

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

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>35-1406033</b>	
	Doing business as		<b>E</b> Telephone number <b>765-962-1638</b>	
	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>G</b> Gross receipts \$ <b>16,583,586.</b>	
	<b>F</b> Name and address of principal officer: <b>STEPHEN C. BORCHERS</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.WAYNECOUNTYFOUNDATION.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1978** **M** State of legal domicile: **IN**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ATTRACT, RECEIVE, HOLD AND DISTRIBUTE CONTRIBUTED FUNDS FOR THE BENEFIT OF WAYNE COUNTY, IN.</b>		
	<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>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>70</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>735.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-6,653.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,797,253.</b>	<b>990,223.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>504,825.</b>	<b>495,886.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>895,492.</b>	<b>1,367,012.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>67,199.</b>	<b>64,366.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,264,769.</b>	<b>2,917,487.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>1,652,907.</b>	<b>1,767,460.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>370,628.</b>	<b>382,559.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>137,363.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>846,621.</b>	<b>810,184.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,870,156.</b>	<b>2,960,203.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>394,613.</b>	<b>-42,716.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>36,330,693.</b>	<b>37,641,221.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,640,760.</b>	<b>1,394,341.</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		Date		
	<b>STEPHEN C. BORCHERS, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>SUZANNE K. MILLER CPA</b>		<b>10/31/17</b>	<input type="checkbox"/>	<b>P00452655</b>
Firm's name ▶ <b>BRADY, WARE &amp; SCHOENFELD, INC.</b>			Firm's EIN ▶ <b>35-1476702</b>		
Firm's address ▶ <b>ONE WOODSIDE DRIVE</b> <b>RICHMOND, IN 47374</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 No

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

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

4a (Code: ) (Expenses \$ 1,220,723. including grants of \$ 1,220,723. ) (Revenue \$ 378,626. ) GRANTMAKING: THE WAYNE COUNTY FOUNDATION ADMINISTERS 321 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 \$ 546,737. including grants of \$ 546,737. ) (Revenue \$ 117,260. ) SCHOLARSHIPS: THE WAYNE COUNTY FOUNDATION ADMINISTERS 133 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 \$ 293,087. including grants of \$ ) (Revenue \$ 39,596. ) COMMUNITY DEVELOPMENT: THE FOUNDATION SUPPORTS OR PROVIDES A NUMBER OF PROGRAMS THAT REPRESENT SPECIFIC INITIATIVES TO HELP MOVE THE COMMUNITY FORWARD. THESE INCLUDE WORKSHOPS AND SEMINARS TO HELP BUILD CAPACITY IN THE NOT-FOR-PROFIT COMMUNITY; PROGRAMS DESIGNED TO FOSTER THE ENTREPRENEURIAL SPIRIT IN YOUNG CHILDREN; AND FOUNDATION-DIRECTED INITIATIVES TO HELP PROMOTE WOMEN'S PHILANTHROPY AND LEADERSHIP DEVELOPMENT. THE FOUNDATION ALSO USES DISCRETIONARY DOLLARS TO FUND STUDIES AND SUPPORT OTHER OPPORTUNITIES THAT HELP THE COMMUNITY REALIZE A HIGHER QUALITY OF LIFE FOR ALL.

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

4e Total program service expenses 2,060,547.

**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> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	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> .....		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> .....		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> .....		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> .....	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> .....		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> .....		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> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	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> .....	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> .....	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> .....		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> .....		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> .....	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> .....	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> .....		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> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		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> .....		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> .....		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> .....		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> .....		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> .....	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> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<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> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRIS HARDIE MEMBER	1.00	X						0.	0.	0.
(2) DARLA LANE CHAIR	1.00	X		X				0.	0.	0.
(3) JILL KING SECRETARY	1.00	X		X				0.	0.	0.
(4) JOHN ZETZL VICE CHAIR	1.00	X		X				0.	0.	0.
(5) J. ROGER GREEN MEMBER	1.00	X						0.	0.	0.
(6) JIM TANNER MEMBER	1.00	X						0.	0.	0.
(7) LEN CLARK MEMBER	1.00	X						0.	0.	0.
(8) STEVE HIGINBOTHAM MEMBER	1.00	X						0.	0.	0.
(9) BONITA WASHINGTON-LACEY MEMBER	1.00	X						0.	0.	0.
(10) AMY NOE-DUDAS MEMBER	1.00	X						0.	0.	0.
(11) PAMELA HANCOCK MEMBER	1.00	X						0.	0.	0.
(12) SUSAN ISAACS TREASURER	1.00	X		X				0.	0.	0.
(13) EILEEN BAKER WALL MEMBER	1.00	X						0.	0.	0.
(14) MARK SOUKUP MEMBER	1.00	X						0.	0.	0.
(15) BRAD BOWMAN MEMBER	1.00	X						0.	0.	0.
(16) CHAD BOLSER MEMBER	1.00	X						0.	0.	0.
(17) GARRY KLEER MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) VALERIE SHAFFER MEMBER	1.00	X						0.	0.	0.
(19) STEVE BORCHERS EXECUTIVE DIRECTOR	40.00			X				90,734.	0.	16,436.
(20) AMY WALTZ FINANCE OFFICER	40.00			X				57,449.	0.	11,456.
<b>1b Sub-total</b>								148,183.	0.	27,892.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								148,183.	0.	27,892.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<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>	18,150.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	972,073.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		229,874.				
	<b>h Total.</b> Add lines 1a-1f		990,223.				
<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATIVE FEES	<b>Business Code</b>	900099	495,886.	495,886.		
	<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		495,886.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,128,939.		1,128,939.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	27,344.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	0.				
		<b>c</b> Rental income or (loss)	27,344.				
	<b>d</b> Net rental income or (loss)		27,344.			27,344.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	13,892,933.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	13,654,860.				
		<b>c</b> Gain or (loss)	238,073.				
	<b>d</b> Net gain or (loss)		238,073.			238,073.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 18,150. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	7,930.				
		<b>b</b> Less: direct expenses	11,239.				
<b>c</b> Net income or (loss) from fundraising events			-3,309.			-3,309.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS	900099	26,447.	26,447.				
<b>b</b> NETWORKING EVENTS	900099	13,149.	13,149.				
<b>c</b> INCOME FROM PARTNERSHIP INVESTMEN	900099	735.		735.			
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d		40,331.					
<b>12 Total revenue.</b> See instructions.		2,917,487.	535,482.	735.	1,391,047.		

**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	1,220,723.	1,220,723.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	546,737.	546,737.		
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	176,075.	42,868.	101,056.	32,151.
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	152,890.	43,299.	56,975.	52,616.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,376.	1,507.	933.	1,936.
9 Other employee benefits	26,603.	8,131.	7,974.	10,498.
10 Payroll taxes	22,615.	5,711.	10,974.	5,930.
11 Fees for services (non-employees):				
a Management				
b Legal	3,065.		3,065.	
c Accounting	20,300.		20,300.	
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	18,597.		18,597.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,532.	73.	1,459.	
20 Interest	1,593.		1,593.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,030.		24,030.	
23 Insurance	2,526.		2,526.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>FOUNDATION MANAGEMENT F</b>	478,831.		478,831.	
b <b>TRUSTEE FEES</b>	137,753.	137,753.		
c <b>OTHER EXPENSES</b>	46,784.	43,314.	3,470.	
d <b>DONOR CULTIVATION</b>	14,409.			14,409.
e All other expenses	60,764.	10,431.	30,510.	19,823.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	2,960,203.	2,060,547.	762,293.	137,363.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4.	<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	1,136,106.	<b>2</b>	922,822.
	<b>3</b> Pledges and grants receivable, net .....	502,840.	<b>3</b>	5,635.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	22.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	598.	<b>9</b>	572.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 751,747.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 430,283.	340,694.	<b>10c</b> 321,464.
	<b>11</b> Investments - publicly traded securities .....	26,486,999.	<b>11</b>	30,982,387.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	7,863,452.	<b>12</b>	5,408,319.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	36,330,693.	<b>16</b>	37,641,221.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,220.	<b>17</b>	9,223.
	<b>18</b> Grants payable .....	425,366.	<b>18</b>	321,225.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	31,851.	<b>24</b>	24,003.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,178,323.	<b>25</b>	1,039,890.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,640,760.	<b>26</b>	1,394,341.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	33,617,052.	<b>27</b>	35,866,889.
	<b>28</b> Temporarily restricted net assets .....	1,012,881.	<b>28</b>	197,964.
	<b>29</b> Permanently restricted net assets .....	60,000.	<b>29</b>	182,027.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	34,689,933.	<b>33</b>	36,246,880.
	<b>34</b> Total liabilities and net assets/fund balances .....	36,330,693.	<b>34</b>	37,641,221.

**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	2,917,487.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,960,203.
3	Revenue less expenses. Subtract line 2 from line 1	3	-42,716.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,689,933.
5	Net unrealized gains (losses) on investments	5	1,512,000.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	87,663.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	36,246,880.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,039,359.	3,370,355.	3,134,388.	1,797,253.	990,223.	10,331,578.
<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 .....	1,039,359.	3,370,355.	3,134,388.	1,797,253.	990,223.	10,331,578.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						2,566,114.
<b>6 Public support.</b> Subtract line 5 from line 4.						7,765,464.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	1,039,359.	3,370,355.	3,134,388.	1,797,253.	990,223.	10,331,578.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	636,606.	780,200.	833,874.	1,056,708.	1,156,279.	4,463,667.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...			7,744.	4,083.	735.	12,562.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	386,708.	424,683.	472,761.	504,825.	495,886.	2,284,863.
<b>11 Total support.</b> Add lines 7 through 10						17,092,670.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	45.43 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	50.58 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

**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.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2016**

Name of the organization

WAYNE COUNTY INDIANA FOUNDATION, INC.

Employer identification number

35-1406033

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	Employer identification number <b>35-1406033</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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>26,675.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>61,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>21,650.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>20,023.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>22,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>25,000.</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>35-1406033</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	_____ _____ _____	\$ <u>104,986.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>48,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>25,864.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>168,853.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ <u>50,000.</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>35-1406033</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
13	<hr/> <hr/> <hr/>	\$ 25,434.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 43,963.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	Employer identification number  <b>35-1406033</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
9	176 SHS ANADARKO PETROLEUM; 300 SHS GE; 86 SHS ANADARKO PETROLEUM	\$ 25,864.	11/30/10
10	436 SHS BECTON DICKINSON; 800 SHS REYNOLDS AMERICAN; 800 SHS SNYDERS-LANCE ; 1,263 SHS MEDIA GEN	\$ 168,853.	12/15/16
13	625 SHS US BANCORP	\$ 25,434.	07/12/16
		\$	
		\$	
		\$	

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

**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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.**

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	40	
2 Aggregate value of contributions to (during year) .....	349,750.	
3 Aggregate value of grants from (during year) .....	272,466.	
4 Aggregate value at end of year .....	1,275,803.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2016

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	32,167,061.	33,651,524.	31,093,060.	26,105,238.	23,998,842.
b Contributions	419,697.	1,150,888.	1,729,212.	2,729,950.	474,174.
c Net investment earnings, gains, and losses	2,836,443.	-972,768.	1,748,316.	3,673,483.	2,826,307.
d Grants or scholarships	1,257,039.	886,317.	217,731.	967,149.	752,406.
e Other expenditures for facilities and programs	43,570.	145,210.	124,428.	-80,150.	-39,838.
f Administrative expenses	608,166.	631,056.	576,905.	528,612.	481,517.
g End of year balance	33,514,426.	32,167,061.	33,651,524.	31,093,060.	26,105,238.

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

- a Board designated or quasi-endowment  98.93 %
- b Permanent endowment  .54 %
- c Temporarily restricted endowment  .53 %

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,000.		20,000.
b Buildings		617,156.	320,033.	297,123.
c Leasehold improvements				
d Equipment				
e Other		114,591.	110,250.	4,341.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				321,464.

**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 .....	15,057.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) ALTERNATIVE INVESTMENTS	5,393,262.	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>5,408,319.</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	1,039,890.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>1,039,890.</b>

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	4,299,352.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,512,000.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-51,146.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,460,854.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,838,498.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	78,989.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	78,989.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,917,487.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,835,426.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	11,239.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	11,239.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,824,187.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	136,016.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	136,016.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,960,203.

**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, 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST AGREEMENTS -51,146.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FAS 136 ADJUSTMENT 90,228.

FUNDRAISING EXPENSES -11,239.

ROUNDING

TOTAL TO SCHEDULE D, PART XI, LINE 4B 78,989.

**Part XIII** Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES ON PAGE 9 11,239.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FAS 136 136,019.

ROUNDING -3.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 136,016.



SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization WAYNE COUNTY INDIANA FOUNDATION, INC.

Employer identification number 35-1406033

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 main columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BLOOM AND GLOW (event type)	(event type)	NONE (total number)	
	<b>1</b> Gross receipts .....	26,080.			26,080.
	<b>2</b> Less: Contributions .....	18,150.			18,150.
	<b>3</b> Gross income (line 1 minus line 2) .....	7,930.			7,930.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	11,239.			11,239.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				11,239.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-3,309.

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** Supplemental Information (continued)

[This section contains 27 horizontal lines for providing supplemental information.]

**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.

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

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

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" 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 800 MENDELSON DR. RICHMOND, IN 47374	35-1005528	501(C)3	13,465.	0.			2016 SPRING GRANT CYCLE TO PURCHASE BOOKS AND TOYS FOR 300 CHILDREN; 2016 CHALLENGE MATCH
AMIGOS/COMMUNITY ACTION OF CENTRAL INDIANA - 855 NORTH 12TH STREET - RICHMOND, IN 47374	80-0636080	501(C)3	8,185.	0.			2016 CHALLENGE MATCH PROGRAM
BIRTH-TO-FIVE, INC 315 NORTHWEST THIRD STREET RICHMOND, IN 47374	35-1843800	501(C)3	15,055.	0.			2016 CHALLENGE MATCH PROGRAM; DONOR ADVISED GRANTS; DISTRIBUTION FROM EARLY CHILDHOOD LITERACY
BOYS AND GIRLS CLUBS OF WAYNE COUNTY - 1717 SOUTH L STREET - RICHMOND, IN 47374	35-1065715	501(C)3	22,779.	0.			2016 SPRING GRANT CYCLE TO PURCHASE DISHWASHER AND WATER SOFTENER SYSTEM; 2016 CHALLENGE
CENTERSTONE PO BOX 487 RICHMOND, IN 47375	35-1065170	501(C)3	11,000.	0.			2016 SPRING GRANT CYCLE TO PURCHASE MATERIALS AND SUPPLIES; DISTRIBUTION FROM WOMEN'S FUND 2016
CHILDREN'S JUSTICE AND ADVOCACY CENTER INC - PO BOX 2195 - RICHMOND, IN 47375	16-1637581	501(C)3	13,540.	0.			2016 CHALLENGE MATCH PROGRAM; GRANT FROM WOMEN'S FUND; DONOR ADVISED GRANTS; 2016

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 57.

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

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

Schedule I (Form 990) (2016)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN CHARITIES 3121 SOUTHEAST PARKWAY RICHMOND, IN 47374	20-0850936	501(C)3	10,928.	0.			2016 SPRING GRANT CYCLE TO PURCHASE FOOD FOR BACKPACK BLESSINGS PROGRAM; DONOR ADVISED
CIRCLE U HELP CENTER PO BOX 491 RICHMOND, IN 47375	35-1611125	501(C)3	16,415.	0.			2016 AND 2017 FEBRUARY DISTRIBUTIONS; 2016 CHALLENGE MATCH FOR OPERATING EXPENSES.
COMMUNITIES IN SCHOOLS OF WAYNE COUNTY - PO BOX 1784 - RICHMOND, IN 47375	35-2132872	501(C)3	22,890.	0.			2016 FALL GRANT CYCLE TO PURCHASE COMPUTERS AND SOFTWARE; DISTRIBUTION FROM EARLY CHILDHOOD
COPE ENVIRONMENTAL CENTER 4940 SHOEMAKER ROAD CENTERVILLE, IN 47330	35-1856406	501(C)3	38,553.	0.			DONOR ADVISED GRANT; 2016 SPRING GRANT CYCLE FOR TOOLS AND SUPPLIES; DISTRIBUTION FOR PURCHASE
DIPLOMAS IN SCHOOL NURSERY FOR TEEN MOTHERS - 300 HUB ETCHISON PARKWAY - RICHMOND, IN 47374	26-3582802	501(C)3	12,135.	0.			2016 SPRING GRANT CYCLE FOR TUITION TO KEEP 6 TEEN PARENTS AND 3 CHILDREN IN SCHOOL FOR A
DISCOVERY INSTITUTE 208 COLUMBIA STREET SEATTLE, WA 98104	91-1521697	501(C)3	10,000.	0.			DONOR ADVISED DISTRIBUTIONS
EARLHAM COLLEGE 801 NATIONAL ROAD WEST RICHMOND, IN 47374	35-0868073	501(C)3	50,658.	0.			2016 FEBRUARY DISTRIBUTION; DONOR ADVISED DISTRIBUTION
EVERY CHILD CAN READ INC. 33 SOUTH 7TH STREET, RICHMOND, IN 47374	26-4389859	501(C)3	35,899.	0.			2016 SPRING GRANT CYCLE TO PURCHASE BOOKS AND SUPPLIES; DONOR ADVISED PASS THROUGH GIFTS; DONOR
FIRST ENGLISH LUTHERAN CHURCH 2727 NATIONAL ROAD EAST RICHMOND, IN 47374	35-6000831	501(C)3	26,634.	0.			2016 FEBRUARY DISTRIBUTION; DISTRIBUTION FROM SECOND CHANCE FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT BRAGG AREA COMMUNITY FOUNDATION - PO BOX 74620 - FORT BRAGG, NC 28307	56-1750625	501(C)3	5,000.	0.			DONOR ADVISED GRANT
GIRLS INC P.O. BOX 43 RICHMOND, IN 47375	23-7188644	501(C)3	30,358.	0.			WOMEN'S FUND GRANT FOR CODING WORKSHOP WITH CENTER CITY DEVELOPMENT; WOMEN'S GIVING CIRCLE;
GLEANERS FOOD BANK OF INDIANA INC 3737 WALDERMERE AVENUE INDIANAPOLIS, IN 46241	35-1483868	501(C)3	5,000.	0.			2016 SPRING GRANT CYCLE FOR SENIOR MOBILE PANTRIES
GOLAY COMMUNITY CENTER 1007 E MAIN STREET CAMBRIDGE CITY, IN 47327	35-1518699	501(C)3	10,607.	0.			2016 FALL GRANT CYCLE TO PURCHASE NEW COMPUTERS; PASS THROUGH GIFT; 2016 CHALLENGE MATCH
HAND-IN-HAND ADULT DAY CARE OF RICHMOND - 2727 EAST MAIN STREET - RICHMOND, IN 47374	35-1762648	501(C)3	10,040.	0.			DONOR ADVISED GRANTS; 2016 FEBRUARY DISTRIBUTION; 2016 CHALLENGE MATCH
HAYES ARBORETUM 801 ELKS ROAD RICHMOND, IN 47374	35-1061111	501(C)3	15,180.	0.			2016 SPRING GRANT CYCLE FOR PHASE I OF WOODLAND ADVENTURE PLAYGROUND; DONOR ADVISED GRANTS;
HELP THE ANIMALS PO BOX 117 RICHMOND, IN 47375	35-1772951	501(C)3	18,558.	0.			2016 FEBRUARY DISTRIBUTION; 2016 CHALLENGE MATCH
HOPE HOUSE 275 GROVE RD RICHMOND, IN 47374	35-2130321	501(C)3	11,613.	0.			2016 SPRING GRANT FOR SALARIES; 2016 CHALLENGE MATCH PROGRAM
HUBBARD FUND 240 SOUTH 6TH STREET RICHMOND, IN 47374	35-0992124	501(C)3	100,734.	0.			2016 FALL DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDEPENDENT LIVING CENTER OF EASTERN INDIANA - 129 SOUTH NINTH STREET - RICHMOND, IN 47374	35-2054653	501(C)3	11,000.	0.			2016 WICKEMEYER AWARD; 2016 SPRING GRANT TO PURCHASE ASSISTIVE DEVICES
INDIANA UNIVERSITY SCHOOL OF MEDICINE - PO BOX 7059 - INDIANAPOLIS, IN 46207-7059	35-6018940	501(C)3	5,000.	0.			DONOR ADVISED GRANT
IVY TECH FOUNDATION 2357 CHESTER BLVD RICHMOND, IN 47374	23-7073977	501(C)3	72,193.	0.			SECOND CHANCE FUND FOR WAYNE COUNTY RECRUITER
LEVI COFFIN HOUSE ASSOCIATION PO BOX 77 FOUNTAIN CITY, IN 47341	31-1182438	501(C)3	15,285.	0.			MACY MUSEUM FUND FOR 2015 AND 2016; 2016 CHALLENGE MATCH
MODEL T FORD CLUB OF AMERICA PO BOX 996 RICHMOND, IN 47375	95-2467053	501(C)3	6,203.	0.			2016 FALL GRANT CYCLE TO PURCHASE SOFTWARE; DONOR ADVISED GIFT; 2016 CHALLENGE MATCH
MORRISSON-REEVES LIBRARY 80 NORTH 6TH STREET RICHMOND, IN 47374	35-6001895	501(C)3	30,035.	0.			2016 FEBRUARY DISTRIBUTIONS; 2016 SPRING GRANT CYCLE FOR STORYCORP PROJECT; DONOR
NATCO COMMUNITY EMPOWERMENT CENTER 1627 EAST MAIN STREET RICHMOND, IN 47374	35-1047478	501(C)3	8,120.	0.			WOMEN'S FUND GRANT FOR 5 WORKSHOPS TO EXPAND RESOURCES FOR WOMEN; 2016 CHALLENGE MATCH; GIRLS
NORTHEASTERN MUSIC BOOSTER 7295 US 27 NORTH FOUNTAIN CITY, IN 47341	47-0963013	501(C)3	7,500.	0.			2016 SPRING CYCLE GRANT TO PURCHASE BAND EQUIPMENT
RICHMOND ART MUSEUM PO BOX 816 RICHMOND, IN 47375	35-6005040	501(C)3	29,044.	0.			2016 CHALLENGE MATCH PROGRAM; DONOR ADVISED GRANTS; 2016 SPRING CYCLE GRANT FOR CAPITAL

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICHMOND COMMUNITY ORCHESTRA 822 EAST MAIN STREET RICHMOND, IN 47374	26-3877343	501(C)3	9,801.	0.			2016 RODEFELD AWARD; 2016 SPRING GRANT CYCLE FOR THE STRINGS INITIATIVE; 2016 CHALLENGE MATCH
RICHMOND FAMILY YMCA 1215 SOUTH J STREET RICHMOND, IN 47374	35-0984030	501(C)3	5,819.	0.			2016 CHALLENGE MATCH
RICHMOND FRIENDS SCHOOL 607 WEST MAIN STREET RICHMOND, IN 47374	35-1267045	501(C)3	14,184.	0.			2016 FALL GRANT CYCLE TO PURCHASE COMPUTER AND ADVERTISING; 2016 CHALLENGE MATCH PROGRAM;
RICHMOND PARKS AND RECREATION DEPARTMENT - 50 NORTH 5TH STREET - RICHMOND, IN 47374	35-6001174		21,483.	0.			2016 SPRING GRANT CYCLE TO SUPPORT JUKO PROGRAM; 2016 FEBRUARY DISTRIBUTIONS; BARK PARK
RICHMOND SHAKESPEARE FESTIVAL 822 EAST MAIN STREET, SUITE A RICHMOND, IN 47374	46-4250078	501(C)3	11,640.	0.			2016 FALL GRANT CYCLE FOR STAFF TRAINING; PASS THROUGH GIFT; 2016 CHALLENGE MATCH; DONOR
RICHMOND SYMPHONY ORCHESTRA 300 HUB ETCHISON PARKWAY RICHMOND, IN 47374	35-6042479	501(C)3	73,300.	0.			2016 FEBRUARY DISTRIBUTIONS; 2016 SPRING GRANT CYCLE FOR 5TH GRADE CONCERTS; DONOR
SETON CATHOLIC SCHOOLS 240 SOUTH 6TH STREET RICHMOND, IN 47374	30-0036396	501(C)3	67,942.	0.			2016 FEBRUARY DISTRIBUTIONS
SPECIAL OLYMPICS INDIANA - WAYNE COUNTY - 5240 STATE ROUTE 44 EAST - WEBSTER, IN 47392	35-1262574	501(C)3	5,000.	0.			2016 SPRING GRANT CYCLE TO SUPPORT SUMMER GAMES; WOMEN'S GIVING CIRCLE FOR BASKETBALL GAMES
ST. ANDREW CHURCH 240 SOUTH 6TH STREET RICHMOND, IN 47374	35-0992124	501(C)3	8,043.	0.			2016 FEBRUARY DISTRIBUTIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PAUL'S EVANGELICAL LUTHERAN CHURCH - 121 SOUTH 18TH STREET - RICHMOND, IN 47374	35-0906500	501(C)3	9,423.	0.			2016 FEBRUARY DISTRIBUTIONS
STAGE ONE YOUTH THEATER AT RICHMOND CIVIC THEATER - 1003 EAST MAIN STREET - RICHMOND, IN 47374	35-0886844	501(C)3	5,261.	0.			2016 FEBRUARY DISTRIBUTION; WOMEN'S GIVING CIRCLE GIFT; DONOR ADVISED GIFT; 2016
STARR-GENNETT FOUNDATION 33 SOUTH 7TH STREET RICHMOND, IN 47374	36-1882920	501(C)3	5,402.	0.			2016 CHALLENGE MATCH
TOWNSEND COMMUNITY CENTER 855 NORTH 12TH STREET RICHMOND, IN 47374	35-0892673	501(C)3	17,282.	0.			2016 FEBRUARY DISTRIBUTION
UNITED WAY OF WHITEWATER VALLEY 129 SOUTH NINTH STREET RICHMOND, IN 47374	35-1020935	501(C)3	21,723.	0.			2016 FEBRUARY DISTRIBUTIONS; DONOR ADVISED GRANTS
VIRGINIA TECH FOUNDATION INC OFFICE OF DEVELOPMENT, VIRGINIA TEC BLACKSBURG, VA 24061	54-0721690	501(C)3	7,500.	0.			DISTRIBUTION FOR BRENDA HARMON ROHE DIETETIC ENDOWED SCHOLARSHIP FUND
WAYNE COUNTY CARDINAL GREENWAY PO BOX 2411 RICHMOND, IN 47375	35-1885151	501(C)3	8,945.	0.			2016 FALL GRANT CYCLE TO PURCHASE A COMPUTER AND PRINTER; PASS THROUGH GIFT; DONOR ADVISED GIFT;
WAYNE COUNTY HISTORICAL MUSEUM 1150 NORTH A STREET RICHMOND, IN 47374	35-0899077	501(C)3	27,913.	0.			2016 FEBRUARY DISTRIBUTIONS; MACY MUSEUM FUND GIFT; DONOR ADVISED GIFTS; 2016
WAYNE COUNTY SOIL AND WATER CONSERVATION DISTRICT - 823 SOUTH ROUND BARN ROAD - RICHMOND, IN 47374	35-1067757		12,770.	0.			2016 SPRING CYCLE GRANT FOR COUNTY TOX-A-WAY DAY; 2016 CHALLENGE MATCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYNE TOWNSHIP TRUSTEE, WAYNE COUNTY - 401 EAST MAIN - RICHMOND, IN 47374	35-6003949		11,500.	0.			2016 FALL GRANT CYCLE TO HIRE A CONSULTANT FOR VOLUNTEER TRAINING; FOR COMMUNICATION AND
WESTERN WAYNE COMMUNITY SOCCER PO BOX 296 DUBLIN, IN 47335	32-2301453	501(C)3	6,500.	0.			2016 SPRING GRANT CYCLE FOR EQUIPMENT
WESTERN WAYNE DOLLARS FOR SCHOLARS 205 EAST PARKWAY DRIVE CAMBRIDGE CITY, IN 47327	46-0503560	501(C)3	11,118.	0.			2016 FEBRUARY DISTRIBUTION; 2016 CHALLENGE MATCH PROGRAM
WHITEWATER VALLEY PRO BONO COMMISSION - 50 NORTH 5TH STREET - RICHMOND, IN 47374	26-1455162	501(C)3	25,729.	0.			2016 SPRING GRANT CYCLE FOR FREE CIVIL LEGAL SERVICES; WOMEN'S FUND 2016 GRANT FOR LEGAL FEES
YOUNG WOMEN'S CHRISTIAN ASSOCIATION - PO BOX 2430 - RICHMOND, IN 47375	35-0868959	501(C)3	15,293.	0.			2016 FALL GRANT CYCLE FOR STAFF TRAINING; 2016 FEBRUARY DISTRIBUTION; WOMEN'S FUND GRANT FOR
ZION'S LUTHERAN CHURCH PO BOX 6 PERSHING, IN 47370	35-1585708	501(C)3	9,296.	0.			DISTRIBUTION OF 2015 INTEREST AND DIVIDENDS

**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	245	546,737.	0.		

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

PART I, LINE 2:

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

**Part IV** Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ACHIEVA RESOURCES CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 SPRING GRANT CYCLE TO PURCHASE BOOKS AND TOYS FOR 300 CHILDREN; 2016 CHALLENGE MATCH PROGRAM

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

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 CHALLENGE MATCH PROGRAM; DONOR ADVISED GRANTS; DISTRIBUTION FROM EARLY CHILDHOOD LITERACY FUND; 2016 FALL GRANT CYCLE TO PURCHASE A COMPUTER, SUBSCRIPTION TO ONLINE DONOR TRACKING SYSTEM AND STAFF TRAINING

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

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 SPRING GRANT CYCLE TO PURCHASE DISHWASHER AND WATER SOFTENER SYSTEM; 2016 CHALLENGE MATCH PROGRAM; DISTRIBUTION FROM ACTION FUND FOR CLUB MEMBERSHIPS; DISTRIBUTIONS FOR CLUB MEMBERSHIPS; DONOR ADVISED FUNDS DISTRIBUTIONS.

NAME OF ORGANIZATION OR GOVERNMENT: CENTERSTONE

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 SPRING GRANT CYCLE TO PURCHASE MATERIALS AND SUPPLIES; DISTRIBUTION FROM WOMEN'S FUND 2016 FOR ADVOCATE TRAINING WORKSHOPS

NAME OF ORGANIZATION OR GOVERNMENT:

CHILDREN'S JUSTICE AND ADVOCACY CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 CHALLENGE MATCH PROGRAM; GRANT FROM WOMEN'S FUND; DONOR ADVISED GRANTS; 2016 SPRING GRANT CYCLE TO PURCHASE MATERIALS FOR PROGRAM AND START UP COSTS FOR PARENT SUPPORT GROUP PROJECT; OPERATING FUND.S

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIAN CHARITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 SPRING GRANT CYCLE TO PURCHASE FOOD FOR BACKPACK BLESSINGS PROGRAM; DONOR ADVISED FUND DONATION; 2016 CHALLENGE MATCH FOR OPERATING FUNDS.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITIES IN SCHOOLS OF WAYNE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 FALL GRANT CYCLE TO PURCHASE COMPUTERS AND SOFTWARE; DISTRIBUTION FROM EARLY CHILDHOOD LITERACY FUND; 2016 CHALLENGE MATCH PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: COPE ENVIRONMENTAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED GRANT; 2016 SPRING GRANT CYCLE FOR TOOLS AND SUPPLIES; DISTRIBUTION FOR PURCHASE OF PLANT MATERIALS OR PLANT HEALTH PRODUCTS; 2016 CHALLENGE MATCH FOR OPERATING EXPENSES

NAME OF ORGANIZATION OR GOVERNMENT:

DIPLOMAS IN SCHOOL NURSERY FOR TEEN MOTHERS

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 SPRING GRANT CYCLE FOR TUITION TO KEEP 6 TEEN PARENTS AND 3 CHILDREN IN SCHOOL FOR A WHOLE SCHOOL YEAR; 2016 CHALLENGE MATCH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: EVERY CHILD CAN READ INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 SPRING GRANT CYCLE TO PURCHASE BOOKS AND SUPPLIES; DONOR ADVISED PASS THROUGH GIFTS; DONOR ADVISED GRANTS; DISTRIBUTION FROM EARLY CHILDHOOD LITERACY ENDOWMENT FUND FOR

**Part IV** Supplemental Information

K-READY; IN SUPPORT OF THE 2016 THIRD GRADE READING ACADEMY

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: WOMEN'S FUND GRANT FOR CODING

WORKSHOP WITH CENTER CITY DEVELOPMENT; WOMEN'S GIVING CIRCLE; 2016

FEBRUARY DISTRIBUTION; 2016 SPRING GRANT CYCLE TO HIRE STEM EXPERT; DONOR

ADVISED DISTRIBUTIONS; 2016 CHALLENGE MATCH FOR OPERATING SUPPORT; GIRLS

JUST WANNA GIVE GIVING CIRCLE FOR PREVENTING ADOLESCENT PREGNANCY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: HAYES ARBORETUM

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 SPRING GRANT CYCLE FOR PHASE I

OF WOODLAND ADVENTURE PLAYGROUND; DONOR ADVISED GRANTS; 2016 CHALLENGE

MATCH

NAME OF ORGANIZATION OR GOVERNMENT: MORRISSON-REEVES LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 FEBRUARY DISTRIBUTIONS; 2016

SPRING GRANT CYCLE FOR STORYCORP PROJECT; DONOR ADVISED GIFT

NAME OF ORGANIZATION OR GOVERNMENT: NATCO COMMUNITY EMPOWERMENT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: WOMEN'S FUND GRANT FOR 5 WORKSHOPS

TO EXPAND RESOURCES FOR WOMEN; 2016 CHALLENGE MATCH; GIRLS JUST WANNA

GIVE GIVING CIRCLE FOR VITA LOW INCOME TAX PREPARATION PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND ART MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 CHALLENGE MATCH PROGRAM; DONOR

ADVISED GRANTS; 2016 SPRING CYCLE GRANT FOR CAPITAL IMPROVEMENTS

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND FRIENDS SCHOOL

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 FALL GRANT CYCLE TO PURCHASE COMPUTER AND ADVERTISING; 2016 CHALLENGE MATCH PROGRAM; DONOR ADVISED GIFT.

NAME OF ORGANIZATION OR GOVERNMENT:

RICHMOND PARKS AND RECREATION DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 SPRING GRANT CYCLE TO SUPPORT JUKO PROGRAM; 2016 FEBRUARY DISTRIBUTIONS; BARK PARK FUNDS; DONOR ADVISED GIFTS; 2016 CHALLENGE MATCH

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND SHAKESPEARE FESTIVAL

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 FALL GRANT CYCLE FOR STAFF TRAINING; PASS THROUGH GIFT; 2016 CHALLENGE MATCH; DONOR ADVISED GIFT

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 FEBRUARY DISTRIBUTIONS; 2016 SPRING GRANT CYCLE FOR 5TH GRADE CONCERTS; DONOR ADVISED GIFTS; 2016 CHALLENGE MATCH PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

STAGE ONE YOUTH THEATER AT RICHMOND CIVIC THEATER

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 FEBRUARY DISTRIBUTION; WOMEN'S GIVING CIRCLE GIFT; DONOR ADVISED GIFT; 2016 CHALLENGE MATCH

NAME OF ORGANIZATION OR GOVERNMENT: WAYNE COUNTY CARDINAL GREENWAY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 FALL GRANT CYCLE TO PURCHASE A COMPUTER AND PRINTER; PASS THROUGH GIFT; DONOR ADVISED GIFT; 2016 CHALLENGE MATCH PROGRAM;



Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WAYNE COUNTY HISTORICAL MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 FEBRUARY DISTRIBUTIONS; MACY MUSEUM FUND GIFT; DONOR ADVISED GIFTS; 2016 CHALLENGE MATCH

NAME OF ORGANIZATION OR GOVERNMENT: WAYNE TOWNSHIP TRUSTEE, WAYNE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 FALL GRANT CYCLE TO HIRE A CONSULTANT FOR VOLUNTEER TRAINING; FOR COMMUNICATION AND MARKETING CONNECTED TO WOMEN'S RESOURCE NETWORK

NAME OF ORGANIZATION OR GOVERNMENT: WHITEWATER VALLEY PRO BONO COMMISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 SPRING GRANT CYCLE FOR FREE CIVIL LEGAL SERVICES; WOMEN'S FUND 2016 GRANT FOR LEGAL FEES FOR WOMEN IN CRISIS; WOMEN'S FUND 2016 GRANT FOR VICTIM ADVOCATE WORKSHOPS; DONOR ADVISED GIFT; 2016 CHALLENGE MATCH PROGRAM.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: 2016 FALL GRANT CYCLE FOR STAFF TRAINING; 2016 FEBRUARY DISTRIBUTION; WOMEN'S FUND GRANT FOR BED LINENS FOR GENESIS AND ADVOCATE TRAINING WORKSHOPS; 2016 CHALLENGE MATCH

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	14	229,874.	FAIR MARKET VALUE
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

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

SCHEDULE M, LINE 32B:

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

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

WAYNE COUNTY INDIANA FOUNDATION, INC.

Employer identification number

35-1406033

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

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

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

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

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number 35-1406033
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DETERMINING THE SALARY AND BENEFITS FOR THE EXECUTIVE DIRECTOR IS THE RESPONSIBILITY OF THE BOARD OF DIRECTORS. COMPENSATION IS TO BE AT AN APPROPRIATE LEVEL TO ATTRACT AND RETAIN QUALIFIED AND TALENTED PEOPLE, AND IN LINE WITH SIMILAR POSITIONS IN OTHER COMMUNITY FOUNDATIONS, SIMILAR ORGANIZATIONS IN THE AREA, AND COMMUNITY EXPECTATIONS. THE FOUNDATION STAFF AND FINANCE COMMITTEE BEGIN WORK IN OCTOBER TO DRAFT AN OPERATING BUDGET FOR THE COMING YEAR. AT THIS TIME, THE STAFF ASSEMBLES COMPARATIVE SALARY INFORMATION FOR ALL STAFF POSITIONS FROM NATIONAL, REGIONAL AND LOCAL SALARY SURVEYS. THE FINANCE COMMITTEE USES THIS INFORMATION AS A POINT OF REFERENCE, IN ADDITION TO OTHER PERTINENT FACTORS, TO RECOMMEND A TOTAL SALARIES EXPENSE. THIS REPRESENTS A MAXIMUM AMOUNT POOL FROM WHICH ALL STAFF SALARIES, INCLUDING ANY COST OF LIVING AND MERIT RAISES, MUST BE DERIVED. IN CONJUNCTION WITH THE ANNUAL MEETING OF THE CORPORATION EACH MAY, THE EXECUTIVE DIRECTOR WILL PREPARE A REPORT OF THE PREVIOUS YEAR'S ACTIVITIES AND ACHIEVEMENTS, AND ANY PERSONAL GOALS AND OBJECTIVES SET FOR HIM OR HER OVER THE PREVIOUS YEAR. BOARD MEMBERS WILL BE ASKED TO COMPLETE A SURVEY OR OTHERWISE PROVIDE FEEDBACK RELATING THE EXECUTIVE DIRECTOR'S PERFORMANCE. THE BOARD CHAIR WILL ASSIMILATE THIS INFORMATION AND SHARE IT WITH THE EXECUTIVE COMMITTEE AT THEIR MEETING IN JUNE. BASED ON THIS INFORMATION, AS WELL AS ALL AVAILABLE SALARY SURVEY DATA, THE EXECUTIVE COMMITTEE WILL SET THE EXECUTIVE DIRECTOR'S SALARY FOR THE FISCAL YEAR OF JULY 1 - JUNE 30 AND CHARGE THE BOARD CHAIR WITH SHARING THE RESULTS OF THE SURVEY, OTHER FEEDBACK, AND ANY SALARY ADJUSTMENTS WITH THE EXECUTIVE DIRECTOR. AT THIS TIME, THE EXECUTIVE DIRECTOR'S PERSONAL PERFORMANCE GOALS WILL BE SET AND THE EXECUTIVE DIRECTOR WILL HAVE THE OPPORTUNITY TO REACT TO THE PERFORMANCE SURVEY INFORMATION. ADDITIONAL MEETINGS AND REVIEWS WILL BE SET AS NEEDED AND THE BOARD CHAIR WILL REPORT BACK TO THE BOARD ANY SUBSTANTIVE OUTCOMES OF THE INDIVIDUAL PERFORMANCE REVIEW.

Name of the organization WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number 35-1406033
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FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC IMMEDIATELY UPON REQUEST THROUGH THE FOUNDATION OFFICE. ADDITIONALLY, FINANCIAL INFORMATION IS MADE AVAILABLE IN ITS ANNUAL REPORT WHICH IS WIDELY DISTRIBUTED TO THE PUBLIC VIA MAILINGS AND OTHER MEANS OF DISBURSEMENT, AS WELL AS ON THE FOUNDATION'S WEBSITE. THE FOUNDATION'S FORM 990 IS AVAILABLE ONLINE AT WWW.GUIDESTAR.ORG. A LINK TO WWW.GUIDESTAR.ORG IS ON THE FOUNDATION'S WEBSITE. THE WEBSITE ALSO HAS SEVERAL PRIOR YEARS OF FORM 990 THAT CAN BE VIEWED DIRECTLY. 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	138,813.
CHANGE IN SPLIT INTEREST AGREEMENTS	-51,146.
ROUNDING	-4.
TOTAL TO FORM 990, PART XI, LINE 9	87,663.

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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



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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VIGRAN FAMILY FOUNDATION INC	C	1,500.	FAIR MARKET VALUE
(2) VIGRAN FAMILY FOUNDATION INC	L	17,055.	FAIR MARKET VALUE
(3) VIGRAN FAMILY FOUNDATION INC	Q	22.	FAIR MARKET VALUE
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

Form **990-T**

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

OMB No. 1545-0687

**2016**

For calendar year 2016 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

▶ 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

<b>A</b> <input type="checkbox"/> Check box if address changed  <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)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>WAYNE COUNTY INDIANA FOUNDATION, INC.</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>35-1406033</b>
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>33 SOUTH 7TH STREET</b>	<b>E</b> Unrelated business activity codes (See instructions.) <b>522100 531120</b>
		City or town, state or province, country, and ZIP or foreign postal code <b>RICHMOND, IN 47374</b>	

**C** Book value of all assets at end of year: **37,641,221.**

**F** Group exemption number (See instructions.)

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

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

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4 a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)	735.		735.
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	<b>Total.</b> Combine lines 3 through 12	735.		735.

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

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (See instructions for limitation rules)			
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)		SEE STATEMENT 1	7,388.
29	<b>Total deductions.</b> Add lines 14 through 28			7,388.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			-6,653.
31	Net operating loss deduction (limited to the amount on line 30)		SEE STATEMENT 2	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			-6,653.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			-6,653.

<b>Part III Tax Computation</b>	
<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:	
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____	
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____	
<b>c</b> Income tax on the amount on line 34	35c 0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36
<b>37 Proxy tax.</b> See instructions	37
<b>38 Alternative minimum tax</b>	38
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	39
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40 0.

<b>Part IV Tax and Payments</b>	
<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a
<b>b</b> Other credits (see instructions)	41b
<b>c</b> General business credit. Attach Form 3800	41c
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	41d
<b>e Total credits.</b> Add lines 41a through 41d	41e
<b>42</b> Subtract line 41e from line 40	42 0.
<b>43</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 schedule)	43
<b>44 Total tax.</b> Add lines 42 and 43	44 0.
<b>45a</b> Payments: A 2015 overpayment credited to 2016	45a
<b>b</b> 2016 estimated tax payments	45b
<b>c</b> Tax deposited with Form 8868	45c
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	45d
<b>e</b> Backup withholding (see instructions)	45e
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	45f
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g
<b>46 Total payments.</b> Add lines 45a through 45g	46
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	48 0.
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49 0.
<b>50</b> Enter the amount of line 49 you want: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	50

<b>Part V Statements Regarding Certain Activities and Other Information</b> (see instructions)	
<b>51</b> At any time during the 2016 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	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
<b>52</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.	<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year	\$

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	Signature of officer _____ Date _____	EXECUTIVE DIRECTOR _____ Title _____
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SUZANNE K. MILLER</b>	
	Preparer's signature <b>CPA</b>	Date <b>10/31/17</b>
	Check <input type="checkbox"/> if self-employed PTIN <b>P00452655</b>	
	Firm's name <b>BRADY, WARE &amp; SCHOENFELD, INC.</b> Firm's EIN <b>35-1476702</b>	
Firm's address <b>ONE WOODSIDE DRIVE RICHMOND, IN 47374</b>		Phone no. <b>(765) 966-0531</b>

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---

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

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

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

(see instructions)

1. Description of property

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

2. Rent received or accrued

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

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

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

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

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

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

**Nonexempt Controlled Organizations**

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

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b> .....		<b>0.</b>		<b>0.</b>

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
<b>Totals</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>

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

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

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

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

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

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

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



FORM 990-T	OTHER DEDUCTIONS	STATEMENT	1
DESCRIPTION		AMOUNT	
TRUSTEE FEES		6,888.	
TAX PREPARATION		500.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		7,388.	

FORM 990-T	NET OPERATING LOSS DEDUCTION	STATEMENT	2	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	12,937.	952.	11,985.	11,985.
12/31/13	18,127.	0.	18,127.	18,127.
12/31/15	3,932.	0.	3,932.	3,932.
NOL CARRYOVER AVAILABLE THIS YEAR			34,044.	34,044.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	3
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
SAVILE ROW PRIVATE REAL ESTATE 2008	16.	0.	16.
SAVILE ROW PRIVATE 2007-08	388.	0.	388.
SAVILE ROW SPECIALTY FINANCE FUND VP 2016-1 LLC	331.	0.	331.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	735.	0.	735.

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

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>35-1406033</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>	500,000.
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>	2,010,000.
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 2015 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 2017. 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 2016 .....	<b>17</b>	23,954.
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 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
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	05 /16	4,800.	39 yrs.	MM	S/L	76.
	/			MM	S/L	

**Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

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

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

21 Listed property. Enter amount from line 28 .....	<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>	24,030.
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, certain computers, and property used for entertainment, recreation, or amusement.)

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

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

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

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

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

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

Table for Section B with 6 main rows (30-36) and 12 columns for vehicle-specific data (a-f) and personal use questions.

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 for Section C with 5 rows (37-41) and 2 columns (Yes/No) for employer-related questions.

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 for Section VI 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

42 Amortization of costs that begins during your 2016 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2016 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44