

Form **990**

Return of Organization Exempt From Income Tax

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization WAYNE COUNTY INDIANA FOUNDATION, INC.		D Employer identification number 35-1406033	
		Doing Business As		E Telephone number 765-962-1638	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 8,144,485.	
		33 SOUTH 7TH STREET, NO. 1		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City or town, state or country, and ZIP + 4 RICHMOND, IN 47374		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
F Name and address of principal officer: STEPHEN C. BORCHERS		H(c) Group exemption number ▶			
SAME AS C ABOVE					
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.WAYNECOUNTYFOUNDATION.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1978	M State of legal domicile: IN	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ATTRACT, RECEIVE, HOLD AND DISTRIBUTE CONTRIBUTED FUNDS FOR THE BENEFIT OF WAYNE COUNTY,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	76
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	29,745.
b Net unrelated business taxable income from Form 990-T, line 34	7b	11,372.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,338,735.	2,192,307.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	302,064.	294,915.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,744,229.	293,509.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	105,685.	87,038.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,490,713.	2,867,769.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,562,611.	1,174,713.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	284,224.	317,690.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 112,467.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	850,793.	832,738.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,697,628.	2,325,141.
19 Revenue less expenses. Subtract line 18 from line 12	2,793,085.	542,628.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	22,301,118.	26,689,079.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,306,065.	1,466,258.
		18,995,053.	25,222,821.

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			
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		EIN ▶	Phone no. ▶ (765) 966-0531
BRADY, WARE & SCHOENFELD, INC.				
ONE WOODSIDE DRIVE				
RICHMOND, IN 47374				

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

Part III Statement of Program Service Accomplishments

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No [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 \$ 721,987. including grants of \$) (Revenue \$ 381,953.) GRANTMAKING: THE WAYNE COUNTY FOUNDATION ADMINISTERS 211 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 \$ 452,726. including grants of \$) (Revenue \$) SCHOLARSHIPS: THE WAYNE COUNTY FOUNDATION ADMINISTERS 132 SCHOLARSHIP FUNDS TO HELP QUALIFIED STUDENTS CONTINUE THEIR POST SECONDARY ACADEMIC STUDIES AT COLLEGES, UNIVERSITIES AND TRADE SCHOOLS IN THE COUNTY, THROUGHOUT THE STATE, AND ACROSS THE REGION. IN ADDITION TO DIRECT SUPPORT FOR THOSE STUDENTS SELECTED, THE FOUNDATION'S SCHOLARSHIPS SERVE TO ENCOURAGE ALL STUDENTS TO DO WELL IN THEIR STUDIES. FOUNDATION SCHOLARSHIPS INCLUDE AWARDS FOR SPECIFIC COURSES OF STUDY AT IDENTIFIED INSTITUTIONS OF HIGHER LEARNING, AS WELL AS A NUMBER OF LESS RESTRICTIVE AWARDS TO SUPPORT GENERAL STUDIES.

4c (Code:) (Expenses \$ 531,246. 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 POST SECONDARY 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 \$ 1,705,959.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	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 22		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	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 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	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	If "Yes," enter the name of the foreign country: <u>BRITISH VIRGIN IS</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? N/A		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders N/A	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

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

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

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

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**
33 SOUTH 7TH STREET, NO. 1, RICHMOND, IN 47374

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(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			
CAROL MCKEY CHAIR	1.00	X		X				0.	0.	0.
ADAM FORREST VICE CHAIR	1.00	X		X				0.	0.	0.
TOM ALBERTS SECRETARY	1.00	X		X				0.	0.	0.
BOB RAMSEY TREASURER	1.00	X		X				0.	0.	0.
LESLIE DUCEY MEMBER	1.00	X						0.	0.	0.
JON FORD MEMBER	1.00	X						0.	0.	0.
DAVID JETMORE MEMBER	1.00	X						0.	0.	0.
SHELLEY D MILLER MEMBER	1.00	X						0.	0.	0.
SABRINA PENNINGTON MEMBER	1.00	X						0.	0.	0.
BOB ROSA MEMBER	1.00	X						0.	0.	0.
DICK SMITH MEMBER	1.00	X						0.	0.	0.
ALAN SPEARS MEMBER	1.00	X						0.	0.	0.
TAMMY WILLIAMSON MEMBER	1.00	X						0.	0.	0.
BENJAMIN YOUNG MEMBER	1.00	X						0.	0.	0.
CHARLES TODD MEMBER	1.00	X						0.	0.	0.
SARA JANE MOYER MEMBER	1.00	X						0.	0.	0.
STEVE BORCHERS EXECUTIVE DIRECTOR	40.00			X				83,022.	0.	11,201.

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			
AMY WALTZ FINANCE OFFICER	40.00			X				18,091.	0.	0.
1b Total								101,113.	0.	11,201.

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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 but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	219,230.7.			
	g Noncash contributions included in lines 1a-1f: \$		101,563.			
	h Total. Add lines 1a-1f		219,230.7.			
	Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code 900099	294,915.	294,915.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			294,915.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		560,595.		29,745.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	42,255.			
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	42,255.			
	d Net rental income or (loss)		42,255.	42,255.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	5,003,388.			
		(ii) Other	6,242.			
		b Less: cost or other basis and sales expenses	5,276,716.			
		c Gain or (loss)	-273,328.	6,242.		
	d Net gain or (loss)		-267,086.		-267,086.	
	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	44,783.	44,783.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		44,783.				
12 Total revenue. See instructions.		286,776.9.	381,953.	29,745.	263,764.	

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	721,987.	721,987.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	452,726.	452,726.		
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	88,683.	35,473.	26,605.	26,605.
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	172,305.	64,516.	65,559.	42,230.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	34,704.	17,233.	10,425.	7,046.
10 Payroll taxes	21,998.	8,361.	7,746.	5,891.
11 Fees for services (non-employees):				
a Management				
b Legal	3,984.		3,984.	
c Accounting	21,311.		21,311.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	18,000.	18,000.		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	9,774.		9,774.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,721.		7,313.	3,408.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,362.		24,362.	
23 Insurance	3,389.		3,389.	
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 FOUNDATION MANAGEMENT F	278,467.		278,467.	
b OTHER EXPENSES	213,309.	213,309.		
c TRUSTEE FEES	105,934.	105,934.		
d AGENCY EXPENSES	38,378.	38,378.		
e LILLY SRD	23,490.	23,490.		
f All other expenses	81,619.	6,552.	47,780.	27,287.
25 Total functional expenses. Add lines 1 through 24f	2,325,141.	1,705,959.	506,715.	112,467.
26 Joint costs. 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)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	1,900,642.	2	640,211.	
	3 Pledges and grants receivable, net	255,125.	3	1,710,890.	
	4 Accounts receivable, net	14,944.	4	10,758.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5
	6 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				6
	7 Notes and loans receivable, net				7
	8 Inventories for sale or use				8
	9 Prepaid expenses and deferred charges				9
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 691,114.			
	b Less: accumulated depreciation	10b 220,961.	482,964.	10c	470,153.
	11 Investments - publicly traded securities	17,498,660.	11	16,728,757.	
	12 Investments - other securities. See Part IV, line 11	2,145,862.	12	7,125,872.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	2,921.	15	2,438.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,301,118.	16	26,689,079.		
Liabilities	17 Accounts payable and accrued expenses	2,741.	17	5,150.	
	18 Grants payable	191,610.	18	158,487.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,314,580.	21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	322,987.	23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	1,474,147.	25	1,302,621.	
	26 Total liabilities. Add lines 17 through 25	3,306,065.	26	1,466,258.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	17,698,567.	27	23,334,385.	
	28 Temporarily restricted net assets	89,575.	28	1,828,436.	
	29 Permanently restricted net assets	1,206,911.	29	60,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	18,995,053.	33	25,222,821.	
34 Total liabilities and net assets/fund balances	22,301,118.	34	26,689,079.		

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - 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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,036,920.	923,240.	1,032,806.	1,338,735.	2,192,307.	6,524,008.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,036,920.	923,240.	1,032,806.	1,338,735.	2,192,307.	6,524,008.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,630,901.
6 Public support. Subtract line 5 from line 4.						4,893,107.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,036,920.	923,240.	1,032,806.	1,338,735.	2,192,307.	6,524,008.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	665,933.	690,172.	766,023.	603,007.	566,837.	3,291,972.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	19,456.	20,368.	21,010.	37,073.	29,745.	127,652.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	17,110.	24,294.	102,352.	302,064.	294,915.	740,735.
11 Total support. Add lines 7 through 10						10,684,367.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	45.80	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	55.26	%

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

WAYNE COUNTY INDIANA FOUNDATION, INC.

35-1406033

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 1,525,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 114,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 83,164.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 59,699.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

WAYNE COUNTY INDIANA FOUNDATION, INC.

35-1406033

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	4,310 SHARES OF SCHERING PLOUGH CORPORATION STOCK	\$ 59,699.	09/15/09
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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	25	
2 Aggregate contributions to (during year)	54,077.	
3 Aggregate grants from (during year)	51,026.	
4 Aggregate value at end of year	429,208.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

Yes No

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

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

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

Yes No

9 In Part 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	19,263,942.	28,262,739.			
b Contributions	184,4764.	995,578.			
c Net investment earnings, gains, and losses	450,8376.	-7,908,713.			
d Grants or scholarships	1,056,071.	1,353,746.			
e Other expenditures for facilities and programs	157,669.	339,157.			
f Administrative expenses	364,632.	392,759.			
g End of year balance	24,038,710.	19,263,942.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 92.50 %
- b Permanent endowment .20 %
- c Term endowment 7.30 %

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

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input checked="" type="checkbox"/>	

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) Accumulated depreciation	(d) Book value
1a Land		20,000.		20,000.
b Buildings		612,356.	183,265.	429,091.
c Leasehold improvements				
d Equipment				
e Other		58,758.	37,696.	21,062.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				470,153.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,867,769.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,325,141.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	542,628.
4	Net unrealized gains (losses) on investments	4	4,407,772.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	109,597.
8	Other (Describe in Part XIV.)	8	1,167,771.
9	Total adjustments (net). Add lines 4 through 8	9	5,685,140.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	6,227,768.

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	6,620,392.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	4,407,772.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-655,149.
e	Add lines 2a through 2d	2e	3,752,623.
3	Subtract line 2e from line 1	3	2,867,769.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,867,769.

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

1	Total expenses and losses per audited financial statements	1	2,119,281.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,119,281.
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	205,860.
c	Add lines 4a and 4b	4c	205,860.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,325,141.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING

POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO OUTPERFORM INFLATION,

ESTABLISH A DIVERSIFIED INVESTMENT PORTFOLIO, OFFER EQUITY AND FIXED

INCOME INVESTMENTS THAT ARE DIVERSIFIED AMONG SECURITIES AND INDUSTRIES,

THUS MINIMIZING THE RISK OF LARGE LOSSES, AND TO MAXIMIZE THE TOTAL RETURN

WITHIN REASONABLE AND PRUDENT LEVELS OF RISK. THE FOUNDATION'S SPENDING

AND INVESTMENT POLICIES WORK TOGETHER TO ACHIEVE THIS OBJECTIVE. THE

INVESTMENT POLICY ESTABLISHES A RETURN OBJECTIVE THROUGH DIVERSIFICATION

Part XIV Supplemental Information (continued)

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

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDS HELD FOR OTHERS: -508340.

CHANGE IN SPLIT INTEREST AGREEMENTS: -146809.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

FUNDS HELD FOR OTHERS: 205860.

PART X - LINE 2

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. 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 ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVA RESOURCES CORPORATION, INC 800 MENDELSON DRIVE RICHMOND, IN 47374	35-1005528	501(C)3	24,000.	0.			TO PAY FOR THE FINAL CONSTRUCTION COSTS OF DEVELOPMENT CENTER.
AMIGOS/COMMUNITY ACTION OF EAST CENTRAL INDIANA - 855 NORTH 12TH STREET - RICHMOND, IN 47374	35-6055737	501(C)3	6,300.	0.			TO ASSIST HISPANIC FAMILIES IN NAVIGATING THE SCHOOL SYSTEM IN RICHMOND BY BRINGING
BIRTH-TO-FIVE, INC 315 NORTHWEST THIRD STREET RICHMOND, IN 47374	35-1843800	501(C)3	9,913.	0.			TO PURCHASE UPDATED DEVELOPMENT SCREENING KITS, FORMS, AND TRAINING VIDEOS. TO PURCHASE
BOYS AND GIRLS CLUBS OF WAYNE COUNTY - 1717 SOUTH L STREET - RICHMOND, IN 47374	35-1065715	501(C)3	18,104.	0.			TO PURCHASE SOFTWARE LICENSES FOR THE LEXIA LEARNING PROJECT TO INCREASE THE READING
CENTERVILLE-ABINGTON COMMUNITY SCHOOL CORPORATION - 509 WILLOW GROVE ROAD - CENTERVILLE, IN 47330	35-6006868		7,419.	0.			TO FUND THE AFTER SCHOOL BUS PROGRAM BY PROVIDING RURAL BUSED STUDENTS TRANSPORTATION HOME AFTER
CENTER CITY DEVELOPMENT COMPANY 814 EAST MAIN STREET RICHMOND, IN 47374	31-1210665	501(C)3	6,500.	0.			TO BE USED FOR EDUCATIONAL STIPENDS FOR ARTISTS FOR THE FIRST PHASE OF THE FESTIVAL OF

- 2** Enter total number of section 501(c)(3) and government organizations ▶ **34.**
- 3** Enter total number of other organizations ▶ **5.**

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

Schedule I (Form 990) 2009

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" to Form 990, Part IV, line 22. Use Part IV and 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 FOR POST SECONDARY EDUCATION	278	452,726.	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: THE FOUNDATION REQUIRES ALL GRANTEES TO COMPLETE A FINAL REPORT WITHIN ONE YEAR OF RECEIVING GRANT FUNDS. THE FINAL GRANT REPORT CONTAINS SPECIFIC QUESTIONS REGARDING HOW GRANT FUNDS RECEIVED WERE ALLOCATED AND SERVES AS VERIFICATION THAT GRANT MONIES WERE SPENT IN ACCORDANCE WITH THE ORIGINAL GRANT. IF THE FOUNDATION FEELS IT NECESSARY, A SITE VISIT WILL ALSO BE PERFORMED IN ORDER TO VERIFY THAT GRANT FUNDS ARE USED IN ACCORDANCE WITH THE ORIGINAL GRANT AGREEMENT.

PART II, LINE 1, COLUMN (H):

**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
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

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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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CHRISTIAN SCHOOL P.O. BOX 1393 RICHMOND, IN 47374	35-1653794	501(C)3	13,271.	0.			2009 DISTRIBUTION FROM AVAILABLE FUNDS
COMMUNITY FOOD PANTRY 306 NORTH 19TH STREET RICHMOND, IN 47374	35-1805444	501(C)3	9,144.	0.			TO INSTALL A CONCRETE REAR ENTRANCE RAMP FOR EASY ACCESS INTO THE PANTRY FOR DISABLED
DIPLOMAS IN SCHOOL NURSERY FOR TEEN MOTHERS - 380 HUB ETCHISON PARKWAY - RICHMOND, IN 47374	35-1742438	501(C)3	5,640.	0.			TO PROVIDE ONE MONTH'S EXPENSE FOR UP TO 26 INFANTS AND TODDLERS AT RHS. THE GRANT DOES NOT
EARLHAM COLLEGE 801 NATIONAL ROAD WEST RICHMOND, IN 47374	35-0868073	501(C)3	46,249.	0.			2009 FEBRUARY DISTRIBUTION AND TO HELP ESTABLISH A RESEARCH CENTER A COLLABORATION
GIRLS INC P.O. BOX 43 RICHMOND, IN 47375	23-7188644	501(C)3	6,150.	0.			TO PURCHASE A 25 PASSENGER BUS AND REPLACE FRONT ENTRYWAY DOOR. WOMEN'S FUND 2009 GRANTS
HABITAT FOR HUMANITY 1114 SOUTH F STREET RICHMOND, IN 47374	91-1914868	501(C)3	10,300.	0.			TO PROVIDE A TWO-TO-ONE MATCH ON THE PURCHASE A SKID LOADER-EXCAVATOR. WOMEN'S FUND 2009 GRANT -
HELP THE ANIMALS P.O. BOX 117 RICHMOND, IN 47374	35-1772951	501(C)3	5,400.	0.			TO MAKE REPAIRS TO THE WATER DAMAGED WEST WALL OF THE SHELTER BUILDING AND INSTALL GATES ON DOG
HISTORIC HAGERSTOWN, INC. P.O. BOX 126 HAGERSTOWN, IN 47346	23-7225013	501(C)3	5,864.	0.			TO ASSIST WITH THE ARTS DISCOVERY PROGRAM BY PAYING PROFESSIONAL FEES, PURCHASING ART AND OTHER

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

Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ANDREW CHURCH 240 SOUTH 6TH STREET RICHMOND, IN 47374	35-0992124	501(C)3	157,587.	0.			GRANT REQUEST FOR LEARNING MATERIALS, TRAINING, CONVENTIONS & RETREATS. SCHOLARSHIPS.
INDIANA UNIVERSITY EAST 2325 CHESTER BOULEVARD RICHMOND, IN 47374	35-6001673	501(C)3	14,519.	0.			RICHMOND AREA BENCHMARKING STUDY. TUTORING EXPENSE FOR THIRD GRADE ACADEMY 2008.
INDIANA WOMEN IN NEED 2907 CANTERBURY COURT RICHMOND, IN 47374	91-2057735	501(C)3	5,800.	0.			TO PROVIDE PERSONAL SERVICES TO TEN FINANCIALLY-CHALLENGED WOMEN IN WAYNE COUNTY WHO
KIWANIS CLUB OF RICHMOND P.O. BOX 2674 RICHMOND, IN 47374	35-0444047		6,190.	0.			2009 FEBRUARY DISTRIBUTION
LEVI COFFIN HOUSE ASSOCIATION 113 US 27 NORTH FOUNTAIN CITY, IN 47341	31-1182438	501(C)3	8,002.	0.			TO PROVIDE REPAIRS TO BARN AND HOUSE AND TO PURCHASE A NEW COMPUTER, LAPTOP, AND VIDEO
MORRISSON-REEVES LIBRARY 80 NORTH 6TH STREET RICHMOND, IN 47374	35-6001895	501(C)3	6,755.	0.			INSTITUTE FOR CREATIVE LEADERSHIP SCHOLARSHIP SPRING 2009, 2009 FEBRUARY DISTRIBUTION AND
NATIONAL ALLIANCE FOR MENTALLY ILL 498 NW 18TH STREET RICHMOND, IN 47374	35-1640701	501(C)3	10,479.	0.			FOR RENOVATIONS THAT ARE NEEDED TO KEEP THE NAMI BUILDING MAINTAINED AND IN PROPER WORKING ORDER.
PARKS FOUNDATION COPE ENVIRONMENTAL CENTER - 4910 SHOEMAKER ROAD - CENTERVILLE, IN 47330	35-1856406	501(C)3	9,550.	0.			TO SUPPORT THE 11TH ANNUAL FAMILY EARTH DAY CELEBRATION. WOMEN'S FUND 2009 GRANT FOR

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEER INFORMATION CENTER FOR TEENS INC - 380 HUB ETCHISON PARKWAY - RICHMOND, IN 47374	35-1956555	501(C)3	5,857.	0.			TO SUPPORT THE PROTECTING YOU PROTECTING ME CURRICULUM. THE GRANT DOES NOT PROVIDE FUNDING
RICHMOND CIVIC THEATRE 1003 EAST MAIN STREET RICHMOND, IN 47374	35-0886844	501(C)3	15,423.	0.			MURRAY CENTENNIAL CAMPAIGN DONATION. WOMEN'S FUND 2009 GRANT SUPPORT WOMEN: UNIQUE BY
RICHMOND COMMUNITY SCHOOLS 300 HUB ETCHISON PARKWAY RICHMOND, IN 47374	35-1071211		19,258.	0.			REQUESTS FOR TEACHER MINI-GRANT FUNDS. TO SUPPORT THE 2009-2010 PROUDLY PRESENTING SERIES
RICHMOND FAMILY YMCA 2023 CHESTER BOULEVARD RICHMOND, IN 47374	35-0984030	501(C)3	6,662.	0.			TO HELP RAISE ADDITIONAL DOLLARS THROUGH CORPORATE MEMBERSHIP CAMPAIGN FOR LOW INCOME FAMILIES IN
RICHMOND PARKS AND RECREATION DEPARTMENT - 50 NORTH 5TH STREET - RICHMOND, IN 47374	35-6001174		13,565.	0.			PURCHASE DRINKING FOUNTAIN, GRASS SEED AND WASTE STATION BAGS. TO ASSIST WITH THE ARTIST
RICHMOND SYMPHONY ORCHESTRA 300 HUB ETCHISON PARKWAY RICHMOND, IN 47374	35-6042479	501(C)3	23,088.	0.			TO ASSIST WITH THE COST OF THE RSO TO PERFORM FOUR FREE BRASS CONCERTS THROUGHOUT WAYNE COUNTY.
SENIOR OPPORTUNITIES SERVICES 401 SOUTH 4TH STREET RICHMOND, IN 47374	31-0918573	501(C)3	5,300.	0.			TO ASSIST SENIORS AND DISABLED PERSONS WHO NEED HOMEMAKER SERVICES AND GENERAL OPERATING SUPPORT
SUNRISE INC 2670 MINNEMAN ROAD RICHMOND, IN 47374	31-0979407	501(C)3	5,205.	0.			TO ESTABLISH A SCHOLARSHIP FUND TO SUBSIDIZE THE COST OF THE THERAPEUTIC HORSEBACK

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

Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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35-1406033

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF DUBLIN 2250 EAST CUMBERLAND STREET DUBLIN, IN 47335	35-6001006		15,000.	0.			TO PROVIDE A NEW ROLLER RINK FLOOR AT THE DUBLIN COMMUNITY CLUB.
TOWNSEND COMMUNITY CENTER 855 NORTH 12TH STREET RICHMOND, IN 47374	35-0892673	501(C)3	38,955.	0.			TO SUPPORT YOUTH INITIATIVES ABOUT PHYSICAL ACTIVITIES, HEALTHY EATING HABITS IN
TRIAD 1600 SOUTH SECOND STREET RICHMOND, IN 47374	20-4493071	501(C)3	6,000.	0.			TO PURCHASE A MEDICAL WASTE INCINERATOR TO DISPOSE OF DRUGS.
WAYNE COUNTY HISTORICAL MUSEUM 1150 NORTH A STREET RICHMOND, IN 47374	35-0899077	501(C)3	26,428.	0.			TO ASSIST WITH UPGRADES TO THE SECURITY SYSTEM AT THE MUSEUM. FOR PRESERVATION WORK IN THE
WAYNE COUNTY SOIL AND WATER CONSERVATION DISTRICT - 823 SOUTH ROUND BARN ROAD - RICHMOND, IN 47374	35-1067757	501(C)3	6,250.	0.			TO SPONSOR A RURAL HOMEOWNERS WORKSHOP FOR WELL WATER TESTING AND SEPTIC SYSTEM
WILLIAMSBURG AREA COMMUNITY CENTER P.O. BOX 145 WILLIAMSBURG, IN 47393	35-1581094	501(C)3	19,700.	0.			TO REPLACE THE ROOF OVER THE ORIGINAL SCHOOL BUILDING.
YOUNG WOMEN'S CHRISTIAN ASSOCIATION - 15 SOUTH 11TH STREET - RICHMOND, IN 47374	35-0868959	501(C)3	12,705.	0.			IN SUPPORT OF GENESIS OF THE YWCA. WOMEN'S FUND 2009 GRANT FOR MAKEOVERS AND DA DISTRIBUTION.
YOUTH AS RESOURCES 501 SOUTH 7TH STREET RICHMOND, IN 47374		501(C)3	7,000.	0.			TO SUPPORT WAYNE COUNTY VOICE INITIATIVE WHICH EMPOWERS YOUTH TO TAKE A STAND AGAINST TOBACCO

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

Schedule I-1 (Form 990) 2009

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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZION'S LUTHERAN CHURCH P.O. BOX 6 PERSHING, IN 47370	35-1585708	501(C)3	12,000.	0.			LAST QUARTER 2008 DISTRIBUTION, FIRST AND SECOND QUARTER 2009 DISTRIBUTIONS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

AMIGOS/COMMUNITY ACTION OF EAST CENTRAL INDIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST HISPANIC FAMILIES IN NAVIGATING THE SCHOOL SYSTEM IN RICHMOND BY BRINGING SCHOOL STAFF AND HISPANIC FAMILIES TOGETHER FOR DISCUSSION AND SHARING OF INFORMATION. TO PROVIDE ACTIVITIES TO BRING FAMILIES TOGETHER. WOMEN'S FUND 2009 GRANT FOR TRANSLATION AND SUPPLIES.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE UPDATED DEVELOPMENT SCREENING KITS, FORMS, AND TRAINING VIDEOS. TO PURCHASE BOOKS AND OTHER SUPPLIES FOR LITERACY ACTIVITIES FOR ADULTS WITH YOUNG CHILDREN AND PRINTING AND POSTAGE COSTS FOR THE PROGRAM. GENERAL OPERATING SUPPORT.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE SOFTWARE LICENSES FOR THE LEXIA LEARNING PROJECT TO INCREASE THE READING COMPETENCY LEVELS OF LOCAL STUDENTS. TO HELP ESTABLISH A WELL-ROUNDED SET OF PROGRAMS AND ACTIVITIES, SPECIFICALLY AN ENHANCED GAMES ROOM AND RECREATIONAL ACTIVITIES, AS WELL AS ARTS AND CRAFTS FOR THE HAGERSTOWN PROGRAM. TO ASSIST WITH MAINTENANCE AND IMPROVEMENTS TO CAMP GUY THAT IS USED FOR SUMMER CAMPS. WOMEN'S FUND 2009 GRANTS FOR SMART GIRLS PROGRAM AND CLUB MEMBERSHIPS

NAME OF ORGANIZATION OR GOVERNMENT:

CENTERVILLE-ABINGTON COMMUNITY SCHOOL CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE AFTER SCHOOL BUS PROGRAM BY PROVIDING RURAL BUSED STUDENTS TRANSPORTATION HOME AFTER NORMAL SCHOOL

Part IV Supplemental Information

HOURS. TO PROVIDE TRANSPORTATION TO JUNIOR HIGH STUDENTS WITH AFTER SCHOOL PROGRAMS. 2009-2010 TEACHER MINI-GRANTS. TO ASSIST MS. GABLE'S 5TH GRADE CLASSES TO ATTEND A MISSION TO MARS FIELDTRIP.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER CITY DEVELOPMENT COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE USED FOR EDUCATIONAL STIPENDS FOR ARTISTS FOR THE FIRST PHASE OF THE FESTIVAL OF MURALS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INSTALL A CONCRETE REAR ENTRANCE RAMP FOR EASY ACCESS INTO THE PANTRY FOR DISABLED CLIENTS AND VOLUNTEERS AND FOR UNLOADING AND DELIVERING BULK FOOD AND STAFF MINI GRANT

NAME OF ORGANIZATION OR GOVERNMENT:

DIPLOMAS IN SCHOOL NURSERY FOR TEEN MOTHERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ONE MONTH'S EXPENSE FOR UP TO 26 INFANTS AND TODDLERS AT RHS. THE GRANT DOES NOT INCLUDE PERSONNEL EXPENSES.

NAME OF ORGANIZATION OR GOVERNMENT: EARLHAM COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: 2009 FEBRUARY DISTRIBUTION AND TO HELP ESTABLISH A RESEARCH CENTER A COLLABORATION BETWEEN EARLHAM, IU EAST, AND IVY TECH.

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE A 25 PASSENGER BUS AND REPLACE FRONT ENTRYWAY DOOR. WOMEN'S FUND 2009 GRANTS FOR 2 BILLBOARDS. MINI-GRANT FOR ANNUAL GIRLS INC. 5K RUN AND GENERAL OPERATING SUPPORT.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE A TWO-TO-ONE MATCH ON THE PURCHASE A SKID LOADER-EXCAVATOR. WOMEN'S FUND 2009 GRANT - DOWN PAYMENT FOR TWO WOMEN. GENERAL OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: HELP THE ANIMALS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MAKE REPAIRS TO THE WATER DAMAGED WEST WALL OF THE SHELTER BUILDING AND INSTALL GATES ON DOG RUNS.

MINI-GRANT REQUEST FROM 6TH, 7TH, & 8TH LOGOS STUDENTS. GENERAL OPERATING SUPPORT. MINI-GRANT ON BEHALF OF HELPING HANDS, HELPING PAWS

NAME OF ORGANIZATION OR GOVERNMENT: HISTORIC HAGERSTOWN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH THE ARTS DISCOVERY PROGRAM BY PAYING PROFESSIONAL FEES, PURCHASING ART AND OTHER SUPPLIES, PRINTING, POSTAGE, AND MARKETING AND 2009 DISTRIBUTION.

NAME OF ORGANIZATION OR GOVERNMENT: ST. ANDREW CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT REQUEST FOR LEARNING MATERIALS, TRAINING, CONVENTIONS & RETREATS. SCHOLARSHIPS. SETON TUITION ASSISTANCE FOR ELEMENTARY & HIGH SCHOOL. NOVEMBER 9TH GRANT REQUESTS FOR BOOKLETS, CONTINUING EDUCATION & CONVENTIONS. SETON HIGH SCHOOL SCHOLARSHIPS. EXPENSES FOR DR. RAY GUARENDI & RENEE BONDI SPEAKERS. GRANT 417 CHRIST RENEWS HIS PARISH

NAME OF ORGANIZATION OR GOVERNMENT: INDIANA UNIVERSITY EAST

(H) PURPOSE OF GRANT OR ASSISTANCE: RICHMOND AREA BENCHMARKING STUDY. TUTORING EXPENSE FOR THIRD GRADE ACADEMY 2008. TO SUPPORT THE THEATRICAL

Part IV Supplemental Information

PERFORMANCE OF SWAMP GRAVY TO IU EAST IN THE FALL 2009. BRONZE GALA
SPONSOR 2009 CELEBRATION OF CARING GALA

NAME OF ORGANIZATION OR GOVERNMENT: INDIANA WOMEN IN NEED

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PERSONAL SERVICES TO TEN
FINANCIALLY-CHALLENGED WOMEN IN WAYNE COUNTY WHO ARE ENDURING BREAST
CANCER TREATMENT. SUPPORT FOR PERSONAL SERVICES FOR WOMEN COPING WITH
BREAST CANCER. GENERAL OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: LEVI COFFIN HOUSE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE REPAIRS TO BARN AND HOUSE
AND TO PURCHASE A NEW COMPUTER, LAPTOP, AND VIDEO PROJECTOR AND GENERAL
OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: MORRISSON-REEVES LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: INSTITUTE FOR CREATIVE LEADERSHIP
SCHOLARSHIP SPRING 2009, 2009 FEBRUARY DISTRIBUTION AND GENERAL OPERATING
SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL ALLIANCE FOR MENTALLY ILL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR RENOVATIONS THAT ARE NEEDED TO
KEEP THE NAMI BUILDING MAINTAINED AND IN PROPER WORKING ORDER.

WICKEMEYER AWARD

NAME OF ORGANIZATION OR GOVERNMENT:

PARKS FOUNDATION COPE ENVIRONMENTAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 11TH ANNUAL FAMILY
EARTH DAY CELEBRATION. WOMEN'S FUND 2009 GRANT FOR GARDEN PROJECT,

Part IV Supplemental Information

FEBRUARY 2009 DISTRIBUTION AND GENERAL OPERATING SUPPORT.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PROTECTING YOU PROTECTING ME CURRICULUM. THE GRANT DOES NOT PROVIDE FUNDING FOR TRAINING, TRAVEL, OR PERSONNEL AND GENERAL OPERATING SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND CIVIC THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: MURRAY CENTENNIAL CAMPAIGN DONATION.

WOMEN'S FUND 2009 GRANT SUPPORT WOMEN: UNIQUE BY DESIGN CO-SPONSOR EVENT.

TO PROVIDE OUTREACH OPPORTUNITIES FOR YOUTH IN ARTS PROGRAMMING THROUGH

THREE PROJECTS TO FUND SUPPLIES AND EQUIPMENT ONLY. TO COVER EXPENSES

FOR TWO NEW EDUCATIONAL OUTREACHES TITLED "STAGING YOUR IMAGINATION."

SCHOLARSHIP TUITION FOR 2009 SUMMER STARS THEATRE WORKSHOP FOR SEVEN

STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND COMMUNITY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: REQUESTS FOR TEACHER MINI-GRANT

FUNDS. TO SUPPORT THE 2009-2010 PROUDLY PRESENTING SERIES INCLUDING THE

PUBLIC PERFORMANCES AND COMMUNITY OUTREACH/EDUCATIONAL ACTIVITIES. GED

TESTING MAY & JUNE, APRIL 2009. TO PURCHASE DISSECTION SPECIMENS AND

GLOVES FOR ANATOMY AND PHYSIOLOGY CLASSES AT RHS. TO REDEVELOP THE

NATURE LAB LOCATED BEHIND THE SCHOOL TO BE USED BY ALL GARRISON

ELEMENTARY STUDENTS AND TEACHERS. VAILE ELEMENTARY PERMANENT & TRAVELING

ART PROGRAM MINI-GRANT. WOMEN'S FUND 2009 GRANT LOGOS LAB ASSIST WITH

HELP SHELTER. GED TESTING SCHOLARSHIPS ADULT EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND FAMILY YMCA

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP RAISE ADDITIONAL DOLLARS THROUGH CORPORATE MEMBERSHIP CAMPAIGN FOR LOW INCOME FAMILIES IN OUR COMMUNITY. DA DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT:

RICHMOND PARKS AND RECREATION DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE DRINKING FOUNTAIN, GRASS SEED AND WASTE STATION BAGS. TO ASSIST WITH THE ARTIST FEES FOR THE 2009 LIVE AT THE PARK OUTDOOR CONCERT SERIES. TO COVER THE COST OF PERSONNEL FOR THE DIRECTOR AND ASSISTANT DIRECTOR, MARKETING, PRINTING MATERIALS, RIBBONS, CERTIFICATES FOR A THE WAYNE COUNTY YOUTH TRACK AND FIELD CLUB. FEBRUARY 2009 DISTRIBUTION.

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH THE COST OF THE RSO TO PERFORM FOUR FREE BRASS CONCERTS THROUGHOUT WAYNE COUNTY. 2009 FEBRUARY DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: SUNRISE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH A SCHOLARSHIP FUND TO SUBSIDIZE THE COST OF THE THERAPEUTIC HORSEBACK RIDING LESSONS FOR FAMILIES THAT CANNOT AFFORD THEM. TO SEND A NEW INSTRUCTOR THROUGH THERAPEUTIC RIDING CERTIFICATION TRAINING. GENERAL OPERATING SUPPORT AND DA DISTRIBUTION.

NAME OF ORGANIZATION OR GOVERNMENT: TOWNSEND COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT YOUTH INITIATIVES ABOUT PHYSICAL ACTIVITIES, HEALTHY EATING HABITS IN THE SEVEN WEEK SUMMER

Part IV Supplemental Information

PROGRAM. WOMEN'S FUND 2009 GRANT WISE WOMEN PROJECT. PRINTING EXPENSES AND WOMEN'S FUND EVENT, REQUESTED DISTRIBUTION AND DA DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: WAYNE COUNTY HISTORICAL MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH UPGRADES TO THE SECURITY SYSTEM AT THE MUSEUM. FOR PRESERVATION WORK IN THE HISTORICAL VILLAGE. TO PURCHASE MATERIALS FOR WAYNE COUNTY 200 YEAR COMMEMORATIVE QUILT. FEBRUARY 2009 DISTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT:

WAYNE COUNTY SOIL AND WATER CONSERVATION DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SPONSOR A RURAL HOMEOWNERS WORKSHOP FOR WELL WATER TESTING AND SEPTIC SYSTEM MAINTENANCE. TO SUPPORT THE 2009-2010 CONSERVATION DAYS FOR 1000 OR MORE THIRD/FOURTH GRADE STUDENTS TO ATTEND.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH AS RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WAYNE COUNTY VOICE INITIATIVE WHICH EMPOWERS YOUTH TO TAKE A STAND AGAINST TOBACCO USE. TO SUPPORT THE YAR GRANT-MAKING PROGRAM THAT PROVIDES GRANTS TO YOUTH TO DEVELOP AND IMPLEMENT SERVICE PROJECTS THAT ADDRESS COMMUNITY NEEDS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(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	6	101,563.	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** 0

	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.		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

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

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED AT A BOARD MEETING BEFORE THE DUE DATE OF THE INFORMATION RETURN. IF CHANGES ARE REQUIRED, THEY ARE MADE AND A FINAL COPY IS EITHER REVIEWED AT A SUBSEQUENT MEETING PRIOR TO SUBMISSION OR PROVIDED TO EACH BOARD MEMBER VIA AN EMAIL ATTACHMENT.

FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF THE BOARD OF DIRECTORS, VOLUNTEERS WHO SERVE ON COMMITTEES AND STAFF MEMBERS REVIEW THE POLICY ANNUALLY. AFTER REVIEW, THE INDIVIDUALS SIGN A DECLARATION ACKNOWLEDGING THE RECEIPT OF THE POLICY AND DISCLOSING ANY CURRENT, POTENTIAL CONFLICTS. THEY ALSO AGREE TO DISCLOSE ANY FUTURE CONFLICTS AS REQUIRED BY THE POLICY. WHEN CONFLICTS ARISE IN AN OFFICIAL ACTION BY A COMMITTEE OR THE BOARD OF DIRECTORS, THE PERSON WITH THE CONFLICT DISCLOSES THE CONFLICT, AND THE DISCLOSURE IS NOTED IN THE MINUTES OF THE MEETING. THE PERSON WITH THE CONFLICT MAY BRIEFLY ADDRESS THE BOARD OF DIRECTORS OR COMMITTEE AND MAY ANSWER QUESTIONS TO PROVIDE KNOWLEDGE THAT MAY BE OF BENEFIT TO THE OTHER MEMBERS. THE PERSON WHO DECLARES THE CONFLICT THEN ABSTAINS FROM FURTHER DISCUSSION AND VOTING. ON SOME OCCASSIONS, THE PERSON WHO DECLARES THE CONFLICT IS ASKED TO LEAVE THE ROOM DURING THE DISCUSSION.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

WAYNE COUNTY INDIANA FOUNDATION, INC.

Employer identification number

35-1406033

FORM 990, PART VI, SECTION B, LINE 15A: DETERMINING THE SALARY AND BENEFITS FOR THE EXECUTIVE DIRECTOR IS THE RESPONSIBILITY OF THE BOARD OF DIRECTORS. THE FOUNDATION STAFF AND FINANCE COMMITTEE BEGIN WORK IN OCTOBER TO DRAFT AN OPERATING BUDGET FOR THE COMING YEAR. AT THIS TIME, THE STAFF ASSEMBLES COMPARATIVE SALARY INFORMATION FOR ALL STAFF POSITIONS FROM NATIONAL, REGIONAL AND LOCAL SALARY SURVEYS. THE FINANCE COMMITTEE USES THIS INFORMATION AS A POINT OF REFERENCE, IN ADDITION TO OTHER PERTINENT FACTORS, TO RECOMMEND A TOTAL SALARIES EXPENSE. THIS REPRESENTS A MAXIMUM AMOUNT POOL FROM WHICH ALL STAFF SALARIES, INCLUDING ANY COST OF LIVING AND MERIT RAISES, MUST BE DERIVED. THE EXECUTIVE DIRECTOR PREPARES A REPORT OF THE PREVIOUS YEAR'S ACTIVITIES AND ACHIEVEMENTS FOR THE BOARD OF DIRECTORS EACH JANUARY. THIS DOCUMENT ALSO OUTLINES THE GOALS AND OBJECTIVES FOR THE NEW YEAR. BOARD MEMBERS ALSO RECEIVE A COPY OF THE EXECUTIVE DIRECTOR'S CURRENT JOB DESCRIPTION AND A SURVEY INSTRUMENT RELATING TO HIS OR HER PERFORMANCE DURING THE PREVIOUS YEAR AND THE GOALS SUGGESTED. THE BOARD CHAIR COLLECTS THE RETURNED SURVEYS AND SHARES THE ASSIMILATED INFORMATION WITH THE EXECUTIVE COMMITTEE. BASED ON THIS INFORMATION AND SALARY SURVEY DATA USED IN THE BUDGET DEVELOPMENT PROCESS, THE EXECUTIVE COMMITTEE WILL SET THE EXECUTIVE DIRECTOR'S SALARY FOR THE CURRENT YEAR (WITH ANY INCREASES OR DECREASES IN COMPENSATION BEING RETROACTIVE TO JANUARY 1) AND CHARGE THE BOARD CHAIR WITH CONDUCTING A PERFORMANCE REVIEW. AT THIS TIME, THE EXECUTIVE DIRECTOR'S PERSONAL PERFORMANCE GOALS WILL BE SET AND THE EXECUTIVE DIRECTOR WILL HAVE THE OPPORTUNITY TO REACT TO THE PERFORMANCE SURVEY INFORMATION. ADDITIONAL MEETINGS AND REVIEWS WILL BE SET AS NEEDED AND THE BOARD CHAIR WILL REPORT BACK TO THE BOARD ANY SUBSTANTIVE OUTCOMES OF THE INDIVIDUAL PERFORMANCE REVIEW.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

WAYNE COUNTY INDIANA FOUNDATION, INC.

Employer identification number

35-1406033

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC IMMEDIATELY UPON REQUEST THROUGH THE FOUNDATION OFFICE. ADDITIONALLY, FINANCIAL INFORMATION IS MADE AVAILABLE IN ITS ANNUAL REPORT WHICH IS WIDELY DISTRIBUTED TO THE PUBLIC VIA MAILINGS AND OTHER MEANS OF DISBURSEMENT, AS WELL AS ON THE FOUNDATION'S WEBSITE. THE FOUNDATION'S FORM 990 IS AVAILABLE ONLINE AT WWW.GUIDESTAR.ORG. A LINK TO WWW.GUIDESTAR.ORG IS ON THE FOUNDATION'S WEBSITE. THE FORM 990 IS ALSO IMMEDIATELY AVAILABLE UPON REQUEST THROUGH THE FOUNDATION OFFICE.

FORM 990, PART XI, LINE 2C

THE ORGANIZATION HAS NOT MADE ANY CHANGES IN THE SELECTION PROCESS FOR THE AUDITORS OR IN THE OVERSIGHT OF THE AUDITORS.

FORM 990, PART V, LINE 2A

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
VIGRAN FAMILY FOUNDATION, INC - 35-2107926 33 SOUTH 7TH STREET RICHMOND, IN 47374	SUPPORTING ORGANIZATION	INDIANA	501(C)(3)	LINE 11A, I	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)	X	
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r 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 INC	C	2,500.
(2) VIGRAN FAMILY FOUNDATION INC	K	16,447.
(3)		
(4)		
(5)		
(6)		

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	BUILDING	07/01/91	SL	31.50		HY17	175,000.				175,000.	96,991.		5,556.	102,547.
2	BUILDING IMPROVEMENTS	01/01/92	SL	31.50		HY17	52,792.				52,792.	28,421.		1,676.	30,097.
3	BUILDING IMPROVEMENTS	11/01/96	SL	39.00		MM17	1,663.				1,663.	490.		43.	533.
4	BUILDING IMPROVEMENTS	04/01/02	SL	31.50		HY17	8,500.				8,500.	2,033.		303.	2,336.
5	BUILDING IMPROVEMENTS	10/21/05	SL	31.50		HY17	372,425.				372,425.	35,469.		11,822.	47,291.
6	BUILDING IMPROVEMENTS	01/31/06	150DB	15.00		HY17	1,976.				1,976.	329.		132.	461.
	* 990 PAGE 10 TOTAL BUILDINGS						612,356.				612,356.	163,733.		19,532.	183,265.
	LAND														
8	LAND	07/01/91	L			HY	20,000.				20,000.			0.	
	* 990 PAGE 10 TOTAL LAND						20,000.				20,000.	0.		0.	0.
	OTHER														
9	WALK OF FAME DISPLAY		NC	.000		HY	11,550.				11,550.			0.	
	* 990 PAGE 10 TOTAL OTHER						11,550.				11,550.	0.		0.	0.
	MANAGEMENT AND GENERAL														
7	OFFICE FURNITURE	VARIOUS	200DB	7.00		HY17	47,208.				47,208.	32,866.		4,830.	37,696.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						47,208.				47,208.	32,866.		4,830.	37,696.
	* GRAND TOTAL 990 PAGE 10 DEPR						691,114.				691,114.	196,599.		24,362.	220,961.

Form **990-T**

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0687

2009

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

Department of the Treasury
Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning _____, and ending _____

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions for Block D on page 9.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type WAYNE COUNTY INDIANA FOUNDATION, INC. Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. 33 SOUTH 7TH STREET, NO. 1 City or town, state, and ZIP code RICHMOND, IN 47374	35-1406033 E Unrelated business activity codes (See instructions for Block E on page 9.) 522100 531120
C Book value of all assets at end of year 26689079.	F Group exemption number (See instructions for Block F.) ▶	
	G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

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

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5	29,745.	29,745.
6 Rent income (Schedule C)		6	STMT 1	
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule.)		12		
13 Total. Combine lines 3 through 12		13	29,745.	29,745.

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

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule)		18		
19 Taxes and licenses		19		
20 Charitable contributions (See instructions for limitation rules.)		20		478.
21 Depreciation (attach Form 4562)	21			
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b		
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25		
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule)	SEE STATEMENT 2	28		16,895.
29 Total deductions. Add lines 14 through 28		29		17,373.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		12,372.
31 Net operating loss deduction (limited to the amount on line 30)		31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32		12,372.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)		33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34		11,372.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c	1,706.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	1,706.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	1,706.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	1,706.
44a Payments: A 2008 overpayment credited to 2009	44a	
b 2009 estimated tax payments	44b	4,160.
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44f	
45 Total payments. Add lines 44a through 44f	45	4,160.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	21.
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	2,433.
49 Enter the amount of line 48 you want: Credited to 2010 estimated tax 2,433. Refunded 0.	49	0.

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

N/A

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

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

Sign Here	Signature of officer	Date	EXECUTIVE DIRECTOR	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN P00452655	
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP code BRADY, WARE & SCHOENFELD, INC. ONE WOODSIDE DRIVE RICHMOND, IN 47374			EIN 35-1476702 Phone no. (765) 966-0531	

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 18)

1. Description of property

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

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

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

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

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)

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

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals 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 20)

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 21)

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	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	1
DESCRIPTION		AMOUNT	
WAYTRU BANCORP		29,917.	
SAVILE ROW PRIVATE REAL ESTATE 2008		-27.	
SAVILE ROW PRIVATE 2007-08		-145.	
TOTAL TO FORM 990-T, PAGE 1, LINE 5		29,745.	

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
INVESTMENT INTEREST EXPENSE		136.	
SECTION 59(E)(2)		78.	
PORTFOLIO DEDUCTIONS		16,288.	
OTHER DEDUCTIONS		393.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		16,895.	

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.
▶ Attach to the corporation's tax return.

FORM **990-T**

2009

Name WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number 35-1406033
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	1,706.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c	2d		
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	1,706.
4 Enter the tax shown on the corporation's 2008 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	1,706.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

6	<input type="checkbox"/>	The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/>	The corporation is using the annualized income installment method.
8	<input type="checkbox"/>	The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/09	06/15/09	09/15/09	12/15/09
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column.	10	427.	426.	427.	426.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11				4,160.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				4,160.
14 Add amounts on lines 16 and 17 of the preceding column	14		427.	853.	1,280.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	2,880.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		427.	853.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	427.	426.	427.	
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2009 and before 7/1/2009	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\%}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2009 and before 10/1/2009	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\%}{365}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2009 and before 1/1/2010	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 4\%}{365}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2009 and before 4/1/2010	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 4\%}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2010 and before 7/1/2010	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times 4\%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2010 and before 10/01/2010	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times 4\%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2010 and before 1/1/2011	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times 4\%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2010 and before 2/16/2011	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times 4\%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38	\$		21.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

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

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

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

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number 35-1406033
	Number, street, and room or suite no. If a P.O. box, see instructions. BRADY, WARE & SCHOENFELD, INC	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ONE WOODSIDE DRIVE, RICHMOND, IN 47374	

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

STEPHEN C. BORCHERS

• The books are in the care of **33 SOUTH 7TH STREET, NO. 1 - RICHMOND, IN 47374**

Telephone No. **765-962-1638**

FAX No. _____

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

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

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**.
- 5 For calendar year **2009**, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO GATHER THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification

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

Signature

Title **CPA**

Date