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			564,938.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,181,617.		1,181,617.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	29,844.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		29,844.			
	<b>d</b> Net rental income or (loss)			29,844.		29,844.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	3,348,497.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		2,983,831.			
<b>c</b> Gain or (loss)	<b>7c</b>		364,666.				
<b>d</b> Net gain or (loss)			364,666.		364,666.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b> INCOME FROM PARTNERSHIP INVESTMEN	<b>Business Code</b>	900099	44,079.		44,079.	
	<b>b</b> MISCELLANEOUS		900099	31,828.	31,828.		
	<b>c</b> NETWORKING EVENTS		900099	1,300.	1,300.		
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			77,207.			
<b>12 Total revenue.</b> See instructions			6,471,936.	598,066.	44,079.	1,576,127.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,730,441.	1,730,441.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	482,026.	482,026.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	196,021.	43,389.	120,090.	32,542.
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	174,192.	69,612.	59,335.	45,245.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,812.	1,728.	1,996.	1,088.
9 Other employee benefits	22,403.	11,331.	5,597.	5,475.
10 Payroll taxes	26,453.	6,912.	12,432.	7,109.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	26,010.		26,010.	
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	14,102.	4,452.	6,599.	3,051.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	724.	10.	714.	
20 Interest	161.		161.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,199.	6,377.	9,452.	4,370.
23 Insurance	3,434.	1,084.	1,607.	743.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>UBI TAX</b>	9,605.	9,605.		
b <b>FOUNDATION MANAGEMENT F</b>	544,958.		544,958.	
c <b>OTHER EXPENSES</b>	326,702.	323,343.	3,359.	
d <b>TRUSTEE FEES</b>	148,258.	148,258.		
e All other expenses	79,121.	13,474.	30,577.	35,070.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>3,809,622.</b>	<b>2,852,042.</b>	<b>822,887.</b>	<b>134,693.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1.	1	
	<b>2</b> Savings and temporary cash investments .....	1,633,695.	2	1,806,397.
	<b>3</b> Pledges and grants receivable, net .....	3,261,477.	3	5,285,113.
	<b>4</b> Accounts receivable, net .....	40.	4	53.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	<b>7</b> Notes and loans receivable, net .....		7	
	<b>8</b> Inventories for sale or use .....		8	
	<b>9</b> Prepaid expenses and deferred charges .....	8,048.	9	15,094.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 756,310.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 513,807.	259,348.	<b>10c</b> 242,503.
	<b>11</b> Investments - publicly traded securities .....	41,556,682.	11	48,432,885.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,792,092.	12	3,596,160.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13	
	<b>14</b> Intangible assets .....		14	
	<b>15</b> Other assets. See Part IV, line 11 .....		15	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	50,511,383.	16	59,378,205.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,977.	17	13,002.
	<b>18</b> Grants payable .....	221,581.	18	181,761.
	<b>19</b> Deferred revenue .....		19	
	<b>20</b> Tax-exempt bond liabilities .....		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	346,093.	25	349,508.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	570,651.	26	544,271.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	45,391,055.	27	51,832,379.
	<b>28</b> Net assets with donor restrictions .....	4,549,677.	28	7,001,555.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		29	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		31	
	<b>32</b> Total net assets or fund balances .....	49,940,732.	32	58,833,934.
<b>33</b> Total liabilities and net assets/fund balances .....	50,511,383.	33	59,378,205.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,471,936.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,809,622.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,662,314.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,940,732.
5	Net unrealized gains (losses) on investments	5	5,830,092.
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 on Schedule O)	9	400,796.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	58,833,934.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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 on 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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)



**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	990,223.	1,365,326.	2,638,916.	7,347,626.	4,253,664.	16,595,755.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	990,223.	1,365,326.	2,638,916.	7,347,626.	4,253,664.	16,595,755.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						7,767,188.
<b>6 Public support.</b> Subtract line 5 from line 4.						8,828,567.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	990,223.	1,365,326.	2,638,916.	7,347,626.	4,253,664.	16,595,755.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,156,279.	1,183,119.	1,645,832.	1,259,413.	1,211,461.	6,456,104.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	735.	56,846.	41,980.	25,765.	44,079.	169,405.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	495,886.	523,017.	511,224.	508,731.	564,938.	2,603,796.
<b>11 Total support.</b> Add lines 7 through 10						25,825,060.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	34.19 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	37.03 %

**16a 33 1/3% support test - 2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2021. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**Part VI**

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

Horizontal lines for supplemental information input.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2020**

Name of the organization

**WAYNE COUNTY INDIANA FOUNDATION, INC.**

Employer identification number

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

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>180,541.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>2,131,207.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>105,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>100,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 94,308.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 100,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 95,889.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SHARES OF WALT DISNEY, JPMORGAN, QUALCOMM, SALESFORCE, THERMI FISHER SCIENTIFIC, VISA, ZOETIS INC.	\$ 180,541.	12/08/20
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	46	291
2 Aggregate value of contributions to (during year) .....	543,194.	961,136.
3 Aggregate value of grants from (during year) .....	380,606.	1,324,626.
4 Aggregate value at end of year .....	4,921,047.	33,326,689.

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

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

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

a Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

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

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

Schedule D (Form 990) 2020

**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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	45,535,888.	33,605,688.	36,559,167.	33,514,426.	32,167,061.
b Contributions	2,683,612.	6,071,071.	427,021.	604,634.	419,697.
c Net investment earnings, gains, and losses	7,239,279.	6,876,171.	-1,701,340.	4,366,496.	2,836,443.
d Grants or scholarships	1,231,803.	925,238.	1,212,673.	1,120,783.	1,257,039.
e Other expenditures for facilities and programs	59,067.	-382,222.	-12,775.	172,487.	43,570.
f Administrative expenses	526,212.	474,026.	479,262.	633,119.	608,166.
g End of year balance	53,641,697.	45,535,888.	33,605,688.	36,559,167.	33,514,426.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  88.5800 %
  - b Permanent endowment  .5700 %
  - c Term endowment  10.8500 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,000.		20,000.
b Buildings		617,156.	398,516.	218,640.
c Leasehold improvements				
d Equipment				
e Other		119,154.	115,291.	3,863.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				242,503.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	3,596,160.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>3,596,160.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITIES ASSOCIATED WITH	
(3) SPLIT-INTEREST AGREEMENTS	349,508.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>349,508.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	12,023,181.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	5,830,092.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-52,974.	
e	Add lines 2a through 2d	2e		5,777,118.
3	Subtract line 2e from line 1	3		6,246,063.
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	225,873.	
c	Add lines 4a and 4b	4c		225,873.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		6,471,936.

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

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

1	Total expenses and losses per audited financial statements		1	3,530,470.
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		0.
3	Subtract line 2e from line 1	3		3,530,470.
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	279,152.	
c	Add lines 4a and 4b	4c		279,152.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		3,809,622.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

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

**Part XIII** Supplemental Information (continued)

AROUND THE WAYNE COUNTY, INDIANA AREA.

PART X, LINE 2:

ACCOUNTING STANDARDS REQUIRE THE EVALUATION OF TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, IN THE COURSE OF PREPARING THE FOUNDATION'S TAX RETURNS, TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. THIS STATEMENT PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY WHEN IT IS "MORE-LIKELY-THAN-NOT" THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS AND CONSIDERATION OF ALL AVAILABLE INFORMATION. ONCE THE RECOGNITION THRESHOLD IS MET, THE PORTION OF THE TAX BENEFIT THAT IS RECORDED REPRESENTS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50 PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT WITH A TAXING AUTHORITY. BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE FOUNDATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY POSITION THAT WOULD PLACE THE FOUNDATION'S EXEMPT STATUS IN JEOPARDY AS OF DECEMBER 31, 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST AGREEMENTS	-52,974.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

FAS 136 ADJUSTMENT	77,615.
TRUSTEE FEES	148,258.
ROUNDING	
TOTAL TO SCHEDULE D, PART XI, LINE 4B	225,873.

**Part XIII** Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FAS 136 130,894.

ROUNDING

TRUSTEE FEES 148,258.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 279,152.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACHIEVA RESOURCES CORPORATION, INC. - PO BOX 1252 - RICHMOND, IN 47375	** - ***5528	501C3	12,156.	0.			2020 SPRING CYCLE AND ANNUAL DISTRIBUTION OF FUNDS
AMIGOS, THE RICHMOND LATINO CENTER 855 NORTH 12TH STREET RICHMOND, IN 47374	** - ***6080	501C3	16,075.	0.			2020 CHALLENGE MATCH AND COVID-19 RAPID RESPONSE GRANTS
ANIMAL CARE ALLIANCE 1353 ABINGTON PIKE RICHMOND, IN 47374	** - ***1554	501C3	6,000.	0.			2020 SPRING GRANT CYCLE
BIRTH-TO-FIVE, INC. PO BOX 1815 RICHMOND, IN 47375	** - ***3800	501C3	17,160.	0.			2020 SPRING GRANT CYCLE, 2020 CHALLENGE MATCH, AND EARLY CHILDHOOD LITERACY ENDOWMENT
BOYS AND GIRLS CLUBS OF WAYNE COUNTY - 1717 SOUTH L STREET - RICHMOND, IN 47374	** - ***5715	501C3	41,825.	0.			2020 CHALLENGE MATCH, 2020 DISTRIBUTION, AND DISTRIBUTION FROM DONOR ADVISED FUND
BRIGHTER PATH INC. 2778 NORTH TREATY LINE ROAD CAMBRIDGE CITY, IN 47327	** - ***7277	501C3	13,249.	0.			2020 CHALLENGE MATCH, 2020 SPRING GRANT CYCLE, AND WOMEN'S FUND FOR SCHOLARSHIP SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **58.**

**3** Enter total number of other organizations listed in the line 1 table **11.**

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

Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CENTRAL UNITED METHODIST CHURCH 1425 EAST MAIN STREET RICHMOND, IN 47374	**-***3337	CHURCH	6,000.	0.			DISTRIBUTION FROM DONOR ADVISED FUND
CHILDREN'S JUSTICE AND ADVOCACY CENTER, INC. - PO BOX 2195 - RICHMOND, IN 47375	**-***7581	501C3	15,951.	0.			2020 DISTRIBUTION, 2020 SPRING GRANT CYCLE, AND 2020 CHALLENGE MATCH
CHRISTIAN CHARITIES OF RICHMOND/WAYNE COUNTY, INC. - 3121 SOUTHEAST PARKWAY - RICHMOND, IN 47374	**-***0936	501C3	6,868.	0.			2020 CHALLENGE MATCH, 2020 SPRING GRANT CYCLE, DISTRIBUTION FROM DONOR ADVISED FUND
CIRCLE U HELP CENTER, INC. PO BOX 491 RICHMOND, IN 47375	**-***1125	501C3	22,433.	0.			2020 CHALLENGE MATCH, 2020 GRANT CYCLE, AND 2020 DISTRIBUTION
COMMUNITIES IN SCHOOLS OF WAYNE COUNTY - 33 SOUTH 7TH STREET - RICHMOND, IN 47374	**-***2872	501C3	40,706.	0.			2020 SPRING GRANT CYCLE, 2020 CHALLENGE MATCH, AND OTHER DISTRIBUTIONS
COMMUNITY FOOD PANTRY PO BOX 1345 RICHMOND, IN 47375	**-***5444	501C3	5,800.	0.			DISTRIBUTION FROM DONOR ADVISED FUND, 2020 DISTRIBUTION, PASS-THRU GIFT
COPE ENVIRONMENTAL CENTER 1730 AIRPORT ROAD CENTERVILLE, IN 47330	**-***6406	501C3	38,428.	0.			2020 CHALLENGE MATCH, 2020 SPRING GRANT CYCLE, AND OTHER DISTRIBUTIONS
DUDAS INSPIRATION VENUE FOR THE ARTS - 710 E MAIN ST, SUITE 200 - RICHMOND, IN 47374	**-***7521	501C3	7,500.	0.			2020 SPRING GRANT CYCLE AND DISTRIBUTION TO WOMEN'S SUFFRAGE IN AMERICA PRODUCTION
EARLHAM COLLEGE 801 NATIONAL ROAD WEST, DRAWER 193 RICHMOND, IN 47374	**-***8073	SCHOOL	38,094.	0.			2020 DISTRIBUTION, PASS THRU DONATION, AND DONOR ADVISED DONATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
EVERY CHILD CAN READ 33 SOUTH SEVENTH STREET RICHMOND, IN 47374	**_***9859	501C3	36,034.	0.			2020 SPRING GRANT CYCLE, 2020 CHALLENGE MATCH, AND OTHER DISTRIBUTIONS
FIRST ENGLISH LUTHERAN CHURCH 2727 NATIONAL ROAD EAST RICHMOND, IN 47374	**_***0831	CHURCH	7,083.	0.			2020 DISTRIBUTION AND DONOR ADVISED FUND FOR FIRST FRUITS FUND
FORT BRAGG AREA COMMUNITY FOUNDATION - PO BOX 74620 - FORT BRAGG, NC 28307	**_***0625	501C3	7,500.	0.			DISTRIBUTION FROM DONOR ADVISED FUND
FRIENDS OF MORRISSON REEVES 80 NORTH 6TH STREET RICHMOND, IN 47374	**_***2963	501C3	8,524.	0.			2020 CHALLENGE MATCH AND DISTRIBUTIONS OF DONOR ADVISED FUNDS
GATEWAY HUNGER RELIEF CENTER 711 SHERIDAN STREET RICHMOND, IN 47374	**_***9115	501C3	16,845.	0.			2020 SPRING GRANT CYCLE, 2020 CHALLENGE MATCH, WOMEN'S FUND DISTRIBUTION
GENESIS OF RICHMOND, INC. PO BOX 2430 RICHMOND, IN 47375	**_***8959	501C3	22,422.	0.			2020 CHALLENGE MATCH, 2020 SPRING GRANT CYCLE, AND OTHER DISTRIBUTIONS
GIRLS, INC. OF WAYNE COUNTY PO BOX 43 RICHMOND, IN 47375	**_***8644	501C3	77,260.	0.			CAPITAL CAMPAIGN GRANT, 2020 CHALLENGE MATCH, OTHER DISTRIBUTIONS
GLEANERS FOOD BANK OF INDIANA 3737 WALDERMERE AVENUE INDIANAPOLIS, IN 46241	**_***3868	501C3	10,000.	0.			2020 SPRING GRANT CYCLE
GOLAY COMMUNITY CENTER INC. 1007 E MAIN STREET CAMBRIDGE CITY, IN 47327	**_***8699	501C3	10,802.	0.			2020 CHALLENGE MATCH, 2020 SPRING GRANT CYCLE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HAND-IN-HAND ADULT DAY CARE OF RICHMOND - 2727 EAST MAIN STREET - RICHMOND, IN 47374	**_***2648	501C3	27,070.	0.			2020 SPRING GRANT CYCLE, 2020 CHALLENGE MATCH, AND OTHER DISTRIBUTIONS
HAYES ARBORETUM 801 ELKS ROAD RICHMOND, IN 47374	**_***1111	501C3	19,129.	0.			2020 CHALLENGE MATCH, 2020 SPRING GRANT CYCLE, AND OTHER DISTRIBUTIONS
HELP THE ANIMALS PO BOX 117 RICHMOND, IN 47375	**_***2951	501C3	56,745.	0.			GRANTS FROM DAVID SHERICK HELP THE ANIMALS ENDOWMENT FUND AND OTHER DISTRIBUTIONS
HOPE HOUSE 275 GROVE RD RICHMOND, IN 47374	**_***0321	501C3	9,498.	0.			2020 CHALLENGE MATCH, 2020 DISTRIBUTION, AND DONOR ADVISED FUND
HUBBARD FUND 240 SOUTH 6TH STREET RICHMOND, IN 47374	**_***2124	501C3	98,763.	0.			2020 SPRING CYCLE GRANT
INDEPENDENT LIVING CENTER OF EASTERN INDIANA - 129 SOUTH NINTH STREET - RICHMOND, IN 47374	**_***4653	501C3	15,374.	0.			2020 CHALLENGE MATCH AND 2020 SPRING GRANT CYCLE
INDIANA STATE MUSEUM AND HISTORIC SITES - 650 W WASHINGTON ST - INDIANAPOLIS, IN 46204	**_***2818	501C3	17,468.	0.			DISTRIBUTION OF MACY MUSEUM FUNDS
IVY TECH FOUNDATION 2357 CHESTER BOULEVARD RICHMOND, IN 47374	**_***3977	SCHOOL	37,400.	0.			DISTRIBUTION FROM DONOR ADVISED FUND
JUNIOR ACHIEVEMENT OF EASTERN INDIANA - PO BOX 1204 - RICHMOND, IN 47375	**_***4307	501C3	9,016.	0.			2020 SPRING GRANT CYCLE AND 2020 CHALLENGE MATCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MODEL T FORD CLUB OF AMERICA PO BOX 996 RICHMOND, IN 47375	**-***7053	501C3	6,105.	0.			2020 CHALLENGE MATCH AND DONOR ADVISED FUND DISTRIBUTION
MORRISSON-REEVES LIBRARY 80 NORTH 6TH STREET RICHMOND, IN 47374	**-***1895	LIBRARY	18,712.	0.			2020 DISTRIBUTION AND DISTRIBUTION FROM DONOR ADVISED FUND
NEIGHBORHOOD HEALTH CENTER 1010 S 10TH ST RICHMOND, IN 47374	**-***6047	501C3	8,000.	0.			2020 SPRING GRANT CYCLE AND DISTRIBUTION TO WOMEN'S FUND FOR FEMALE HEALTH NEEDS
NEW COVENANT UNITED METHODIST CHURCH AT LAKE DEATON - 3470 WOODRIDGE DRIVE - THE VILLAGES, FL 32162	**-***8198	CHURCH	6,000.	0.			DISTRIBUTION FROM DONOR ADVISED FUND
NEW GARDEN TOWNSHIP TRUSTEE PO BOX 231 FOUNTAIN CITY, IN 47341	**-***3587	GOVERNMENT	10,000.	0.			DISTRIBUTION FROM WAYNE COUNTY CARES FUND
NORTHEASTERN WAYNE SCHOOLS 314 WEST MAIN STREET FOUNTAIN CITY, IN 47341	**-***3323	SCHOOL	30,338.	0.			2020 DISTRIBUTIONS AND REIMBURSEMENTS
OAK PARK CHURCH 1920 CHESTER BOULEVARD RICHMOND, IN 47374	**-***7732	CHURCH	11,196.	0.			MONTHLY REIMBURSEMNTS
OPEN ARMS MINISTRIES PO BOX 1012 RICHMOND, IN 47375	**-***3053	501C3	12,710.	0.			2020 CHALLENGE MATCH AND OTHER DISTRIBUTIONS
PETRA PROJECT, INC. 1024 EAST MAIN STREET RICHMOND, IN 47374	**-***3457	501C3	6,370.	0.			2020 DISTRIBUTION AND COVID-19 RAPID RESPONSE GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICHMOND ART MUSEUM PO BOX 816 RICHMOND, IN 47375	**-***5040	501C3	31,335.	0.			2020 CHALLENGE MATCH, 2020 SPRING CYCLE, AND OTHER DISTRIBUTIONS
RICHMOND CIVIC THEATRE 1003 EAST MAIN STREET RICHMOND, IN 47374	**-***6844	501C3	16,769.	0.			2020 CHALLENGE MATCH, 2020 DISTRIBUTIONS, AND OTHER DISTRIBUTIONS
RICHMOND COMMUNITY SCHOOLS 300 HUB ETCHISON PARKWAY RICHMOND, IN 47374	**-***1211	SCHOOL	70,800.	0.			2020 DISTRIBUTION, REIMBURSEMENTS, AND OTHER DISTRIBUTIONS
RICHMOND DAY NURSERY 300 N 10TH ST RICHMOND, IN 47374	**-***6393	501C3	6,670.	0.			2020 CHALLENGE MATCH AND DISTRIBUTION FROM DONOR ADVISED FUND
RICHMOND FAMILY Y.M.C.A. 1215 SOUTH J STREET RICHMOND, IN 47374	**-***4030	501C3	8,192.	0.			2020 CHALLENGE MATCH AND COVID-19 RAPID RESPONSE GRANTS
RICHMOND FRIENDS SCHOOL 607 WEST MAIN STREET RICHMOND, IN 47374	**-***7045	SCHOOL	33,021.	0.			2020 CHALLENGE MATCH, 2020 SPRING GRANT CYCLE, AND OTHER DISTRIBUTIONS
RICHMOND INDIANA PICKLEBALL, INC. PO BOX 425 RICHMOND, IN 47375	**-***1388	501C3	9,627.	0.			2020 CHALLENGE MATCH, 2020 SPRING GRANT CYCLE, AND DISTRIBUTIONS FROM WOMEN'S GIVING CIRCLE
RICHMOND NEIGHBORHOOD RESTORATION PO BOX 144 RICHMOND, IN 47375	**-***1341	501C3	20,023.	0.			2020 CHALLENGE MATCH AND DISTRIBUTION OF PASS THRU GRANT
RICHMOND PARKS AND RECREATION 50 NORTH 5TH STREET RICHMOND, IN 47374	**-***1174	GOVERNMENT	52,342.	0.			2020 CHALLENGE MATCH, 2020 SPRING GRANT CYCLE, AND OTHER DISTRIBUTIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 SHAKESPEARE FESTIVAL 822 EAST MAIN STREET, SUITE A RICHMOND, IN 47374	**_***0078	501C3	20,577.	0.			2020 CHALLENGE MATCH AND DONOR ADVISED FUND DISTRIBUTION
RICHMOND SYMPHONY ORCHESTRA PO BOX 982 RICHMOND, IN 47375	**_***2479	501C3	86,432.	0.			2020 CHALLENGE MATCH, 2020 SPRING GRANT CYCLE, AND OTHER DISTRIBUTIONS
SALVATION ARMY 707 S A STREET RICHMOND, IN 47374	**_***7910	501C3	12,300.	0.			PASS THRU DONATIONS AND DISTRIBUTION FROM WAYNE COUNTY COMMUNITY CARES FUND
SETON CATHOLIC SCHOOLS 240 SOUTH 6TH STREET RICHMOND, IN 47374	**_***6396	SCHOOL	54,780.	0.			2020 DISTRIBUTION
ST. ELIZABETH ANN SETON CATHOLIC PARISH - 240 SOUTH 6TH STREET - RICHMOND, IN 47374	**_***2124	CHURCH	42,174.	0.			2020 DISTRIBUTION AND DISTRIBUTION FROM DONOR ADVISED FUND
ST. PAUL'S EVANGELICAL LUTHERAN CHURCH - 121 SOUTH 18TH STREET - RICHMOND, IN 47374	**_***6500	CHURCH	7,661.	0.			2020 DISTRIBUTION
STARR-GENNETT FOUNDATION 33 SOUTH 7TH STREET RICHMOND, IN 47374	**_***2920	501C3	6,314.	0.			2020 CHALLENGE MATCH AND 2020 DISTRIBUTION
SUNRISE, INC. THERAPEUTIC RIDING CENTER - 2670 MINNEMAN RD - RICHMOND, IN 47374	**_***9407	501C3	13,504.	0.			2020 CHALLENGE MATCH AND 2020 SPRING GRANT CYCLE
THE JOHN CROSLAND SCHOOL 5146 PARKWAY PLAZA BOULEVARD CHARLOTTE, NC 28217	**_***1583	SCHOOL	10,000.	0.			DISTRIBUTION FROM DONOR ADVISED FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
TOWNSEND COMMUNITY CENTER, INC. PO BOX 401 RICHMOND, IN 47375	**-***2673	501C3	19,076.	0.			2020 CHALLENGE MATCH, 2020 DISTRIBUTION, AND DISTRIBUTION FROM DONOR ADVISED FUND
UNITED WAY OF WHITEWATER VALLEY 129 SOUTH NINTH STREET RICHMOND, IN 47374	**-***0935	501C3	14,200.	0.			2020 DISTRIBUTION AND DISTRIBUTION FROM DONOR ADVISED FUND
VIRGINIA TECH FOUNDATION, INC. 902 PRICES FORK RD BLACKSBURG, VA 24061	**-***1690	501C3	7,500.	0.			DISTRIBUTION FROM DONOR ADVISED FUND
WAYNE COUNTY CARDINAL GREENWAY PO BOX 2411 RICHMOND, IN 47375	**-***5151	501C3	22,344.	0.			2020 CHALLENGE MATCH, 2020 SPRING GRANT CYCLE, AND DONOR ADVISED FUNDS
WAYNE COUNTY HISTORICAL MUSEUM 1150 NORTH A STREET RICHMOND, IN 47374	**-***9077	501C3	39,504.	0.			2020 CHALLENGE MATCH, 2020 SPRING GRANT CYCLE, AND OTHER DISTRIBUTIONS
WAYNE TOWNSHIP TRUSTEE, WAYNE COUNTY - 401 EAST MAIN STREET - RICHMOND, IN 47374	**-***3949	GOVERNMENT	35,000.	0.			DISTRIBUTION FROM WAYNE COUNTY CARES FUND
WESTERN WAYNE DOLLARS FOR SCHOLARS 205 EAST PARKWAY DRIVE CAMBRIDGE CITY, IN 47327	**-***3560	501C3	12,195.	0.			2020 CHALLENGE MATCH AND 2020 DISTRIBUTION
WHITEWATER VALLEY PRO BONO COMMISSION, INC. - 50 NORTH 5TH STREET - RICHMOND, IN 47374	**-***5162	501C3	12,671.	0.			2020 CHALLENGE MATCH AND DISTRIBUTION FROM DONOR ADVISED FUND
ZION'S LUTHERAN CHURCH PO BOX 6 PERSHING, IN 47370	**-***5708	CHURCH	11,352.	0.			2020 DISTRIBUTION

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR POST SECONDARY EDUCATION	226	482,026.	0.		

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

PART I, LINE 2:

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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Department of the Treasury  
Internal Revenue Service

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

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	7	180,541.	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 V, Donee Acknowledgement ..... **29**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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

SCHEDULE M, LINE 32B:

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

WAYNE COUNTY INDIANA FOUNDATION, INC.

Employer identification number

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

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

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

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

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

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

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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

Name of the organization WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number **-***6033
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DIRECTOR. AT THIS TIME, THE EXECUTIVE DIRECTOR'S PERSONAL PERFORMANCE GOALS WILL BE SET AND THE EXECUTIVE DIRECTOR WILL HAVE THE OPPORTUNITY TO REACT TO THE PERFORMANCE SURVEY INFORMATION. ADDITIONAL MEETINGS AND REVIEWS WILL BE SET AS NEEDED AND THE BOARD CHAIR WILL REPORT BACK TO THE BOARD ANY SUBSTANTIVE OUTCOMES OF THE INDIVIDUAL PERFORMANCE REVIEW.

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

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

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

FAS 136 ADJUSTMENT	453,770.
CHANGE IN SPLIT INTEREST AGREEMENTS	-52,974.
ROUNDING	
TOTAL TO FORM 990, PART XI, LINE 9	400,796.

FORM 990, PART XII, LINE 2C

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

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

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
VIGRAN FAMILY FOUNDATION, INC - 35-2107926 33 SOUTH 7TH STREET RICHMOND, IN 47374	SUPPORTING ORGANIZATION	INDIANA	501(C)(3)	LINE 12A, I			X

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

Schedule R (Form 990) 2020



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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VIGRAN FAMILY FOUNDATION INC	L	19,980.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			







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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

**REBECCA S. GILLIAM**

- 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	2,455.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

Form **990-T**

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

OMB No. 1545-0047

**2020**

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>33 SOUTH 7TH STREET</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>RICHMOND, IN 47374</b></p> <p><b>C</b> Book value of all assets at end of year ..... ▶ <b>59,378,205.</b></p>	<p><b>D</b> Employer identification number  <b>** - ** 6033</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
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**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** 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. ▶

**L** The books are in care of ▶ **REBECCA S. GILLIAM** Telephone number ▶ **765-962-1638**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	31,061.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	31,061.
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	31,061.
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	31,061.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	30,061.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	6,313.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	6,313.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b>	Other credits (see instructions)	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		6,313.
<b>3</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		6,313.
<b>5</b>	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>		0.
<b>6a</b>	Payments: A 2019 overpayment credited to 2020	<b>6a</b>	2,455.	
<b>b</b>	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	4,500.	
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		6,955.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		642.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> 642. <b>Refunded</b>	<b>11</b>		0.

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

	Yes	No
<b>1</b> At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4a</b> Did the organization change its method of accounting? (see instructions)		X
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **EXECUTIVE DIRECTOR**

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

**Paid Preparer Use Only**

Print/Type preparer's name: **TRACY A HAINES** Preparer's signature: \_\_\_\_\_ Date: **10/29/21** Check  if self-employed PTIN: **P00517541**

Firm's name: **BRADY, WARE & SCHOENFELD, INC.** Firm's EIN: **\*\* - \*\*\* 6702**

Firm's address: **ONE WOODSIDE DRIVE RICHMOND, IN 47374** Phone no. **(765) 966-0531**

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

**2020**

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

<b>A</b> Name of the organization <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	<b>B</b> Employer identification number <b>** - *** 6033</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>522100</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **SEE STATEMENT 1**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b> 0.		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b> 13.		<b>13.</b>
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 1</b>	<b>5</b> 44,066.		<b>44,066.</b>
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 44,079.		<b>44,079.</b>

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b> Salaries and wages	<b>2</b>		
<b>3</b> Repairs and maintenance	<b>3</b>		
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>		
<b>6</b> Taxes and licenses	<b>6</b>		<b>5,105.</b>
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		
<b>9</b> Depletion	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 2</b>	<b>14</b>		<b>7,913.</b>
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>		<b>13,018.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		<b>31,061.</b>
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>		<b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		<b>31,061.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold** Enter method of inventory valuation

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

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
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) .....				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5	<b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	Total deductions (add lines 3a and 3b, columns A through D) .....				
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	Divide line 4 by line 5 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 ..				
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	<b>Total dividends-received deductions</b> included in line 10				0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

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

**Part VII 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 (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.

a				
3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....				
5 Readership costs .....				
6 Circulation income .....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....				0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

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

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
REGENT STREET PRIVATE REAL ESTATE 2008 - ORDINARY BUSINESS INCOME (LOSS)		-3.
REGENT STREET PRIVATE REAL ESTATE 2008 - NET RENTAL REAL ESTATE INCOME		-4.
REGENT STREET PRIVATE EQUITY 2007-08 - ORDINARY BUSINESS INCOME (LOSS)		-205.
REGENT STREET PRIVATE EQUITY 2007-08 - OTHER NET RENTAL INCOME (LOSS)		3.
REGENT STREET PRIVATE EQUITY 2007-08 - INTEREST INCOME		21.
REGENT STREET PRIVATE EQUITY 2007-08 - OTHER INCOME (LOSS)		-21.
REGENT STREET ENERGY OPPORTUNITIES Q, LLC - ORDINARY BUSINESS INCOME (LOSS)		53,484.
REGENT STREET ENERGY OPPORTUNITIES Q, LLC - ORDINARY BUSINESS INCOME (LOSS)		-19,850.
REGENT STREET SPECIALTY FINANCE FUND VP 2016-1 LLC - ORDINARY BUSINESS INCOM		10,641.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		44,066.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TRUSTEE FEES		7,413.
TAX PREPARATION		500.
TOTAL TO SCHEDULE A, PART II, LINE 14		7,913.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No. 1545-0123

**2020**

Name <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	Employer identification number <b>** - *** 6033</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

<b>Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less</b>				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				-11.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			4	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			5	
<b>6</b> Unused capital loss carryover (attach computation) .....			6	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			7	-11.

<b>Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year</b>				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				-155.
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			11	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			12	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			13	
<b>14</b> Capital gain distributions .....			14	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			15	-155.

<b>Part III Summary of Parts I and II</b>				
<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....			16	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....			17	
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....			18	0.

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

# Sales and Other Dispositions of Capital Assets

▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or  
 taxpayer identification no.  
**\*\*-\*\*\*6033**

**WAYNE COUNTY INDIANA FOUNDATION, INC.**

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

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	REGENT STREET PRIVATE EQUITY 2007-08							<11.>
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ▶								<11.>

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

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

Social security number or taxpayer identification no.

**WAYNE COUNTY INDIANA FOUNDATION, INC.**

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

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	REGENT STREET PRIVATE EQUITY 2007-08							<155.>
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked)								<155.>

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

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No. 1545-0123

**2020**

Name <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	Employer identification number <b>** - *** 6033</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

<b>Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less</b>				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				-11.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			4	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			5	
<b>6</b> Unused capital loss carryover (attach computation) .....			6	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			7	-11.

<b>Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year</b>				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				-155.
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			11	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			12	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			13	
<b>14</b> Capital gain distributions .....			14	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			15	-155.

<b>Part III Summary of Parts I and II</b>				
<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....			16	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....			17	
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....			18	0.

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

# Sales and Other Dispositions of Capital Assets

▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or  
 taxpayer identification no.  
**\*\*-\*\*\*6033**

**WAYNE COUNTY INDIANA FOUNDATION, INC.**

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

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	REGENT STREET PRIVATE EQUITY 2007-08							<11.>
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ▶								<11.>

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

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

Social security number or taxpayer identification no.

**WAYNE COUNTY INDIANA FOUNDATION, INC.**

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

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	REGENT STREET PRIVATE EQUITY 2007-08							<155.>
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked)								<155.>

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

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment  
Sequence No. 179

Name(s) shown on return <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	Business or activity to which this form relates <b>FORM 990 PAGE 10</b>	Identifying number <b>** - ***6033</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	<b>1</b>	1,040,000.
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	2,590,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 .....	<b>13</b>	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

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

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2020 .....	<b>17</b>	19,863.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		3,353.	5 YRS.	HY	SL	335.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 30-year	/		30 yrs.	MM	S/L
d 40-year	/		40 yrs.	MM	S/L

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

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	20,198.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

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

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table with 2 columns: Yes, No. Includes rows 37-41.

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

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Form **4797**

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

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

▶ Attach to your tax return.

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

OMB No. 1545-0184

**2020**

Attachment  
Sequence No. **27**

WAYNE COUNTY INDIANA FOUNDATION, INC.

Identifying number

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

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20

1

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)	
	REGENT STREET PRIVATE REAL ESTATE 2008						18.	
	REGENT STREET PRIVATE EQUITY 2007-08						-5.	
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5	
6	Gain, if any, from line 32, from other than casualty or theft						6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7	13.
<b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. <b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.								
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8	840.
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9	0.

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

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):							
11	Loss, if any, from line 7						11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable						12	13.
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16	
17	Combine lines 10 through 16						17	13.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.							
	<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a	
	<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4						18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2020)

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

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

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

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

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

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

Form **4797**

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

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

▶ Attach to your tax return.

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

OMB No. 1545-0184

**2020**

Attachment  
Sequence No. **27**

WAYNE COUNTY INDIANA FOUNDATION, INC.

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

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20

**1**

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	REGENT STREET PRIVATE REAL ESTATE 2008						18.
	REGENT STREET PRIVATE EQUITY 2007-08						-5.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 13.
<b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. <b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 losses from prior years. See instructions <b>SEE STATEMENT 3</b>						8 840.
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 0.

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

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

11	Loss, if any, from line 7						11 ( )
12	Gain, if any, from line 7 or amount from line 8, if applicable						12 13.
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16						17 13.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4						18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2020)

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

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

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

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

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

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



2020

# California Exempt Organization Annual Information Return

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	California corporation number <b>8211793</b>
Additional information. See instructions.	FEIN <b>** - ***6033</b>

Street address (suite or room) <b>33 SOUTH 7TH STREET</b>		PMB no.
City <b>RICHMOND</b>	State <b>IN</b>	ZIP code <b>47374</b>
Foreign country name	Foreign province/state/country	Foreign postal code

<p><b>A</b> First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final information return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                  Enter date: (mm/dd/yyyy)</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p>	<p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>L</b> Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	5,202,103	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received <span style="float: right;">STMT 1</span>	3	4,253,664	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <span style="float: right;">STMT 2</span> <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	9,455,767	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6	2,983,831	00
	7 Total costs. Add line 5 and line 6	7	2,983,831	00
	8 Total gross income. Subtract line 7 from line 4	8	6,471,936	00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	3,809,621	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	2,662,315	00
<b>Filing Fee</b>	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Penalties and Interest. See General Information J	15		00
	16 <b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00

<b>Sign Here</b>	Signature of officer	Title <b>EXECUTIVE DIRE</b>	Date	• Telephone <b>765-962-1638</b>
	Preparer's signature	Date <b>10/29/21</b>	Check if self-employed <input type="checkbox"/>	• PTIN <b>P00517541</b>
<b>Paid Preparer's Use Only</b>	Firm's name (or yours, if self-employed) and address <b>BRADY, WARE &amp; SCHOENFELD, INC. ONE WOODSIDE DRIVE RICHMOND, IN 47374</b>			• Firm's FEIN <b>** - ***6702</b>
				• Telephone <b>(765) 966-0531</b>
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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

028951 12-22-20

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2		00	
	3	Dividends	•	3	1,181,617	00	
	4	Gross rents	•	4	29,844	00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions) <b>STATEMENT 3</b>	•	6	3,348,497	00	
	7	Other income <b>SEE STATEMENT 4</b>	•	7	642,145	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	5,202,103	00	
	9	Contributions, gifts, grants, and similar amounts paid <b>STATEMENT 11</b>	•	9	2,212,467	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees <b>SEE STATEMENT 5</b>	•	11	196,021	00	
	12	Other salaries and wages	•	12	174,192	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	161	00
		14	Taxes	•	14	36,058	00
		15	Rents	•	15	14,102	00
		16	Depreciation and depletion (See instructions)	•	16	20,198	00
		17	Other expenses and disbursements <b>SEE STATEMENT 6</b>	•	17	1,156,422	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,809,621	00

	Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)		
<b>Assets</b>						
1 Cash		1,633,696		•	1,806,397	
2 Net accounts receivable		40		•	53	
3 Net notes receivable				•		
4 Inventories				•		
5 Federal and state government obligations				•		
6 Investments in other bonds				•		
7 Investments in stock				•		
8 Mortgage loans				•		
9 Other investments <b>STMT 7</b>		45,348,774		•	52,029,045	
10 a Depreciable assets	732,957		736,310			
b Less accumulated depreciation	( 493,609	239,348	( 513,807 )		222,503	
11 Land		20,000		•	20,000	
12 Other assets <b>STMT 8</b>		3,269,525		•	5,300,207	
13 <b>Total assets</b>		50,511,383			59,378,205	
<b>Liabilities and net worth</b>						
14 Accounts payable		2,977		•	13,002	
15 Contributions, gifts, or grants payable		221,581		•	181,761	
16 Bonds and notes payable				•		
17 Mortgages payable				•		
18 Other liabilities <b>STMT 9</b>		346,093			349,508	
19 Capital stock or principal fund				•		
20 Paid-in or capital surplus. Attach reconciliation				•		
21 Retained earnings or income fund		49,940,732		•	58,833,934	
22 <b>Total liabilities and net worth</b>		50,511,383			59,378,205	

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	2,662,315
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5		2,662,315
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		2,662,315

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
			2,131,207.
			105,000.
			250,000.
			125,000.
			100,050.
			94,308.
			100,500.
			95,889.
			100,000.
			78,500.
TOTAL INCLUDED ON LINE 3			<u>3,180,454.</u>

WAYNE COUNTY INDIANA FOUNDATION, INC.

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

CA 199

NONCASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 2

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

DATE OF GIFT

TOTAL AMOUNT

FMV OF GIFT

12/08/20

180,541.

180,541.

TOTAL INCLUDED ON LINE 3

180,541.

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CA 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT	3
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	GROSS SALES PRICE
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	
	2,983,831.	0.	0.	3,348,497.
TOTAL TO FORM 199, PAGE 2, LN 6	2,983,831.	0.	0.	3,348,497.

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CA 199	OTHER INCOME	STATEMENT	4
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DESCRIPTION	AMOUNT
MISCELLANEOUS	31,828.
INCOME FROM PARTNERSHIP INVESTMENTS	44,079.
NETWORKING EVENTS	1,300.
ADMINISTRATIVE FEES	564,938.
TOTAL TO FORM 199, PART II, LINE 7	642,145.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	5
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
REBECCA GILLIAM 33 SOUTH 7TH STREET RICHMOND, IN 47374	EXECUTIVE DIRECTOR 40.00	0.	
AMY WALTZ 33 SOUTH 7TH STREET RICHMOND, IN 47374	FINANCE OFFICER 40.00	0.	
AMY NOE-DUDAS 33 SOUTH 7TH STREET RICHMOND, IN 47374	FORMER CHAIR 1.00	0.	
PAMELA ZELAYA-CHEVAZ 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER 1.00	0.	
SUSAN ISAACS 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER 1.00	0.	
EILEEN BAKER WALL 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER 1.00	0.	
BRAD BOWMAN 33 SOUTH 7TH STREET RICHMOND, IN 47374	VICE CHAIR 1.00	0.	
CHAD BOLSER 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER 1.00	0.	
GARRY KLEER 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER 1.00	0.	
VALERIE SHAFFER 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER 1.00	0.	
CHRIS KNIGHT 33 SOUTH 7TH STREET RICHMOND, IN 47374	TREASURER 1.00	0.	

DAVID RODGERS	SECRETARY	0.
33 SOUTH 7TH STREET	1.00	
RICHMOND, IN 47374		
RAY ONTKO	MEMBER	0.
33 SOUTH 7TH STREET	1.00	
RICHMOND, IN 47374		
JOHN WRIGHT	MEMBER	0.
33 SOUTH 7TH STREET	1.00	
RICHMOND, IN 47374		
KEVIN HANDLEY	MEMBER	0.
33 SOUTH 7TH STREET	1.00	
RICHMOND, IN 47374		
BRENDA MCLANE	MEMBER	0.
33 SOUTH 7TH STREET	1.00	
RICHMOND, IN 47374		
ERIC MARSH	CHAIR	0.
33 SOUTH 7TH STREET	1.00	
RICHMOND, IN 47374		
KATHY GIRTEN	MEMBER	0.
33 SOUTH 7TH STREET	1.00	
RICHMOND, IN 47374		
AVIS STEWART	MEMBER	0.
33 SOUTH 7TH STREET	1.00	
RICHMOND, IN 47374		
TOTAL TO FORM 199, PART II, LINE 11		0.

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CA 199	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	AMOUNT
FOUNDATION MANAGEMENT F	544,958.
OTHER EXPENSES	326,702.
TRUSTEE FEES	148,258.
PENSION PLAN CONTRIBUTIONS	4,812.
OTHER EMPLOYEE BENEFITS	22,403.
ACCOUNTING FEES	26,010.
CONFERENCES AND CONVENTIONS	724.
INSURANCE	3,434.
ALL OTHER EXPENSES	79,121.
TOTAL TO FORM 199, PART II, LINE 17	1,156,422.

CA 199	OTHER INVESTMENTS	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ALTERNATIVE INVESTMENTS	3,792,092.	3,596,160.	
OTHER PUBLICLY TRADED SECURITIES	41,556,682.	48,432,885.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	45,348,774.	52,029,045.	

CA 199	OTHER ASSETS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	3,261,477.	5,285,113.	
PREPAID EXPENSES AND DEFERRED CHARGES	8,048.	15,094.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	3,269,525.	5,300,207.	

CA 199	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
LIABILITIES ASSOCIATED WITH SPLIT-INTEREST AGREEMENTS	346,093.	349,508.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	346,093.	349,508.	

CA 199	FUND BALANCES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
NET ASSETS WITHOUT DONOR RESTRICTIONS	45,391,055.	51,832,379.	
NET ASSETS WITH DONOR RESTRICTIONS	4,549,677.	7,001,555.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	49,940,732.	58,833,934.	



<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BOYS AND GIRLS CLUBS OF WAYNE COUNTY	1717 SOUTH L STREET - RICHMOND, IN 47374	NONE	41,825.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BRIGHTER PATH INC.	2778 NORTH TREATY LINE ROAD - CAMBRIDGE CITY, IN 47327	NONE	13,249.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CENTRAL UNITED METHODIST CHURCH	1425 EAST MAIN STREET - RICHMOND, IN 47374	NONE	6,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHILDREN'S JUSTICE AND ADVOCACY CENTER,	PO BOX 2195 - RICHMOND, IN 47375	NONE	15,951.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHRISTIAN CHARITIES OF RICHMOND/WAYNE CO	3121 SOUTHEAST PARKWAY - RICHMOND, IN 47374	NONE	6,868.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CIRCLE U HELP CENTER, INC.	PO BOX 491 - RICHMOND, IN 47375	NONE	22,433.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMMUNITIES IN SCHOOLS OF WAYNE COUNTY	33 SOUTH 7TH STREET - RICHMOND, IN 47374	NONE	40,706.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMMUNITY FOOD PANTRY	PO BOX 1345 - RICHMOND, IN 47375	NONE	5,800.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COPE ENVIRONMENTAL CENTER	1730 AIRPORT ROAD - CENTERVILLE, IN 47330	NONE	38,428.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DUDAS INSPIRATION VENUE FOR THE ARTS	710 E MAIN ST, SUITE 200 - RICHMOND, IN 47374	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EARLHAM COLLEGE	801 NATIONAL ROAD WEST, DRAWER 193 - RICHMOND, IN 47374	NONE	38,094.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EVERY CHILD CAN READ	33 SOUTH SEVENTH STREET - RICHMOND, IN 47374	NONE	36,034.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FIRST ENGLISH LUTHERAN CHURCH	2727 NATIONAL ROAD EAST - RICHMOND, IN 47374	NONE	7,083.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FORT BRAGG AREA COMMUNITY FOUNDATION	PO BOX 74620 - FORT BRAGG, NC 28307	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FRIENDS OF MORRISSON REEVES	80 NORTH 6TH STREET - RICHMOND, IN 47374	NONE	8,524.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GATEWAY HUNGER RELIEF CENTER	711 SHERIDAN STREET - RICHMOND, IN 47374	NONE	16,845.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GENESIS OF RICHMOND, INC.	PO BOX 2430 - RICHMOND, IN 47375	NONE	22,422.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GIRLS, INC. OF WAYNE COUNTY	PO BOX 43 - RICHMOND, IN 47375	NONE	77,260.

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

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GOLAY COMMUNITY CENTER INC.	1007 E MAIN STREET - CAMBRIDGE CITY, IN 47327	NONE	10,802.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HAND-IN-HAND ADULT DAY CARE OF RICHMOND	2727 EAST MAIN STREET - RICHMOND, IN 47374	NONE	27,070.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HAYES ARBORETUM	801 ELKS ROAD - RICHMOND, IN 47374	NONE	19,129.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HELP THE ANIMALS	PO BOX 117 - RICHMOND, IN 47375	NONE	56,745.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HOPE HOUSE	275 GROVE RD - RICHMOND, IN 47374	NONE	9,498.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HUBBARD FUND	240 SOUTH 6TH STREET - RICHMOND, IN 47374	NONE	98,763.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INDEPENDENT LIVING CENTER OF EASTERN IND	129 SOUTH NINTH STREET - RICHMOND, IN 47374	NONE	15,374.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INDIANA STATE MUSEUM AND HISTORIC SITES	650 W WASHINGTON ST - INDIANAPOLIS, IN 46204	NONE	17,468.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
IVY TECH FOUNDATION	2357 CHESTER BOULEVARD - RICHMOND, IN 47374	NONE	37,400.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JUNIOR ACHIEVEMENT OF EASTERN INDIANA	PO BOX 1204 - RICHMOND, IN 47375	NONE	9,016.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MODEL T FORD CLUB OF AMERICA	PO BOX 996 - RICHMOND, IN 47375	NONE	6,105.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MORRISSON-REEVES LIBRARY	80 NORTH 6TH STREET - RICHMOND, IN 47374	NONE	18,712.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEIGHBORHOOD HEALTH CENTER	1010 S 10TH ST - RICHMOND, IN 47374	NONE	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEW COVENANT UNITED METHODIST CHURCH AT	3470 WOODRIDGE DRIVE - THE VILLAGES, FL 32162	NONE	6,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEW GARDEN TOWNSHIP TRUSTEE	PO BOX 231 - FOUNTAIN CITY, IN 47341	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NORTHEASTERN WAYNE SCHOOLS	314 WEST MAIN STREET - FOUNTAIN CITY, IN 47341	NONE	30,338.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OAK PARK CHURCH	1920 CHESTER BOULEVARD - RICHMOND, IN 47374	NONE	11,196.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OPEN ARMS MINISTRIES	PO BOX 1012 - RICHMOND, IN 47375	NONE	12,710.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PETRA PROJECT, INC.	1024 EAST MAIN STREET - RICHMOND, IN 47374	NONE	6,370.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND ART MUSEUM	PO BOX 816 - RICHMOND, IN 47375	NONE	31,335.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND CIVIC THEATRE	1003 EAST MAIN STREET - RICHMOND, IN 47374	NONE	16,769.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND COMMUNITY SCHOOLS	300 HUB ETCHISON PARKWAY - RICHMOND, IN 47374	NONE	70,800.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND DAY NURSERY	300 N 10TH ST - RICHMOND, IN 47374	NONE	6,670.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND FAMILY Y.M.C.A.	1215 SOUTH J STREET - RICHMOND, IN 47374	NONE	8,192.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND FRIENDS SCHOOL	607 WEST MAIN STREET - RICHMOND, IN 47374	NONE	33,021.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND INDIANA PICKLEBALL, INC.	PO BOX 425 - RICHMOND, IN 47375	NONE	9,627.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND NEIGHBORHOOD RESTORATION	PO BOX 144 - RICHMOND, IN 47375	NONE	20,023.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND PARKS AND RECREATION	50 NORTH 5TH STREET - RICHMOND, IN 47374	NONE	52,342.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND SHAKESPEARE FESTIVAL	822 EAST MAIN STREET, SUITE A - RICHMOND, IN 47374	NONE	20,577.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RICHMOND SYMPHONY ORCHESTRA	PO BOX 982 - RICHMOND, IN 47375	NONE	86,432.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SALVATION ARMY	707 S A STREET - RICHMOND, IN 47374	NONE	12,300.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SETON CATHOLIC SCHOOLS	240 SOUTH 6TH STREET - RICHMOND, IN 47374	NONE	54,780.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST. ELIZABETH ANN SETON CATHOLIC PARISH	240 SOUTH 6TH STREET - RICHMOND, IN 47374	NONE	42,174.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST. PAUL'S EVANGELICAL LUTHERAN CHURCH	121 SOUTH 18TH STREET - RICHMOND, IN 47374	NONE	7,661.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
STARR-GENNETT FOUNDATION	33 SOUTH 7TH STREET - RICHMOND, IN 47374	NONE	6,314.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SUNRISE, INC. THERAPEUTIC RIDING CENTER	2670 MINNEMAN RD - RICHMOND, IN 47374	NONE	13,504.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE JOHN CROSLAND SCHOOL	5146 PARKWAY PLAZA BOULEVARD - CHARLOTTE, NC 28217	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TOWNSEND COMMUNITY CENTER, INC.	PO BOX 401 - RICHMOND, IN 47375	NONE	19,076.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNITED WAY OF WHITEWATER VALLEY	129 SOUTH NINTH STREET - RICHMOND, IN 47374	NONE	14,200.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VIRGINIA TECH FOUNDATION, INC.	902 PRICES FORK RD - BLACKSBURG, VA 24061	NONE	7,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WAYNE COUNTY CARDINAL GREENWAY	PO BOX 2411 - RICHMOND, IN 47375	NONE	22,344.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WAYNE COUNTY HISTORICAL MUSEUM	1150 NORTH A STREET - RICHMOND, IN 47374	NONE	39,504.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WAYNE TOWNSHIP TRUSTEE, WAYNE COUNTY	401 EAST MAIN STREET - RICHMOND, IN 47374	NONE	35,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WESTERN WAYNE DOLLARS FOR SCHOLARS	205 EAST PARKWAY DRIVE - CAMBRIDGE CITY, IN 47327	NONE	12,195.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WHITEWATER VALLEY PRO BONO COMMISSION, I	50 NORTH 5TH STREET - RICHMOND, IN 47374	NONE	12,671.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ZION'S LUTHERAN CHURCH	PO BOX 6 - PERSHING, IN 47370	NONE	11,352.

TOTAL FOR THIS ACTIVITY	2,212,467.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	<u>2,212,467.</u>
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Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

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

Corporation name

California corporation number

WAYNE COUNTY INDIANA FOUNDATION, INC.

8211793

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 rows for election details and 13 rows for property descriptions and calculations. Includes columns for description, cost, and elected cost.

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

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Depreciation method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation. Includes a summary row for total depreciation.

Part III Summary

Summary table with 2 rows for total depreciation and adjustment. Includes columns for total depreciation and adjustment amount.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC Section, (f) Period or percentage, (g) Amortization for this year. Includes a summary row for total amortization.

CA 3885		DEPRECIATION				STATEMENT	12
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 BUILDING	07/01/91	175,000.	158,105.	SL	31.50	5,556.	
2 BUILDING IMPROVEMENTS	01/01/92	52,792.	46,857.	SL	31.50	1,676.	
3 BUILDING IMPROVEMENTS	11/01/96	1,663.	963.	SL	39.00	43.	
4 BUILDING IMPROVEMENTS	04/01/02	8,500.	5,141.	SL	31.50	242.	
5 BUILDING IMPROVEMENTS	10/21/05	372,425.	165,518.	SL	31.50	11,823.	
6 BUILDING IMPROVEMENTS	01/31/06	1,976.	1,779.	150DB	15.00	131.	
7 OFFICE FURNITURE	VARIOUS	31,545.	31,545.	200DB	7.00	0.	
8 LAND	07/01/91	20,000.		L		0.	
10 WALL DISPLAY	06/18/10	12,324.	12,324.	SL	7.00	0.	
11 COPIER - USED	02/23/11	800.	800.	SL	5.00	0.	
13 COFFEE MAKER - BRUN	03/17/11	535.	535.	SL	7.00	0.	
14 PHONE SYSTEM - PARALLAX	05/20/11	5,691.	5,691.	SL	5.00	0.	
15 COMPUTER/SMART- UPS & SWITCH	06/30/11	1,863.	1,863.	SL	5.00	0.	
16 PEARL SOFTWARE	03/15/12	52,842.	52,842.	SL	3.00	0.	
17 DELL COMPUTERS	04/26/13	4,611.	4,611.	SL	5.00	0.	
18 REFRIGERATOR	12/23/13	750.	749.	SL	7.00	1.	
19 KYOCERA COLOR PRINTER	05/28/14	749.	749.	SL	5.00	0.	
20 EPSON SCANNER (RACHEL) - BEST BUY	01/06/15	263.	264.	SL	5.00	-1.	
21 DELL SERVER POWEREDGE T320	05/08/15	2,618.	2,620.	SL	5.00	-2.	
22 BUILDING IMPROVEMENTS	05/31/16	4,800.	532.	SL	31.50	152.	
23 DELL INSPIRON 7000 LAPTOP, 2 MONITORS, DOCKING STATION	12/19/19	1,210.	121.	SL	5.00	242.	
24 86" LG DISPLAY AND AIRTAME 2 WIRELESS PRESENTATION SYSTEM & INSTALLA	03/03/20	3,353.		SL	5.00	335.	
TOTAL TO FORM 3885		756,310.	493,609.			20,198.	

TAXABLE YEAR  
**2020**

**California e-file Return Authorization for Exempt Organizations**

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	<b>** - ***6033</b>

**Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts (Form 199, line 4) .....	<b>1</b>	<u>9,455,767</u>
2	Total gross income (Form 199, line 8) .....	<b>2</b>	<u>6,471,936</u>
3	Total expenses and disbursements (Form 199, line 9) .....	<b>3</b>	<u>3,809,621</u>

**Part II Settle Your Account Electronically for Taxable Year 2020**

4	<input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5	Routing number _____		
6	Account number _____	7	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

<b>Sign Here</b>		Date	
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**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>		Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P00517541</b>
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address <b>BRADY, WARE &amp; SCHOENFELD, INC.</b> <b>ONE WOODSIDE DRIVE</b> <b>RICHMOND, IN</b>				Firm's FEIN <b>** - ***6702</b>  ZIP code <b>47374</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b>		Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN	
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address _____				Firm's FEIN  ZIP code

Form at bottom of page.

Installment 1 - File and Pay by the 15th day of the 4th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day. If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2021 Form 100-ES" on the check or money order. Detach form below. Enclose, but do not staple, the payment with this form and mail to: FRANCHISE TAX BOARD, PO BOX 942857, SACRAMENTO CA 94257-0531. Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

WORKSHEET FOR COMPUTATION OF ESTIMATED TAX (Complete and retain for your files)

Table with 2 columns: Description and Amount. Rows include: 1. Estimated Income, 2. Tax - Amount on line 1 X, 3. Tax Credits, 4. Balance (subtract line 3 from line 2) (not less than minimum tax, if applicable), 5. Other taxes, 6. Total estimated tax - Add lines 4 and 5 (not less than minimum tax, if applicable) ADJUSTED TO: 1,946, 7. Overpayment on prior year return designated to be credited to this estimate, 8. Amount already paid towards estimated tax 1,946, 9. Net estimated tax.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE ----- Caution: The corporation may be required to pay electronically. See instructions.

TAXABLE YEAR

2021

Corporation Estimated Tax

Installment 1 CALIFORNIA FORM 100-ES

0000000 \*\* - \*\*\*6033 8211793 21 FORM 2 TYB 01-01-2021 TYE 12-31-2021 WAYNE COUNTY INDIANA FOUNDATION INC

33 SOUTH 7TH STREET RICHMOND

IN 47374

EST TAX AMT

QSUB TAX AMT

TOTAL PAYMENT AMT





Form at bottom of page.

**Installment 4 -** File and Pay by the 15th day of the 12th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.  
**If no payment is due, do not mail this form.**

**DO NOT FILE**

**WHERE TO FILE:** Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2021 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**ONLINE SERVICES:** Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----  
**Caution:** The corporation may be required to pay electronically. See instructions.

TAXABLE YEAR

**Installment 4**  
CALIFORNIA FORM

**2021**

**Corporation Estimated Tax**

**100-ES**

0000000 WAYN \*\*-\*\*\*6033 8211793 21 FORM 2  
TYB 01-01-2021 TYE 12-31-2021  
WAYNE COUNTY INDIANA FOUNDATION INC

33 SOUTH 7TH STREET  
RICHMOND IN 47374

**DO NOT FILE**

EST TAX AMT QSUB TAX AMT TOTAL PAYMENT AMT

**California Exempt Organization  
Business Income Tax Return**

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

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

California corporation number  
**8211793**

Additional information. See instructions.

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

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

PMB no.

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

State  
**IN**

ZIP code  
**47374**

Foreign country name

Foreign province/state/county

Foreign postal code

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

<b>Taxable Corporation</b>	1	Unrelated business taxable income from Side 2, Part II, line 30	•	1	30,048	00
	2	Mult. In 1 by the avg. apport. pctg <b>40.2785%</b> from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	•	2	12,103	00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	•	3	12,103	00
<b>Taxable Trust</b>	4	Unrelated business taxable income from Side 2, Part II, line 30	•	4		00
<b>Tax Computation</b>	5	Unrelated business taxable income from line 3 or line 4	•	5	12,103	00
	6	EZ, LAMBRA, or TTA NOL carryover deduction	•	6		00
	7	Net Operating Loss deduction. See General Information N	•	7		00
	8	Add line 6 and line 7	•	8		00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	•	9	12,103	00
	10	Tax <b>8.84%</b> x line 9. See General Information J	•	10	1,070	00
	11	Tax credits from Schedule B. See instructions	•	11		00
<b>Total Tax</b>	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	•	12	1,070	00
	13	Alternative minimum tax. See General Information O	•	13		00
	14	Total tax. Add line 12 and line 13	•	14	1,070	00
<b>Payments</b>	15	Overpayment from a prior year allowed as a credit	•	15		00
	16	2020 estimated tax payments. See instructions	•	16	2,780	00
	17	Withholding (Form 592-B and/or 593). See instructions	•	17	5,482	00
	18	Amount paid with extension (form FTB 3539)	•	18		00
	19	Total payments and credits. Add line 15 through line 18	•	19	8,262	00
<b>Use Tax/Tax Due/Overpayment</b>	20	Use tax. See instructions	•	20		00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	•	21	8,262	00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	•	22		00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	•	23		00
	24	Overpayment. Subtract line 14 from line 21. See instructions	•	24	7,192	00
	25	Enter amount of line 24 to be applied to 2021 estimated tax	•	25		00

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	• 26	7,192	00
	a Fill in the account information to have the refund directly deposited. Routing number	• 26a		
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	• 26c		
	27 Penalties and interest. See General Information M	• 27		00
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806			
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	• 29		00

**Unrelated Business Taxable Income**

**Part I Unrelated Trade or Business Income**

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	• 1c		00
2 Cost of goods sold and/or operations (Schedule A, line 7)			• 2		00
3 Gross profit. Subtract line 2 from line 1c			• 3		00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			• 4a		00
b Net gain (loss) from Part II, Schedule D-1			• 4b		00
c Capital loss deduction for trusts			• 4c		00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	SEE STATEMENT 13		• 5	44,066	00
6 Rental income (Schedule C)			• 6		00
7 Unrelated debt-financed income (Schedule D)			• 7		00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			• 8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			• 9		00
10 Exploited exempt activity income (Schedule G)			• 10		00
11 Advertising income (Schedule H, Part III, Column A)			• 11		00
12 Other income. Attach schedule			• 12		00
13 Total unrelated trade or business income. Add line 3 through line 12			• 13	44,066	00

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

14 Compensation of officers, directors, and trustees from Schedule I		• 14		00
15 Salaries and wages		• 15		00
16 Repairs		• 16		00
17 Bad debts		• 17		00
18 Interest		• 18		00
19 Taxes	SEE STATEMENT 14	• 19	5,105	00
20 Contributions		• 20		00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	• 21a		00	
b Less: depreciation claimed on Schedule A	• 21b		00	
22 Depletion		• 22		00
23 a Contributions to deferred compensation plans		• 23a		00
b Employee benefit programs		• 23b		00
24 Other deductions	SEE STATEMENT 15	• 24	7,913	00
25 Total deductions. Add line 14 through line 24		• 25	13,018	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		• 26	31,048	00
27 Excess advertising costs (Schedule H, Part III, Column B)		• 27		00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26		• 28	31,048	00
29 Specific deduction		• 29	1,000	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28		• 30	30,048	00

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131. To request this notice by mail, call 800.852.5711.

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

Sign Here	Signature of officer	Title <b>EXECUTIVE DIRECTOR</b>	Date	• Telephone 765-962-1638
	Preparer's signature	Date 10/29/21	Check if self-employed <input type="checkbox"/>	• PTIN P00517541
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	• Firm's FEIN ** - *** 6702		• Telephone (765) 966-0531
	May the FTB discuss this return with the preparer shown above? See instructions			• <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Method of inventory valuation (specify)

N/A

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

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

**Schedule B Tax Credits.**

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

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

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

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

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

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total sales	63,766	25,684	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			40.2785%

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

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

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

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

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

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





CA 109	INCOME OR (LOSS) FROM PARTNERSHIPS, LIMITED LIABILITY COMPANIES OR S CORPORATIONS	STATEMENT 13
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DESCRIPTION	AMOUNT
REGENT STREET PRIVATE REAL ESTATE 2008 - ORDINARY BUSINESS INCOME (LOSS)	-3.
REGENT STREET PRIVATE REAL ESTATE 2008 - NET RENTAL REAL ESTATE INCOME	-4.
REGENT STREET PRIVATE EQUITY 2007-08 - ORDINARY BUSINESS INCOME (LOSS)	-205.
REGENT STREET PRIVATE EQUITY 2007-08 - OTHER NET RENTAL INCOME (LOSS)	3.
REGENT STREET PRIVATE EQUITY 2007-08 - INTEREST INCOME	21.
REGENT STREET PRIVATE EQUITY 2007-08 - OTHER INCOME (LOSS)	-21.
REGENT STREET ENERGY OPPORTUNITIES Q, LLC - ORDINARY BUSINESS INCOME (LOSS)	53,484.
REGENT STREET ENERGY OPPORTUNITIES Q, LLC - ORDINARY BUSINESS INCOME (LOSS)	-19,850.
REGENT STREET SPECIALTY FINANCE FUND VP 2016-1 LLC - ORDINARY BUSINESS INCOM	10,641.
TOTAL TO FORM 109, PAGE 2, LINE 5	44,066.

CA 109	TAXES PAID	STATEMENT 14
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DESCRIPTION	AMOUNT
INDIANA ESTIMATES	1,579.
CALIFORNIA	2,780.
CA BALANCE DUE	746.
TOTAL TO FORM 109, PAGE 2, LINE 19	5,105.

CA 109	OTHER DEDUCTIONS	STATEMENT 15
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DESCRIPTION	AMOUNT
TRUSTEE FEES	7,413.
TAX PREPARATION	500.
TOTAL TO FORM 109, PAGE 2, LINE 24	7,913.



TAXABLE YEAR

2020

Sales of Business Property

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

CALIFORNIA SCHEDULE

D-1

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

Name(s) as shown on tax return

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

8211793

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

WAYNE COUNTY INDIANA FOUNDATION, INC.

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

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

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on federal Form 1099-S, Proceeds From Real Estate Transactions (or a substitute statement), that you will be including on line 2 or line 10, column (d), or on line 23

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (Loss) Subtract (f) from the sum of (d) and (e). Includes entry for STATEMENT 16 with a total gain of 13.

3 Gain, if any, from federal Form 4684, line 39
4 IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37
5 IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)
6 Gain, if any, from line 35, from other than casualty and theft
7 Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows: 13

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

8 Nonrecaptured net IRC Section 1231 losses from prior years. Enter as a positive number. See instructions
9 Subtract line 8 from line 7. If zero or less, enter -0- 13

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

Part II Section A - Ordinary Gains and Losses

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

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

18 For all except individual tax returns, enter the amount from line 17 on the appropriate line of your tax return and skip line a and line b below. For individual tax returns, complete line a and line b below: see instructions.
a If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii) of line 30 or line 35, enter that part of the loss here. See instructions
b Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on line 20

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

Table with 3 columns: Line number, Description, and Input field. Lines 19-21 cover adjusting California ordinary gain or loss.

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

Main table for Part III with columns for Description, Date acquired, Date sold, and Property A-D. Includes lines 22-32 for various property types.

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

Summary table with 3 columns: Line number, Description, and Input field. Lines 33-35 summarize gains.

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

Table with 3 columns: Line number, Description, and Input field. Lines 36-38 cover recapture amounts.

SCHEDULE D-1 PROPERTY HELD MORE THAN ONE YEAR STATEMENT 16

PROPERTY DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR. ALLOWED	COST OR BASIS	GAIN OR (LOSS)
REGENT STREET PRIVATE REAL ESTATE 2008						18.
REGENT STREET PRIVATE EQUITY 2007-08						-5.
TOTAL TO SCH D-1, PART I, LINE 2						13.

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

**REBECCA S. GILLIAM**

- 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year **2020** or  
 ►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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

**NP-20**

State Form 51062  
(R11 / 8-20)

Indiana Department of Revenue  
**Indiana Nonprofit Organization's Annual Report  
For the Calendar Year or Fiscal Year**

Beginning    and Ending

Place "X" in box 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  Telephone Number

Address  County  Indiana Taxpayer Identification Number

City  State  ZIP Code  Federal Employer Identification Number

Printed Name of Person to Contact  Contact's Telephone Number

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. Indicate number of years your organization has been in continuous existence: 42
2. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of importance? If yes, attach a detailed description of changes.
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

SEE STATEMENT 1  
\_\_\_\_\_  
\_\_\_\_\_

Email Address:

*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.*

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

\_\_\_\_\_  
Name of Person(s) to Contact 765 962 1638 Daytime Telephone Number



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NP-20

STATEMENT 1

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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.

FORM NP-20

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 2

NAME AND ADDRESS	TITLE
REBECCA GILLIAM 33 SOUTH 7TH STREET RICHMOND, IN 47374	EXECUTIVE DIRECTOR
AMY WALTZ 33 SOUTH 7TH STREET RICHMOND, IN 47374	FINANCE OFFICER
AMY NOE-DUDAS 33 SOUTH 7TH STREET RICHMOND, IN 47374	FORMER CHAIR
PAMELA ZELAYA-CHEVAZ 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
SUSAN ISAACS 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
EILEEN BAKER WALL 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
BRAD BOWMAN 33 SOUTH 7TH STREET RICHMOND, IN 47374	VICE CHAIR
CHAD BOLSER 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
GARRY KLEER 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
VALERIE SHAFFER 33 SOUTH 7TH STREET RICHMOND, IN 47374	MEMBER
CHRIS KNIGHT 33 SOUTH 7TH STREET RICHMOND, IN 47374	TREASURER
DAVID RODGERS 33 SOUTH 7TH STREET RICHMOND, IN 47374	SECRETARY

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RAY ONTKO	MEMBER
33 SOUTH 7TH STREET	
RICHMOND, IN 47374	
JOHN WRIGHT	MEMBER
33 SOUTH 7TH STREET	
RICHMOND, IN 47374	
KEVIN HANDLEY	MEMBER
33 SOUTH 7TH STREET	
RICHMOND, IN 47374	
BRENDA MCLANE	MEMBER
33 SOUTH 7TH STREET	
RICHMOND, IN 47374	
ERIC MARSH	CHAIR
33 SOUTH 7TH STREET	
RICHMOND, IN 47374	
KATHY GIRTEN	MEMBER
33 SOUTH 7TH STREET	
RICHMOND, IN 47374	
AVIS STEWART	MEMBER
33 SOUTH 7TH STREET	
RICHMOND, IN 47374	

**EXTENSION REQUEST FOR INDIANA FORM IT-20NP**  
**Application for Automatic Extension of Time To File an**  
**Exempt Organization Return**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

**REBECCA S. GILLIAM**

- 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	2,455.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

# FOR YOUR RECORDS DO NOT FILE

050451 06-18-20

Cut on line before mailing

IT-6 0812

**6**

Printed Name of Officer

Title

Federal ID Number

Due Date

Signature of Officer

Title

Date

Daytime Phone #

Voucher Number

Calendar or Fiscal Year Ending

1

Enter Total Tax Below

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

083514060330000030070000110190000005

# FOR YOUR RECORDS

## DO NOT FILE

050451 06-18-20

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IT-6 0812

**6**

Printed Name of Officer

Title

Federal ID Number

Due Date

Signature of Officer

Title

Date

Daytime Phone #

Voucher Number

Calendar or Fiscal Year Ending

Enter Total Tax Below

2

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

# FOR YOUR RECORDS

## DO NOT FILE

050451 06-18-20

Cut on line before mailing

IT-6 0812

**6**

Printed Name of Officer

Title

Federal ID Number

Due Date

Signature of Officer

Title

Date

Daytime Phone #

Voucher Number

Calendar or Fiscal Year Ending

Enter Total Tax Below

3

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

FOR YOUR RECORDS  
DO NOT FILE

050451 06-18-20

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IT-6 0812

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

6

REBECCA GILLIAM EXECUTIVE DIRECT  
Printed Name of Officer Title

Federal ID Number

Due Date

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

12 20 2021

EXECUTIVE DIRECT  
Signature of Officer Title

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

Voucher Number

Calendar or Fiscal Year Ending

4

DEC 2021

Enter Total Tax Below

0.00

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

083514060330000030070000410190000004

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

Calendar Year Ending December 31, 2020 or

Fiscal Year Beginning   2020 and Ending

Check box if amended.

Check box if name changed.

Name of Organization <b>WAYNE COUNTY INDIANA FOUNDATION INC</b>				Federal Employer Identification Number <b>** - *** 6033</b>	
Number and Street <b>33 SOUTH 7TH STREET</b>			Principal Business Activity Code <b>531120</b>		Foreign Country 2-Character Code
City <b>RICHMOND</b>		State <b>IN</b>	ZIP Code <b>47374</b>	2-Digit County Code	Telephone Number <b>765 962 1638</b>
<b>K</b> Check all boxes that apply: Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> In Bankruptcy <input type="checkbox"/> Schedule M <input type="checkbox"/> <b>L</b> Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>M</b> Check the box if entity has multiple unrelated trades or businesses (see instructions) <input type="checkbox"/>					

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

1. Unrelated business taxable income before NOL deduction from federal Form 990-T. Use a minus sign for negative amounts. Attach Form 990-T .....	1	3106100
2. Specific deduction (generally \$1,000; see instructions) .....	2	100000
3. Subtract line 2 from line 1 .....	3	3006100
<b>Modifications (use a minus sign for negative amounts)</b>		
4. Enter name of add-back or deduction <u>CERTAIN TAXES DE</u> Code No. <u>100</u> .....	4	510500
5. Enter name of add-back or deduction _____ Code No. _____ .....	5	00
6. Enter name of add-back or deduction _____ Code No. _____ .....	6	00
7. Enter name of add-back or deduction _____ Code No. _____ .....	7	00
8. Unrelated business income: add or subtract lines 3 through 7. If not apportioning, enter same amount on line 10 .....	8	3516600
9. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E apportionment (enclose schedule) .....	9	%
10. Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise, enter line 8 amount) .....	10	3516600
11. Enter Indiana Net Operating Loss deduction. Enclose Schedule IT-20NOL .....	11	00
12. Taxable Indiana unrelated business income (subtract line 11 from line 10) .....	12	3516600
13. Taxable income from other forms (Form 1120-POL) .....	13	00
14. Subtotal (add lines 12 and 13) .....	14	3516600
15. Indiana tax on unrelated business income (multiply line 14 by tax rate; see instructions for line 15) .....	15	188800
16. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet .....	16	00
17. Total tax due (add lines 15 and 16) .....	17	188800
<b>Credit for Estimated Tax and Other Payments</b>		
18. Quarterly estimated tax paid: Qtr. 1 <u>390</u> Qtr. 2 <u>390</u> Qtr. 3 <u>390</u> Qtr. 4 <u>409</u> Enter total .....	18	157900
19. Amount paid with extension .....	19	00
20. Amount of overpayment credit (from tax year ending <u>12 31 19</u> ) .....	20	96100
21. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE) .....	21	00
22. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R) .....	22	00
23. Enter credits from the Offset Credits Schedule, line 2 .....	23	000
24. Certified credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return .....	24	00
25. Total credits (add lines 18-24) .....	25	254000
26. Balance of tax due (line 17 minus line 25) .....	26	000
27. Penalty for the underpayment of income tax. Attach Schedule IT-2220 .....	27	00
<input type="checkbox"/> Check box if using annualization method		
28. Interest: If payment is made after the original due date, compute interest .....	28	00
29. Penalty: If paid late, enter 10% of line 26; see instructions. If line 17 is zero, enter \$10 per day filed past due date .....	29	00
30. Total payment due (add lines 26-29). (Payment must be made in U.S. funds) PAY THIS AMOUNT .....	30	00
31. Total overpayment (line 25 minus lines 17 and 27-29) .....	31	65200
32. Amount of line 31 to be refunded .....	32	65200
33. Amount of line 31 to be applied to the following year's estimated tax account .....	33	00



**1. Offset Credits Schedule**

a. Enter credit name	<input type="text"/>	code no.	<input type="text"/>	1a	<input type="text"/>	.00
b. Enter credit name	<input type="text"/>	code no.	<input type="text"/>	1b	<input type="text"/>	.00
c. Enter credit name	<input type="text"/>	code no.	<input type="text"/>	1c	<input type="text"/>	.00
d. Enter credit name	<input type="text"/>	code no.	<input type="text"/>	1d	<input type="text"/>	.00
e. Enter credit name	<input type="text"/>	code no.	<input type="text"/>	1e	<input type="text"/>	.00
2. Add lines 1a through 1e. Enter total here and on Form IT-20NP, line 23				2	<input type="text"/>	.00

**Important:** The total of lines 1a through 1e cannot be greater than the Indiana tax on unrelated business income as found on Form IT-20NP, line 15 (see instructions).

**REBECCA S GILLIAM**  
 Personal Representative's Name (Print or Type)

**REBECCA@WAYNECOUNTYFOUNDATION.ORG**  
 Personal Representative's Email Address

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

**P00517541**  
 PTIN

Signature of Corporate Officer \_\_\_\_\_ Date \_\_\_\_\_

**REBECCA GILLIAM**                      **EXECUTIVE**  
 Print or Type Name of Corporate Officer                      Title

Signature of Paid Preparer \_\_\_\_\_ Date **10 29 21**

**TRACY A HAINES**  
 Print or Type Name of Paid Preparer

**765 966 0531**  
 Telephone Number

**ONE WOODSIDE DRIVE**  
 Address

**RICHMOND**  
 City

**IN**                                      **47374**  
 State                                      ZIP Code +4

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

