

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

Department of the Treasury  
 Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2008 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"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> WAYNE COUNTY, INDIANA, FOUNDATION, INC. Doing Business As		<b>D Employer identification number</b> 35-1406033
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 33 SOUTH 7TH STREET, NO. 1		<b>E Telephone number</b> 765-962-1638
		City or town, state or country, and ZIP + 4 RICHMOND, IN 47374		<b>G Gross receipts \$</b> 9,178,912.
		<b>F Name and address of principal officer:</b> STEPHEN C. BORCHERS SAME AS C ABOVE		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶

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

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

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

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO ATTRACT, RECEIVE, HOLD AND DISTRIBUTE CONTRIBUTED FUNDS FOR THE BENEFIT OF WAYNE COUNTY,</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of employees (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	60
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	37,073.
b Net unrelated business taxable income from Form 990-T, line 34	7b	27,687.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,162,697.	1,338,735.
	9 Program service revenue (Part VIII, line 2g)	316,331.	302,064.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,649,388.	3,744,229.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	216,159.	105,685.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,344,575.	5,490,713.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,296,167.	1,562,611.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	231,128.	284,224.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 117,455.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,008,412.	850,793.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,535,707.	2,697,628.
19 Revenue less expenses. Subtract line 18 from line 12	1,808,868.	2,793,085.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 31,353,721.	End of Year 22,301,118.
	21 Total liabilities (Part X, line 26)	3,483,363.	3,306,065.
	22 Net assets or fund balances. Subtract line 21 from line 20	27,870,358.	18,995,053.

**Part II Signature Block**

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

**Sign Here** ▶ Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_  
 ▶ **STEPHEN C. BORCHERS, EXECUTIVE DIRECTOR**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	ESTEP BURKEY SIMMONS, LLC P.O. BOX 42 MUNCIE, IN 47308-0042		EIN ▶
		Phone no. ▶ 765-284-7554	

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

Part III Statement of Program Service Accomplishments (see instructions)

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ including grants of \$ 1,146,071. ) (Revenue \$ ) GRANTMAKING: THE WAYNE COUNTY FOUNDATION ADMINISTERS APPROXIMATELY 200 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 \$ including grants of \$ 416,540. ) (Revenue \$ ) SCHOLARSHIPS: THE WAYNE COUNTY FOUNDATION ADMINISTERS NEARLY 120 SCHOLARSHIP FUNDS TO HELP QUALIFIED STUDENTS CONTINUE THEIR POSTSECONDARY 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 \$ 1,961,572. including grants of \$ ) (Revenue \$ ) COMMUNITY DEVELOPMENT: THE WAYNE COUNTY FOUNDATION SUPPORTS A NUMBER OF PROGRAMS THAT REPRESENT SPECIFIC INITIATIVES TO MOVE THE COMMUNITY FORWARD. THESE INCLUDE AN ACADEMY TO HELP THIRD-GRADERS WHO ARE NOT ABLE TO READ ON GRADE LEVEL, PROGRAMS DESIGNED TO FOSTER THE ENTREPRENEURIAL SPIRIT IN YOUNG CHILDREN, AND A FOUNDATION-DIRECTED INITIATIVE TO HELP ENCOURAGE HIGH SCHOOL STUDENTS AND THEIR FAMILIES UNDERSTAND HOW TO ACCESS FUNDING FOR POSTSECONDARY EDUCATION. THE FOUNDATION ALSO USES DISCRETIONARY DOLLARS TO SUPPORT STUDIES AND OTHER INITIATIVES THAT HELP THE COMMUNITY BETTER UNDERSTAND PROSPECTIVE OPPORTUNITIES FOR PROGRESS.

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

4e Total program service expenses \$ 1,961,572. (Must equal Part IX, Line 25, column (B).)

**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> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any accounts where 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> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; 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> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<input type="checkbox"/>	<input type="checkbox"/>
<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? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) 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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<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

Form 990 (2008)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a		28
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b		0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		8
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country: <b>OTHER COUNTRY</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Gross income from members or shareholders		
	11a		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Table with 11 rows of questions and 3 columns: Question, Yes, No. Includes sub-questions 1a, 1b, 7a, 7b, 8a, 8b, 9a, 9b, 15a, 15b.

Section B. Policies

Table with 12 rows of questions and 3 columns: Question, Yes, No. Includes sub-questions 12a, 12b, 12c, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: STEPHEN C. BORCHERS - 765-962-1638

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
BOB RAMSEY TREASURER	0.50	X		X				0.	0.	0.
DICK SMITH DIRECTOR	0.50	X						0.	0.	0.
ALAN SPEARS IMMEDIATE PAST CHAIR	0.50	X						0.	0.	0.
TAMMY WILLIAMSON DIRECTOR	0.50	X						0.	0.	0.
BENJAMIN YOUNG DIRECTOR	0.50	X						0.	0.	0.
CAROL MCKEY CHAIR	0.50	X		X				0.	0.	0.
ADAM FORREST VICE CHAIR	0.50	X		X				0.	0.	0.
BOB ROSA DIRECTOR	0.50	X						0.	0.	0.
TOM ALBERTS SECRETARY	0.50	X		X				0.	0.	0.
LESLIE DUCEY DIRECTOR	0.50	X						0.	0.	0.
DAVID JETMORE DIRECTOR	0.50	X						0.	0.	0.
SARA JANE MOYER DIRECTOR	0.50	X						0.	0.	0.
JON FORD DIRECTOR	0.50	X						0.	0.	0.
SHELLY MILLER DIRECTOR	0.50	X						0.	0.	0.
SABRINA PENNINGTON DIRECTOR	0.50	X						0.	0.	0.
STEPHEN C BORCHERS EXECUTIVE DIRECTOR	40.00			X				86,520.	0.	8,244.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
<b>1b Total</b>							86,520.	0.	8,244.	

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0



Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,338,735.				
	g	Noncash contributions included in lines 1a-1f: \$		160,414.				
	h	<b>Total.</b> Add lines 1a-1f			1338735.			
	Program Service Revenue	2 a	ADMINISTRATIVE FEES	Business Code 900099	302,064.	302,064.		
b								
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f			302,064.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		603,007.		37,308.	565,699.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a			(i) Real				
				(ii) Personal				
			Gross Rents	33,000.				
			Less: rental expenses					
	c	Rental income or (loss)	33,000.					
	d	Net rental income or (loss)			33,000.		33,000.	
	7 a			(i) Securities				
				(ii) Other				
			Gross amount from sales of assets other than inventory	6,829,421.				
			Less: cost or other basis and sales expenses	3,688,199.				
	c	Gain or (loss)	3,141,222.					
	d	Net gain or (loss)			3141222.		-235.	3,141,457.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a	MISCELLANEOUS	900099		72,685.	72,685.			
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d			72,685.				
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			5490713.	374,749.	37,073.	3,740,156.	

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	1,562,611.	1,562,611.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	86,520.	34,608.	25,956.	25,956.
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 .....	148,088.	37,725.	62,972.	47,391.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	32,036.	9,877.	12,143.	10,016.
10 Payroll taxes .....	17,580.	5,420.	6,664.	5,496.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	2,178.		2,178.	
c Accounting .....	14,850.		14,850.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....				
13 Office expenses .....	7,046.		7,046.	
14 Information technology .....	9,013.		9,013.	
15 Royalties .....				
16 Occupancy .....	9,893.		9,893.	
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	28,385.		10,230.	18,155.
20 Interest .....	20,562.		20,562.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	25,169.		25,169.	
23 Insurance .....	4,109.		4,109.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>ADMINISTRATIVE FEE EXP.</b> .....	302,548.	11,700.	290,848.	
b <b>PROGRAM SERVICE PROJECT</b> .....	242,397.	242,397.		
c <b>INVESTMENT FEES</b> .....	101,104.		101,104.	
d <b>LILLY SRD EXPENSES</b> .....	47,588.	47,588.		
e <b>EQUIPMENT MAINTENANCE</b> .....	12,248.	3,062.	7,961.	1,225.
f All other expenses .....	23,703.	6,584.	7,903.	9,216.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	2,697,628.	1,961,572.	618,601.	117,455.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	1,402,905.	<b>2</b>	1,900,642.
	<b>3</b> Pledges and grants receivable, net .....	461,465.	<b>3</b>	255,125.
	<b>4</b> Accounts receivable, net .....	36,107.	<b>4</b>	14,944.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule 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 .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost basis ... <b>10a</b> 679,563.			
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D ... <b>10b</b> 196,599.	507,352.	<b>10c</b>	482,964.
	<b>11</b> Investments - publicly traded securities .....	16,115,912.	<b>11</b>	17,498,660.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	12,826,861.	<b>12</b>	2,145,862.
	<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 .....	3,119.	<b>15</b>	2,921.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	31,353,721.	<b>16</b>	22,301,118.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	8,747.	<b>17</b>	2,741.
	<b>18</b> Grants payable .....	203,185.	<b>18</b>	191,610.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D .....	1,553,339.	<b>21</b>	1,314,580.
	<b>22</b> 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 .....	359,046.	<b>23</b>	322,987.
	<b>24</b> Unsecured notes and loans payable .....		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	1,359,046.	<b>25</b>	1,474,147.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,483,363.	<b>26</b>	3,306,065.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	26,347,592.	<b>27</b>	17,698,567.
	<b>28</b> Temporarily restricted net assets .....	375,855.	<b>28</b>	89,575.
	<b>29</b> Permanently restricted net assets .....	1,146,911.	<b>29</b>	1,206,911.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 .....	27,870,358.	<b>33</b>	18,995,053.	
<b>34</b> Total liabilities and net assets/fund balances .....	31,353,721.	<b>34</b>	22,301,118.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? .....	X	
<b>c</b>	If "Yes" to lines 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	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? .....		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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: (Please check only **one** organization.)

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the organizations the organization supports.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,201,687.	1,036,920.	923,240.	1,032,806.	1,338,735.	5,533,388.
<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 - 3 .....	1,201,687.	1,036,920.	923,240.	1,032,806.	1,338,735.	5,533,388.
<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) .....						550,662.
<b>6 Public Support.</b> Subtract line 5 from line 4.						4,982,726.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....	1,201,687.	1,036,920.	923,240.	1,032,806.	1,338,735.	5,533,388.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	605,176.	665,933.	690,172.	766,023.	603,007.	3,330,311.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	20,213.	19,456.	20,368.	21,010.	72,384.	153,431.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						9,017,130.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	510,940.
<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 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	55.26 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>	44.39 %
<b>16a 33 1/3% support test - 2008.</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 - 2007.</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 - 2008.</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 IV 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 - 2007.</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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.) .....						
<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 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

WAYNE COUNTY, INDIANA, FOUNDATION, INC.

Employer identification number

35-1406033

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	28	
2 Aggregate contributions to (during year) .....	83,090.	
3 Aggregate grants from (during year) .....	106,242.	
4 Aggregate value at end of year .....	464,585.	

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  Yes  No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space
- 2 Complete lines 2a-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 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 .....            | 2d                          |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's 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 XIV.
- 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 Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount     |
|--|------------|
| <b>c</b> Beginning balance             | 1,553,339. |
| <b>d</b> Additions during the year     | -30,004.   |
| <b>e</b> Distributions during the year | 208,755.   |
| <b>f</b> Ending balance                | 1,314,580. |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	28,262,739.				
<b>b</b> Contributions	995,578.				
<b>c</b> Investment earnings or losses	-7,908,713.				
<b>d</b> Grants or scholarships	-1,353,746.				
<b>e</b> Other expenditures for facilities and programs	-339,157.				
<b>f</b> Administrative expenses	-392,759.				
<b>g</b> End of year balance	19,263,942.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  3.20 %
  - c** Term endowment  96.80 %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes                      | No                                  |
|------------------------------------|--------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land		20,000.		20,000.
<b>b</b> Buildings		175,000.	96,991.	78,009.
<b>c</b> Leasehold improvements		437,355.	66,743.	370,612.
<b>d</b> Equipment		47,208.	32,865.	14,343.
<b>e</b> Other				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				482,964.



**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products .....		
Closely-held equity interests .....		
Other		
<b>S-CORPORATION STOCK-COST</b>		
<b>BASIS</b>	150,000.	COST
<b>CASH SURRENDER LIFE INSURANCE</b>		
<b>ANNUITY</b>	102,430.	COST
<b>OWNERSHIP IN LLC-COST BASIS</b>	56,170.	COST
<b>MUTUAL FUNDS</b>	1,206,094.	END-OF-YEAR MARKET VALUE
<b>MORTGAGE</b>	322,987.	COST
<b>MONEY MARKET FUNDS</b>	44,109.	COST
<b>ALTERNATE INVESTMENTS</b>	264,072.	COST
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶	2,145,862.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
<b>LIABILITIES ASSOCIATED WITH</b>	
<b>SPLIT-INTEREST AGREEMENTS</b>	1,474,147.
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	1,474,147.

In Part XIV, 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.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,490,713.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,697,628.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,793,085.
4	Net unrealized gains (losses) on investments	4	-11,907,149.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	238,759.
9	Total adjustments (net). Add lines 4-8	9	-11,668,390.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-8,875,305.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	-6,386,432.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-11907149.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-11907149.
3	Subtract line 2e from line 1	3	5,520,717.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-30,004.
c	Add lines 4a and 4b	4c	-30,004.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	5,490,713.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,488,873.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,488,873.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	208,755.
c	Add lines 4a and 4b	4c	208,755.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,697,628.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART IV, LINE 2B: FUNDS HELD FOR AGENCY ENDOWMENTS IN ACCORDANCE WITH**

**SFAS NO. 136.**

**PART V, LINE 4: TO PROVIDE ONGOING SUPPORT FOR THE FOUNDATION'S**

**PHILANTHROPIC ENDEAVORS, INCLUDING GRANTMAKING, SCHOLARSHIPS AND COMMUNITY DEVELOPMENT IN AND AROUND THE WAYNE COUNTY, INDIANA AREA.**

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**Part XIV** Supplemental Information (continued)

CHANGE IN AGENCY FUND NET ASSETS: 238759.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND REVENUE: -30004.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND EXPENSES: 208755.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**  
▶ **Attach to Form 990.**

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

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS 1417 NORTH A STREET RICHMOND, IN 47374	35-0891616	501(C)(3)	8,050.	0.			WOODMAN DA DISTRIBUTION, PURCHASE SUPPLIES FOR LOCAL DISASTER RELIEF, ASSIST WITH THE
BAXTER NEIGHBORHOOD HELP CENTER/I.U. EAST - 41 RICHMOND AVENUE - RICHMOND, IN 47374	35-6001673	501(C)(3)	8,575.	0.			TO PROVIDE FREE SUMMER CAMPS AND AFTER SCHOOL PROGRAMS THAT WILL FOCUS ON CHILDREN'S SELF-IMAGE,
BOYS AND GIRLS CLUBS OF WAYNE COUNTY - 1717 SOUTH L STREET - RICHMOND, IN 47374	35-1065715	501(C)(3)	14,643.	0.			MEMBERSHIPS, SUMMER CAMP SCHOLARSHIPS, ACADEMIC ENRICHMENT SCHOLARSHIPS, SUMMER EARLY BIRD PROGRAM
CHILDREN'S JUSTICE & ADVOCACY CENTER INC - PO BOX 2195 - RICHMOND, IN 47375	16-1637581	501(C)(3)	20,000.	0.			2008 IMPACT GRANT
CIRCLE U HELP CENTER PO BOX 491 RICHMOND, IN 47374	35-1611125	501(C)(3)	10,000.	0.			PURCHASE FOOD FOR EXPANDED LUNCH SERVICE HOURS.
COMMUNITIES IN SCHOOLS OF WAYNE COUNTY - PO BOX 1784 - RICHMOND, IN 47375	35-2122872	501(C)(3)	9,320.	0.			TO PROVIDE PEER TUTORING AND CROSS-AGED TUTORING TRAINING FOR WAYNE COUNTY STUDENTS - EXCLUDES

**2** Enter total number of section 501(c)(3) and government organizations **40.**

**3** Enter total number of other organizations **0.**

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

Schedule I (Form 990) 2008

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	270	416,540.	0.		

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

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

PART II, LINE 1, COLUMN (H):

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**WAYNE COUNTY, INDIANA, FOUNDATION, INC.**

Employer identification number

**35-1406033**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COUNTRYWIDE PARTNERSHIP FOR YOUTH/UNITED WAY - 129 SOUTH 9TH ST - RICHMOND, IN 47374	35-1020935	501(C)(3)	30,000.	0.			2008 IMPACT GRANT
EARLHAM COLLEGE 801 NATIONAL ROAD WEST RICHMOND, IN 47374	35-0868073	501(C)(3)	51,562.	0.			FEBRUARY DISTRIBUTION
EASTSIDE GIRLS SOFTBALL INC PO BOX 24 RICHMOND, IN 47374	20-4495732	501(C)(3)	8,500.	0.			TO PURCHASE THE MATERIALS FOR THE CONSTRUCTION OF THE RESTROOMS/STORAGE FACILITY.
GIRLS INC PO BOX 43 RICHMOND, IN 47375	23-7188644	501(C)(3)	13,350.	0.			TO ASSIST WITH THE COST OF THE SUMMER SMART PROGRAM DESIGNED TO ENGAGE GIRLS IN FUN
GOLAY COMMUNITY CENTER 1007 E MAIN ST CAMBRIDGE CITY, IN 47327	35-1518699	501(C)(3)	25,000.	0.			TO ASSIST WITH THE EXPANSION OF AN OPEN AIR FACILITY BY PURCHASING THE CONCRETE SLAB PORTION
HELP THE ANIMALS PO BOX 117 RICHMOND, IN 47375	35-1772951	501(C)(3)	7,400.	0.			TO PURCHASE AND INSTALL NEW FENCE FOR OUTDOOR DOG RUNS.
HOPE HOUSE RECOVER CENTER PO BOX 1828 RICHMOND, IN 47375	35-3130321	501(C)(3)	10,000.	0.			TO ASSIST WITH THE FOOD COST OF THE SHELTER FOR 2009.
ST ANDREW CHURCH 240 SOUTH 6TH ST RICHMOND, IN 47374	35-0992124	501(C)(3)	197,087.	0.			DISTRIBUTION TO HELP PAY FOR CONSTRUCTION COSTS OF THE HIGH SCHOOL ALUMNI CENTER/GYMNASIUM;

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

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Name of the organization

**WAYNE COUNTY, INDIANA, FOUNDATION, INC.**

Employer identification number

**35-1406033**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 EAST CENTRAL INDIANA - 1818 WEST MAIN ST - RICHMOND, IN 47374	35-2054653	501(C)(3)	5,245.	0.			MATCHING FUNDS FOR ENDOWMENT; WEBSITE DESIGN E-COMMERCE.
INDIANA UNIVERSITY EAST 2325 CHESTER BOULEVARD RICHMOND, IN 47374	35-6001673	501(C)(3)	132,911.	0.			IN SUPPORT OF THE THIRD GRADE READING ACADEMY; TO COVER PARTICIPATION FEE FOR THE EDUCATIONAL
LAURAMOORE FRIENDS HOME INC 504 NORTHWEST 5TH ST RICHMOND, IN 47374	35-0924789	501(C)(3)	5,500.	0.			TO REPAIR AND REPLACE FLOORING THROUGHOUT THE HISTORIC BUILDING.
LEVI COFFIN HOUSE ASSOCIATION 113 US 27 NORTH FOUNTAIN CITY, IN 47341	31-1182438	501(C)(3)	7,690.	0.			TO ASSIST WITH FUNDING FOR THE COST OF A VISITOR'S CENTER.
MORRISSON-REEVES LIBRARY 80 NORTH 6TH ST RICHMOND, IN 47374	35-6001895	501(C)(3)	7,019.	0.			FEBRUARY DISTRIBUTION.
MURRAY & ASSOCIATES 15 WEST FRANKLIN ST GREENCASTLE, IN 46135	35-2068979	501(C)(3)	65,000.	0.			INITIAL DEPOSIT FOR 2008-2009 PROGRAMMING AT WAYNE COUNTY SCHOOLS AND CONSULTATIONS WITH THE
NOAH'S ARK DAY CARE CENTER INC 131 NW 8TH ST RICHMOND, IN 47374	35-1742438	501(C)(3)	7,276.	0.			TO ASSIST WITH ONE MONTH OF EXPENSES FOR 17 TEENS AND THEIR CHILDREN AT DIPLOMAS.
NORTHEASTERN COMMUNITY SCHOOLS 534 WEST WALLACE RD FOUNTAIN CITY, IN 47341	35-1073323	501(C)(3)	6,500.	0.			ELEMENTARY SCHOOL TEACHER MINI-GRANTS; HIGH SCHOOL TEACHER MINI-GRANTS.

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

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Name of the organization

**WAYNE COUNTY, INDIANA, FOUNDATION, INC.**

Employer identification number

**35-1406033**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PARKS FOUNDATION COPE ENVIRONMENTAL CENTER - 4910 SHOEMAKER RD - CENTERVILLE, IN 47330	35-1856406	501(C)(3)	18,588.	0.			MINI-GRANT FOR BICYCLE MAP PROJECT; 2008 ALTERNATIVE GIFT FAIR; TO PURCHASE A DIESEL VEHICLE
PEER INFORMATION CENTER FOR TEENS INC - 380 HUB ETCHISON PARKWAY - RICHMOND, IN 47374	35-1956555	501(C)(3)	8,605.	0.			TO FUND THE REMAINING EXPENSES FOR THE PROTECTING YOU PROTECTING ME PROGRAM FOR 2007-2008
REID HOSPITAL FOUNDATION 1401 CHESTER BOULEVARD RICHMOND, IN 47374	35-0892672	501(C)(3)	5,069.	0.			FEBRUARY DISTRIBUTION; WOODMAN DA DISTRIBUTION FOR MEDICAL LIBRARY.
RICHMOND CIVIC THEATRE 1003 EAST MAIN ST RICHMOND, IN 47374	35-0886844	501(C)(3)	19,033.	0.			TO PROVIDE SUPPORT OF THE PROJECT WHICH INCLUDES THE COSTS OF BOOKS, WEBSITE, MARKETING, MOVIE
RICHMOND COMMUNITY SCHOOLS 380 HUB ETCHISON PARKWAY RICHMOND, IN 47374	35-1071211	501(C)(3)	11,334.	0.			MINI-GRANT FOR THE "WRIGHT WAY TO LEAD" STUDENT COUNCIL STATE CONVENTION NOVEMBER 14,
RICHMOND DAY NURSERY 300 NORTH 10TH ST RICHMOND, IN 47374	35-0876393	501(C)(3)	17,805.	0.			DA DISTRIBUTION; TO PURCHASE A BOILER TO REPLACE AN OBSOLETE HEATING SYSTEM.
RICHMOND FAMILY YMCA 2023 CHESTER BOULEVARD RICHMOND, IN 47374	35-0984030	501(C)(3)	5,008.	0.			YMCA AQUATICS SUPPORT; TO COVER THE START UP COSTS OF THE AQUATICS PROGRAM.
RICHMOND PARKS & RECREATION DEPT 50 NORTH 5TH ST RICHMOND, IN 47374	35-6001174	501(C)(3)	37,075.	0.			SITE IMPROVEMENTS IN WHITEWATER GORGE PARK; MEDALLIONS FOR WHITEWATER GORGE PARK; IMPROVEMENTS

**2** Enter total number of Section 501(c)(3) and government organizations ..... **3** Enter total number of other organizations .....



**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**WAYNE COUNTY, INDIANA, FOUNDATION, INC.**

Employer identification number

**35-1406033**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 SYMPHONY ORCHESTRA PO BOX 982 RICHMOND, IN 47374	35-6042479	501(C)(3)	22,657.	0.			FEBRUARY DISTRIBUTION
ST PAUL'S EVANGELICA LUTHERAN CHURCH - 121 SOUTH 18TH ST - RICHMOND, IN 47374	35-0906500	501(C)(3)	7,836.	0.			FEBRUARY DISTRIBUTION
TOWN OF MILTON 306 WEST MAIN ST MILTON, IN 47357	35-1227557	501(C)(3)	8,500.	0.			TO PROVIDE A DOLLAR FOR DOLLAR MATCH OF NEW FUNDS UP TO \$7,500.00 FOR THE COST TO CONSTRUCT A
TOWNSEND COMMUNITY CENTER 855 NORTH 12TH ST RICHMOND, IN 47374	35-0892673	501(C)(3)	44,128.	0.			TO SUPPORT THE WISE WOMEN PROJECT FOCUSING ON THE OVERALL WELLBEING OF AFRICAN AMERICAN ELDER
UNITED WAY OF WHITEWATER VALLEY 129 SOUTH 9TH ST RICHMOND, IN 47374	35-1020935	501(C)(3)	11,489.	0.			EARNINGS ON ENDOWMENT FUND.
WAYNE COUNTY HISTORICAL MUSEUM 1150 NORTH A STREET RICHMOND, IN 47374	35-0899077	501(C)(3)	31,108.	0.			TO ASSIST WITH SEVERAL VARIOUS EXPENSES ALSO INCLUDING THE PURCHASE OF A COMPUTER AND ADDITIONAL
WAYNE COUNTY VISION PO BOX 2327 RICHMOND, IN 47375	31-0977020	501(C)(3)	6,178.	0.			TO ASSIST WITH THE COST OF BRINGING DAVE PELZER, AUTHOR OF SIX INSPIRATIONAL BOOKS, TO
YOUTH AS RESOURCES 501 SOUTH 7TH ST RICHMOND, IN 47374	35-1065170	501(C)(3)	7,000.	0.			TO SUPPORT THE YAR GRANT-MAKING PROGRAM THAT PROVIDES GRANTS TO YOUNG PEOPLE AGES 5 TO 19 TO

**2** Enter total number of Section 501(c)(3) and government organizations ..... **3** Enter total number of other organizations .....

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**WAYNE COUNTY, INDIANA, FOUNDATION, INC.**

Employer identification number

**35-1406033**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ZION'S LUTHERAN CHURCH PO BOX 6 PERSHING, IN 47370	35-1585708	501(C)(3)	12,500.	0.			QUARTERLY DISTRIBUTIONS FOR 1, 2, 3RD QUARTERS.
HABITAT FOR HUMANITY 1114 SOUTH F STREET RICHMOND, IN 47374	91-1914868	501(C)(3)	31,900.	0.			2008 ALTERNATIVE GIFT FAIR; TO SUPPORT THE "RECYCLE TO BUILD GREEN" PROGRAM BY PURCHASING

**2** Enter total number of Section 501(c)(3) and government organizations ..... **29**

**3** Enter total number of other organizations ..... **29**

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN RED CROSS

(H) PURPOSE OF GRANT OR ASSISTANCE: WOODMAN DA DISTRIBUTION, PURCHASE SUPPLIES FOR LOCAL DISASTER RELIEF, ASSIST WITH THE CONTINUATION AND EXPANSION OF YOUTH PROGRAMS IN WAYNE COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

BAXTER NEIGHBORHOOD HELP CENTER/I.U. EAST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FREE SUMMER CAMPS AND AFTER SCHOOL PROGRAMS THAT WILL FOCUS ON CHILDREN'S SELF-IMAGE, DECISION-MAKING, CIVIC ENGAGEMENT AND VIEW OF EDUCATION FOR YOUTH 10 - 15 YEARS OF AGE; TO FUND ALL THE THE GRANT REQUEST EXCEPT THE PURCHASE OF SOFTWARE; TO CREATE THE INFRASTRUCTURE FOR AN EDUCATIONAL OUTREACH PROGRAM FOCUSED ON GED COMPLETION AND COLLEGE READINESS FOR THE RESIDENTS OF THE JERRY GYER APARTMENTS.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: MEMBERSHIPS, SUMMER CAMP SCHOLARSHIPS, ACADEMIC ENRICHMENT SCHOLARSHIPS, SUMMER EARLY BIRD PROGRAM SCHOLARSHIPS; NOMINATION OF WICKEMEYER AWARD TO ASSIST WITH THE COSTS OF THE SUMMER ACADEMIC ENRICHMENT PROGRAM - A NINE WEEK PROGRAM FOR YOUTHS AGES 6 TO 12 YEARS OLD. THE PROGRAM WILL FOCUS ON IMPROVING READING AND MATH FLUENCY AND CAREER EXPLORATION; FEBRUARY DISTRIBUTION FOR LANDSCAPING TO PURCHASE A VARIETY OF ART SUPPLIES FOR THE FINE ARTS PROGRAM AND ASSIST WITH THE COST OF THE NATIONAL FINE ARTS EXHIBIT.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITIES IN SCHOOLS OF WAYNE COUNTY

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PEER TUTORING AND CROSS-AGED TUTORING TRAINING FOR WAYNE COUNTY STUDENTS - EXCLUDES STIPEND FOR TRAINERS; TO SPONSOR HARLEM AMBASSADORS SCHOOL ASSEMBLY FOR ALL WAYNE COUNTY MIDDLE SCHOOLS STUDENTS TO DELIVER THE MESSAGE TO STUDENTS "STAY IN SCHOOL" AND "STAY OFF DRUGS" - A COLLABORATION WITH RICHMOND ROTARY; WOMEN'S FUND GRANT.

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH THE COST OF THE SUMMER SMART PROGRAM DESIGNED TO ENGAGE GIRLS IN FUN ACTIVITIES BASED ON SCIENCE, MATH, AND RELEVANT TECHNOLOGY; 2008 ALTERNATIVE GIFT FAIR; TO SUPPORT THE COST OF PHASE I AND II OF THE STORYCORPS WAYNE COUNTY PROJECT INVOLVING GIRLS AND YOUNG WOMEN IN COLLECTING AND ARCHIVING STORIES FROM THE COMMUNITY; WOMEN'S FUND GRANT.

NAME OF ORGANIZATION OR GOVERNMENT: GOLAY COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH THE EXPANSION OF AN OPEN AIR FACILITY BY PURCHASING THE CONCRETE SLAB PORTION OF THE PROJECT.

NAME OF ORGANIZATION OR GOVERNMENT: ST ANDREW CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: DISTRIBUTION TO HELP PAY FOR CONSTRUCTION COSTS OF THE HIGH SCHOOL ALUMNI CENTER/GYMNASIUM; WORKBOOKS, FIELDTRIPS, PASTORAL MUSICIANS CONVENTION, STEWARDSHIP CONFERENCE, STUDENT BIBLES, SENIOR RETRET, YOUTH CONFERENCE, PASTORAL COUNSELING STUDIES AND SCHOLARSHIPS; SPEAKERS; ANSWER THE CALL/RETREATS. EDUCATION BOOKLETS, EDUCATOR CLASSES, CONFERENCES, WORKCAMP, HIGH SCHOOL RETREATS, YOUTH LEADERSHIP PROGRAM, AND WELLNESS MINISTRY SCHOLARSHIPS; SETON TUITION ASSISTANCE & HIGH SCHOOL SCHOLARSHIPS.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: INDIANA UNIVERSITY EAST

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE THIRD GRADE

READING ACADEMY; TO COVER PARTICIPATION FEE FOR THE EDUCATIONAL

EXHIBITION TITLED THE VEIL: VISIBLE & INVISIBLE SPACES, AT IU EAST FROM

MARCH 30TH TO APRIL 30TH 2009.

NAME OF ORGANIZATION OR GOVERNMENT: MURRAY & ASSOCIATES

(H) PURPOSE OF GRANT OR ASSISTANCE: INITAL DEPOSIT FOR 2008-2009

PROGRAMMING AT WAYNE COUNTY SCHOOLS AND CONSULTATIONS WITH THE

FOUNDATION.

NAME OF ORGANIZATION OR GOVERNMENT:

PARKS FOUNDATION COPE ENVIRONMENTAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: MINI-GRANT FOR BICYCLE MAP PROJECT;

2008 ALTERNATIVE GIFT FAIR; TO PURCHASE A DIESEL VEHICLE TO BE USED

PRIMARILY FOR PROGRAMS; WOMEN'S FUND GRANT.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE REMAINING EXPENSES FOR

THE PROTECTING YOU PROTECTING ME PROGRAM FOR 2007-2008 SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND CIVIC THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT OF THE PROJECT

WHICH INCLUDES THE COSTS OF BOOKS, WEBSITE, MARKETING, MOVIE RENTAL FOR

THE "COMMUNITY READ" PROGRAM; TO SUPPORT WAYNE COUNTY STUDENTS IN

"TRAVELING EDUCATIONAL THEATRE" PROGRAM WHICH WILL TRAVEL TO SCHOOLS AND

COMMUNITY YOUTH AND SERVICE PROGRAMS WITH THREE PERFORMANCES; TO ASSIST

**Part IV Supplemental Information**

IN FUNDING THREE EDUCATIONAL OUTREACH PROGRAMS: ARTS AS SELF-DISCOVERY, ARTS IN EDUCATION, AND ARTS FOR THE FUTURE. THESE PROGRAMS WILL FOCUS ON INCREASING VOLUNTEER BASE AMONG YOUTH AND FAMILIES IN WAYNE COUNTY; FEBRUARY DISTRIBUTION; TO SUPPORT THE PRODUCTION OF FRANKENSTEIN RADIO PLAY AS A FORM OF ADVERTISEMENT (FOR THE ACTUAL PLAY) AND A WAY TO UNITE STUDENTS, BUSINESSES, AND LIVE THEATRE; DA DISTRIBUTION FOR CAPITAL CAMPAIGN FUND.

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND COMMUNITY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: MINI-GRANT FOR THE "WRIGHT WAY TO LEAD" STUDENT COUNCIL STATE CONVENTION NOVEMBER 14, 15, 16TH 2008; TO SUPPORT THE 2008-2009 PROUDLY PRESENTING SERIES INCLUDING THE PUBLIC PERFORMANCES AND COMMUNITY OUTREACH/EDUCATIONAL ACTIVITIES THIS SERIES REPRESENTS SEVEN PERFORMANCES; GED TESTING - FIND CENTER 8904; GED TESTING AUGUST & SEPTEMBER 2008; 2008 MINI GRANT TO PURCHASE BOOKS AND MAGAZINES FOR THE ADULT EDUCATION LIBRARY; DA DISTRIBUTION TEST MIDDLE SCHOOL ROBOTICS TEAM C/O RICHARD SHROYER; WOMEN'S FUND GRANT- EXTRA CURRICULAR FUND DONATION.

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND PARKS & RECREATION DEPT

(H) PURPOSE OF GRANT OR ASSISTANCE: SITE IMPROVEMENTS IN WHITEWATER GORGE PARK; MEDALLIONS FOR WHITEWATER GORGE PARK; IMPROVEMENTS TO MCBRIDE STADIUM FOR THE WOODEN BAT LEAGUE; 2008 ALTERNATIVE GIFT FAIR BARK PARK; HILL'S BARK PARK; TO PROVIDE A DOLLAR FOR DOLLAR MATCH OF NEW FUNDS UP TO \$4,000.00 FOR THE PURCHASE AN INFLATABLE MOVIE SCREEN THAT IS EASILY TRANSPORTABLE AND WILL INCREASE ACCESSIBILITY TO FREE EVENTS THAT THE PARKS DEPARTMENT OFFERS THROUGHOUT THE YEAR; TO ASSIST WITH THE 2008 SUMMER CONCERT SERIES HELD IN GLEN MILLER PARK. THIS SERIES CONSISTS OF

Schedule I (Form 990) 2008

**Part IV** Supplemental Information

SIX SATURDAY EVENING CONCERTS THAT ARE FREE TO THE PUBLIC; TO PURCHASE TEACHING MATERIALS ABOUT THE ENVIRONMENT AND THE IMPORTANCE OF RECYCLING FOR YOUTH PROGRAMMING.

NAME OF ORGANIZATION OR GOVERNMENT: TOWN OF MILTON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE A DOLLAR FOR DOLLAR MATCH OF NEW FUNDS UP TO \$7,500.00 FOR THE COST TO CONSTRUCT A BASKETBALL COURT AS THE INITIAL PHASE OF A NEW PARK IN MILTON; DA DISTRIBUTION TOWARDS BEAUTIFICATION PROJECT.

NAME OF ORGANIZATION OR GOVERNMENT: TOWNSEND COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE WISE WOMEN PROJECT FOCUSING ON THE OVERALL WELLBEING OF AFRICAN AMERICAN ELDER WOMEN EXCLUDING PERSONNEL COSTS; DISTRIBUTION OPERATING EXPENSES; TO FUND ADMISSION FEES FOR THEIR SEVEN-WEEK SUMMER PROGRAM FOR YOUTH AGES FIVE TO THIRTEEN TO ENGAGE IN PHYSICAL ACTIVITIES, DEVELOP LONG TERM LEISURE SKILLS AND TO LEARN ABOUT THE IMPORTANCE OF HEALTHY EATING.

NAME OF ORGANIZATION OR GOVERNMENT: WAYNE COUNTY HISTORICAL MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH SEVERAL VARIOUS EXPENSES ALSO INCLUDING THE PURCHASE OF A COMPUTER AND ADDITIONAL SOFTWARE AND ACQUIRING AND STARTING OF RESTORATION ON A 1922 PILOT AUTO ROADSTER; TO FINISH THE RESTORATION WORK ON THE FRONT STEPS OF THE MUSEUM; TO COVER PRINTING EXPENSES FOR 5,000 NEW STUDENT ACTIVITY BOOKS CREATED BY THE LOGOS CLASS AT RCS; TO ASSIST WITH THE MODEL T'S COME TO RICHMOND PROJECT BY PURCHASING A BANNER FROM A LOCAL GRAPHIC ARTIST TO HANG ON THE PORCH DURING THE CELEBRATION.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WAYNE COUNTY VISION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH THE COST OF BRINGING DAVE PELZER, AUTHOR OF SIX INSPIRATIONAL BOOKS, TO CIVIC HALL ON MAY 22, 2008 TO INSPIRE OUR COMMUNITY AND ENCOURAGE EARLY REPORTING OF CHILD ABUSE AND NEGLECT WITH HIS PROGRAMS, "HELP YOURSELF" AND "REAL HEROES"; PREVENT CHILD ABUSE WAYNE COUNTY; PREVENT CHILD ABUSE EVENT WITH DAVE PELZER.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH AS RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE YAR GRANT-MAKING PROGRAM THAT PROVIDES GRANTS TO YOUNG PEOPLE AGES 5 TO 19 TO DEVELOP AND IMPLEMENT SERVICE PROJECTS THAT ADDRESS COMMUNITY ISSUES AND/OR NEEDS; TO SUPPORT THE EXPANSION OF THE WAYNE COUNTY VOICE INITIATIVE BY EDUCATING YOUTH TO TAKE A STAND AGAINST TOBACCO USE.

NAME OF ORGANIZATION OR GOVERNMENT: HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2008 ALTERNATIVE GIFT FAIR; TO SUPPORT THE "RECYCLE TO BUILD GREEN" PROGRAM BY PURCHASING TABLETOP DISPLAY, BROCHURES, RECYCLING BINS AND BANNERS.



**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization  
**WAYNE COUNTY, INDIANA, FOUNDATION, INC.**

Employer identification number  
**35-1406033**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	11	160,414.	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 Acknowledgment .....

**29**

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

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

Schedule M (Form 990) 2008

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: THE FOUNDATION WILL ACCEPT ALL FORMS OF DONOR PHILANTHROPY CONSISTENT WITH THEIR MISSION AND POLICIES, INCLUDING THOSE GIFTS WHOSE BENEFITS DO NOT FULLY ACCRUE TO THE FOUNDATIONS UNTIL SOME FUTURE TIME. GIFTS MAY BE RECEIVED OUTRIGHT, OR BY WILL OR BY TRUST. THE FOUNDATIONS WILL ONLY ACCEPT GIFTS, HOWEVER, WHICH ARE CONSISTENT WITH THEIR 501(C)(3) STATUS, RESERVING THE RIGHT TO REFUSE ANY PROPOSED GIFT, INCLUDING THOSE WHICH MAY SUBJECT THE FOUNDATIONS DIRECTLY OR INDIRECTLY TO ANY RESTRICTION OR CONDITION THAT PREVENTS THE FOUNDATIONS FROM FREELY AND EFFECTIVELY USING THE ASSETS, OR THE INCOME DERIVED FROM THEM, TO FURTHER THEIR EXEMPT PURPOSES.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

WAYNE COUNTY, INDIANA, FOUNDATION, INC.

Employer identification number

35-1406033

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

INDIANA.

FORM 990, PART VI, SECTION A, LINE 4: AT THE JANUARY 17, 2008 BOARD

MEETING, THE BOARD APPROVED THE ADDITION OF THE FINANCE COMMITTEE AS A  
STANDING COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 10: FORM 990, PART VI, SECTION A, LINE

10: THE FORM 990 IS REVIEWED AT A BOARD MEETING BEFORE THE DUE DATE OF THE  
TAX 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: FORM 990, PART VI, SECTION B, LINE

12C: MEMBERS OF THE BOARD OF DIRECTORS AND VOLUNTEERS WHO SERVE ON  
COMMUNITY FOUNDATION COMMITTEES REVIEW THE FOUNDATION'S THEN CURRENT  
CONFLICT OF INTEREST POLICY ANNUALLY. STAFF MEMBERS ALSO REVIEW THE POLICY  
ANNUALLY.

AFTER BOARD, VOLUNTEERS, AND STAFF REVIEW THE CONFLICT OF INTEREST POLICY,

THEY 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

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

WAYNE COUNTY, INDIANA, FOUNDATION, INC.

Employer identification number

35-1406033

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 15: FORM 990, PART VI, SECTION B, LINE 15: DETERMINING THE SALARY AND BENEFITS FOR THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES IS RESPONSIBILITY OF THE WAYNE COUNTY COMMUNITY FOUNDATION® BOARD OF DIRECTORS.

THE FOUNDATION® STAFF AND FINANCE COMMITTEE BEGIN WORK IN OCTOBER TO DRAFT AN OPERATING BUDGET FOR THE COMING YEAR. AT THIS TIME, STAFF ASSEMBLES COMPARATIVE SALARY INFORMATION FOR ALL STAFF POSITIONS FROM NATIONAL, REGIONAL, AND LOCAL SALARY SURVEYS. THE FINANCE COMMITTEE USES THIS INFORMATION AS A POINT OF REFERENCE, IN ADDITION TO OTHER PERTINENT FACTORS, TO RECOMMEND A TOTAL SALARIES EXPENSE.⊙ THIS REPRESENTS A MAXIMUM AMOUNT POOL⊙FROM WHICH ALL STAFF SALARIES, INCLUDING ANY COST OF LIVING AND MERIT RAISES, MUST BE DERIVED.

THE EXECUTIVE DIRECTOR PREPARES A REPORT OF THE PREVIOUS YEAR® ACTIVITIES AND ACHIEVEMENTS FOR THE BOARD OF DIRECTORS EACH JANUARY. THIS DOCUMENT ALSO OUTLINES THE GOALS AND OBJECTIVES FOR THE NEW YEAR. BOARD MEMBERS ALSO RECEIVE A COPY OF THE EXECUTIVE DIRECTOR® CURRENT JOB DESCRIPTION AND A SURVEY INSTRUMENT RELATING TO HIS OR HER PERFORMANCE DURING THE PREVIOUS

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

WAYNE COUNTY, INDIANA, FOUNDATION, INC.

Employer identification number

35-1406033

YEAR AND THE GOALS SUGGESTED.

THE BOARD CHAIR COLLECTS THE RETURNED SURVEYS AND SHARES THE ASSIMILATED INFORMATION WITH THE EXECUTIVE COMMITTEE. BASED ON THIS INFORMATION AND SALARY SURVEY DATA USED IN THE BUDGET DEVELOPMENT PROCESS, THE EXECUTIVE COMMITTEE WILL SET THE EXECUTIVE DIRECTOR'S SALARY FOR THE CURRENT YEAR (WITH ANY INCREASES OR DECREASES IN COMPENSATION BEING RETROACTIVE TO JANUARY 1) AND CHARGE THE BOARD CHAIR WITH CONDUCTING A PERFORMANCE REVIEW. AT THIS TIME, THE EXECUTIVE DIRECTOR'S PERSONAL PERFORMANCE GOALS WILL BE SET AND THE EXECUTIVE DIRECTOR WILL HAVE THE OPPORTUNITY TO REACT TO THE PERFORMANCE SURVEY INFORMATION. ADDITIONAL MEETINGS AND REVIEWS WILL BE SET AS NEEDED AND THE BOARD CHAIR WILL REPORT BACK TO THE BOARD ANY SUBSTANTIVE OUTCOMES OF THE INDIVIDUAL PERFORMANCE REVIEW.

FORM 990, PART VI, SECTION C, LINE 19: FORM 990, PART VI, SECTION C, LINE 19: WAYNE COUNTY COMMUNITY FOUNDATION, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC IMMEDIATELY UPON REQUEST THROUGH THE FOUNDATION'S 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. FORM 990 IS ALSO IMMEDIATELY AVAILABLE UPON REQUEST THROUGH THE FOUNDATION'S OFFICE.

**Related Organizations and Unrelated Partnerships**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
▶ **See separate instructions.**

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

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN 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**

(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
VIGRAN FAMILY FOUNDATION INC - 35-2107926 33 SOUTH 7TH STREET RICHMOND, IN 47374	SUPPORTING ORGANIZATION	INDIANA	501(C)(3)	TYPE 1 S.O.	

**Part III Identification of Related Organizations Taxable as a Partnership**

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportion- ate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(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

**Part V Transactions With Related Organizations**

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

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

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

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) VIGRAN FAMILY FOUNDATION	C	23,187.
(2) VIGRAN FAMILY FOUNDATION	R	14,047.
(3)		
(4)		
(5)		
(6)		



**Part VI Unrelated Organizations Taxable as a Partnership**

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of- year assets	(F) Dispropor- tionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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

2008

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

Department of the Treasury Internal Revenue Service

For calendar year 2008 or other tax year beginning , and ending

Header section containing organization name (WAYNE COUNTY, INDIANA, FOUNDATION, INC.), address (33 SOUTH 7TH STREET, NO. 1, RICHMOND, IN 47374), and identification numbers.

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

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

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

Table for Part I: Unrelated Trade or Business Income. Columns include (A) Income, (B) Expenses, and (C) Net. Total income is 37,073.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.)

Table for Part II: Deductions Not Taken Elsewhere. Lists various deductions such as charitable contributions (3,076) and total deductions (8,386), resulting in an unrelated business taxable income of 27,687.

Part III Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 35 (Organizations Taxable as Corporations), 36 (Trusts Taxable at Trust Rates), 37 (Proxy tax), 38 (Alternative minimum tax), and 39 (Total).

Part IV Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 40a-40e (Credits), 41-43 (Taxes), 44a-44f (Payments), 45 (Total payments), 46 (Estimated tax penalty), 47 (Tax due), 48 (Overpayment), and 49 (Amount of line 48).

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 1, 2, and 3 regarding foreign accounts, foreign trusts, and tax-exempt interest.

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

N/A

Table with 3 columns: Line number, Description, and Amount. Includes lines 1-5 (Inventory and Costs) and line 6 (Inventory at end of year). Includes question 8 regarding section 263A costs.

Sign Here

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.

Signature of officer: EXECUTIVE DIRECTOR

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

Paid Preparer's Use Only

Preparer's signature: ESTEP BURKEY SIMMONS, LLC; Date; Firm's name; Address; EIN: 04-3587095; Phone: 765-284-7554

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 19)

1 Description of property

Table with 4 rows for property description (1-4).

2 Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

(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 on page 19)

Table with 4 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions.

Table with 5 columns: 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Totals 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.

Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

Table for Exempt Controlled Organizations with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income, 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.

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income.

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

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

(see instructions on page 21)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides, 5 Total deductions and set-asides. Totals row shows 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 21)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income (loss), 5 Gross income from activity, 6 Expenses attributable, 7 Excess exempt expenses. Totals row shows 0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Totals row shows 0.

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

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Totals row shows 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

Table with 4 columns: 1 Name, 2 Title, 3 Percent of time devoted to business, 4 Compensation attributable to unrelated business. Total row shows 0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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OWNERSHIP OF S CORPORATION STOCK AND LLC UNITS

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	2
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DESCRIPTION	AMOUNT
WAYTRU BANCORP	34,972.
RODEFELD PROPERTIES, LLC	2,336.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	37,308.

FORM 990-T	CONTRIBUTIONS	STATEMENT	3
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DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS	N/A	430.
CONTRIBUTION CARRYOVER	N/A	4,563.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		4,993.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	4
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DESCRIPTION	AMOUNT
TAX RETURN PREPARATION	300.
BANK AND TRUSTEE FEES	5,010.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	5,310.