

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2011** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WAYNE COUNTY INDIANA FOUNDATION, INC.	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 33 SOUTH 7TH STREET	G Gross receipts \$ 10,458,848.
	City or town, state or country, and ZIP + 4 RICHMOND, IN 47374	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: STEPHEN C. BORCHERS SAME AS C ABOVE		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.WAYNECOUNTYFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1978 M State of legal domicile: IN

Part I Summary		Prior Year	Current Year
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, IN.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	76
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,343.
b Net unrelated business taxable income from Form 990-T, line 34	7b	4,207.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,276,508.	2,245,623.
	9 Program service revenue (Part VIII, line 2g)	329,122.	379,235.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,071,919.	305,696.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,592.	23,012.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,727,141.	2,953,566.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	996,805.	2,163,540.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	280,464.	293,865.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 123,250.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	682,568.	827,917.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,959,837.	3,285,322.	
19 Revenue less expenses. Subtract line 18 from line 12	767,304.	-331,756.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 29,121,202.	End of Year 28,455,542.
	21 Total liabilities (Part X, line 26)	1,463,127.	2,128,792.
	22 Net assets or fund balances. Subtract line 21 from line 20	27,658,075.	26,326,750.

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,783,971. including grants of \$ 1,783,971.) (Revenue \$ 402,247.) GRANTMAKING: THE WAYNE COUNTY FOUNDATION ADMINISTERS 229 FUNDS TO SUPPORT THE COMMUNITY WITH A WIDE RANGE OF ORGANIZATION-SPECIFIC, DONOR DIRECTED, FIELD OF INTEREST, AND UNRESTRICTED GRANTS.

4b (Code:) (Expenses \$ 379,569. including grants of \$) (Revenue \$) SCHOLARSHIPS: THE WAYNE COUNTY FOUNDATION ADMINISTERS 129 SCHOLARSHIP FUNDS TO HELP QUALIFIED STUDENTS CONTINUE THEIR POST SECONDARY ACADEMIC STUDIES AT COLLEGES, UNIVERSITIES AND TRADE SCHOOLS IN THE COUNTY,

4c (Code:) (Expenses \$ 402,183. including grants of \$) (Revenue \$) COMMUNITY DEVELOPMENT: THE WAYNE COUNTY FOUNDATION SUPPORTS A NUMBER OF PROGRAMS TO HELP MOVE THE COMMUNITY FORWARD. THESE INCLUDE INITIATIVES TO ENCOURAGE EARLY CHILDHOOD AND ELEMENTARY SCHOOL LITERACY, AND TO PROMOTE POST SECONDARY EDUCATION AMONG MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS.

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

4e Total program service expenses 2,565,723.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

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

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

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROL MCKEY CHAIR	1.00	X		X				0.	0.	0.
(2) ADAM FORREST CHAIR	1.00	X		X				0.	0.	0.
(3) BOB RAMSEY TREASURER	1.00	X		X				0.	0.	0.
(4) TOM ALBERTS SECRETARY	1.00	X		X				0.	0.	0.
(5) LESLIE DUCEY VICE - CHAIR	1.00	X						0.	0.	0.
(6) JON FORD MEMBER	1.00	X						0.	0.	0.
(7) J. RODGER GREEN MEMBER	1.00	X						0.	0.	0.
(8) GREG JANZOW MEMBER	1.00	X						0.	0.	0.
(9) DAVID JETMORE MEMBER	1.00	X						0.	0.	0.
(10) SHELLEY D MILLER MEMBER	1.00	X						0.	0.	0.
(11) SABRINA PENNINGTON MEMBER	1.00	X						0.	0.	0.
(12) DARLA RANDALL MEMBER	1.00	X						0.	0.	0.
(13) DICK SMITH MEMBER	1.00	X						0.	0.	0.
(14) JIM TANNER MEMBER	1.00	X						0.	0.	0.
(15) JOHN ZETZEL MEMBER	1.00	X						0.	0.	0.
(16) TAMMY WILLIAMSON MEMBER	1.00	X						0.	0.	0.
(17) SARA JANE MOYER MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRIS HARDIE VICE - CHAIR	1.00	X						0.	0.	0.
(19) JILL KING MEMBER	1.00	X						0.	0.	0.
(20) ROBERT ROSA MEMBER	1.00	X						0.	0.	0.
(21) STEVE BORCHERS EXECUTIVE DIRECTOR	40.00			X				82,651.	0.	11,788.
(22) AMY WALTZ FINANCE OFFICER	25.00			X				15,298.	0.	0.
1b Sub-total								97,949.	0.	11,788.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								97,949.	0.	11,788.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

			(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 2245623.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		2245623.				
	Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code 900099	379,235.	379,235.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			379,235.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		717,068.		11,343.	705,725.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	12,500.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	12,500.				
	d Net rental income or (loss)		12,500.	12,500.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	7,093,910.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	7,505,282.				
		c Gain or (loss)	-411,372.				
	d Net gain or (loss)		-411,372.			-411,372.	
	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	10,512.	10,512.				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		10,512.					
12 Total revenue. See instructions.		2953566.	402,247.	11,343.	294,353.		

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,783,971.	1,783,971.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	379,569.	379,569.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	111,011.	38,285.	44,012.	28,714.
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	126,983.	36,225.	47,774.	42,984.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	34,610.	9,268.	13,995.	11,347.
10 Payroll taxes	21,261.	6,591.	8,079.	6,591.
11 Fees for services (non-employees):				
a Management				
b Legal	100.		100.	
c Accounting	20,772.		20,772.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	6,000.	6,000.		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	10,797.		10,797.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,695.	302.	9,002.	4,391.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,478.		25,478.	
23 Insurance	1,959.		1,959.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT HUNT ESTATE WR	106,601.	106,601.		
b FEDERAL TAX ESTIMATES	2,710.	2,710.		
c STATE TAX ESTIMATES	1,456.	1,456.		
d FOUNDATION MANAGEMENT F	379,235.		379,235.	
e All other expenses	259,114.	194,745.	35,146.	29,223.
25 Total functional expenses. Add lines 1 through 24e	3,285,322.	2,565,723.	596,349.	123,250.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	631,374.	2	1,721,417.	
	3 Pledges and grants receivable, net	1,039,633.	3	628,453.	
	4 Accounts receivable, net	64,999.	4	7,698.	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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 700,446.			
	b Less: accumulated depreciation	10b 270,378.	446,357.	10c 430,068.	
	11 Investments - publicly traded securities	9,376,323.	11	7,006,593.	
	12 Investments - other securities. See Part IV, line 11	17,562,516.	12	18,661,313.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	29,121,202.	16	28,455,542.		
Liabilities	17 Accounts payable and accrued expenses	2,161.	17	1,559.	
	18 Grants payable	155,918.	18	603,444.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		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		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,305,048.	25	1,523,789.	
	26 Total liabilities. Add lines 17 through 25	1,463,127.	26	2,128,792.	
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	26,424,458.	27	25,518,812.	
	28 Temporarily restricted net assets	1,173,617.	28	747,938.	
	29 Permanently restricted net assets	60,000.	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	27,658,075.	33	26,326,750.	
34 Total liabilities and net assets/fund balances	29,121,202.	34	28,455,542.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,953,566.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,285,322.
3	Revenue less expenses. Subtract line 2 from line 1	3	-331,756.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,658,075.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-999,569.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	26,326,750.

Part XII Financial Statements and Reporting

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

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

Form 990 (2011)

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

2011

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									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,032,806.	1,338,735.	2,192,307.	1,276,508.	2,245,623.	8,085,979.
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	1,032,806.	1,338,735.	2,192,307.	1,276,508.	2,245,623.	8,085,979.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,369,019.
6 Public support. Subtract line 5 from line 4.						5,716,960.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,032,806.	1,338,735.	2,192,307.	1,276,508.	2,245,623.	8,085,979.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	766,023.	603,007.	566,837.	577,426.	705,629.	3,218,922.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	21,010.	37,073.	29,745.	23,632.	11,439.	122,899.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	102,352.	302,064.	294,915.	329,122.	379,235.	1,407,688.
11 Total support. Add lines 7 through 10						12,835,488.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	44.54	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	41.58	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

WAYNE COUNTY INDIANA FOUNDATION, INC.

35-1406033

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>507,519.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>482,138.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>146,703.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>85,971.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>87,038.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>51,855.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>159,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	5,102 SHARES OF MCDONALD'S STOCK @ \$99.455 PER SHARE	\$ 507,419.	12/23/11
3	100 SHARES OF SIKA AG CHF STOCK @ \$2,346.18 PER SHARE AND 2,250 SHARES OF NESTLE STOCK @\$57.55 EACH	\$ 146,203.	04/06/11
4	500 SHS HILL-ROM HOLDINGS@\$45.765; 900 SHS HILLENBRAND, INC@\$22.555; 400 SHS BECKMAN COULTER@\$82.955	\$ 76,364.	05/17/11
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number 35-1406033
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

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	30	
2 Aggregate contributions to (during year)	114,673.	
3 Aggregate grants from (during year)	96,704.	
4 Aggregate value at end of year	490,868.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

9 In Part 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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	25,795,984.	24,038,710.	19,263,942.	28,262,739.	
b Contributions	1,497,568.	242,243.	1,844,764.	995,578.	
c Net investment earnings, gains, and losses	-459,610.	2,884,817.	4,508,376.	-7,908,713.	
d Grants or scholarships	1,765,569.	842,877.	1,056,071.	1,353,746.	
e Other expenditures for facilities and programs	570,142.	85,691.	157,669.	339,157.	
f Administrative expenses	499,389.	441,218.	364,632.	392,759.	
g End of year balance	23,998,842.	25,795,984.	24,038,710.	19,263,942.	

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

- a Board designated or quasi-endowment 97.61 %
- b Permanent endowment .25 %
- c Temporarily restricted endowment 2.14 %

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,000.		20,000.
b Buildings		612,356.	222,330.	390,026.
c Leasehold improvements				
d Equipment				
e Other		68,090.	48,048.	20,042.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				430,068.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	181,900.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) CASH SURRENDER LIFE		
(B) INSURANCE ANNUITY	127,115.	COST
(C) MUTUAL FUNDS	9,300,438.	END-OF-YEAR MARKET VALUE
(D) ALTERNATIVE INVESTMENTS	8,646,003.	END-OF-YEAR MARKET VALUE
(E) FIXED INCOME FUNDS		
(F) DOMESTIC AND		
(G) INTERNATIONAL	405,857.	END-OF-YEAR MARKET VALUE
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	18,661,313.	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITIES ASSOCIATED WITH	
(3) SPLIT-INTEREST AGREEMENTS	1,523,789.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,523,789.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

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

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

Part 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 X, LINE 2: THE FOUNDATION HAS ADOPTED ACCOUNTING RULES THAT PRESCRIBE WHEN TO RECOGNIZE, AND HOW TO MEASURE THE FINANCIAL STATEMENT EFFECTS OF INCOME TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, ON ITS INCOME TAX RETURNS. THESE RULES REQUIRE MANAGEMENT TO EVALUATE THE LIKELIHOOD THAT, UPON EXAMINATION BY RELEVANT TAXING JURISDICTIONS, THOSE INCOME TAX POSITIONS WOULD BE SUSTAINED. BASED ON THAT EVALUATION, THE FOUNDATION ONLY RECOGNIZES THE MAXIMUM BENEFIT OF EACH INCOME TAX POSITION THAT IS MORE THAN 50% LIKELY OF BEING SUSTAINED. TO THE EXTENT THAT ALL OR A PORTION OF THE BENEFITS OF AN INCOME TAX POSITION ARE NOT RECOGNIZED, A LIABILITY WOULD BE RECOGNIZED FOR THE UNRECOGNIZED BENEFITS, ALONG WITH ANY INTEREST AND PENALTIES THAT WOULD RESULT FROM DISALLOWANCE OF THE POSITION. SHOULD ANY SUCH PENALTIES AND INTEREST BE INCURRED, THEY WOULD BE RECOGNIZED AS OPERATING EXPENSES. BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE FOUNDATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY POSITION THAT WOULD PLACE THE FOUNDATION'S EXEMPT STATUS IN JEOPARDY AS OF DECEMBER 31, 2011 AND 2010. THE FEDERAL TAX RETURNS OF THE FOUNDATION FOR 2008, 2009, AND 2010 ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITY, GENERALLY FOR THREE YEARS AFTER THE DUE DATE.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

**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. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABILITIES RICHMOND 1813 NATIONAL ROAD WEST RICHMOND, IN 47374	26-4527510	501(C)3	5,735.	0.			TO PURCHASE RACKS, TABLES, AND EQUIPMENT FOR USE IN THE NEW THRIFT STORE
ACHIEVA RESOURCES CORPORATION PO BOX 1252 RICHMOND, IN 47375	35-1005528	501(C)3	5,643.	0.			IN SUPPORT OF THE EMPOWERING PEOPLE WITH DISABILITIES THROUGH TECHNOLOGY PROGRAM.
BIRTH-TO-FIVE, INC 315 NORTHWEST THIRD STREET RICHMOND, IN 47374	35-1843800	501(C)3	13,070.	0.			DONOR ADVISED DISTRIBUTIONS, TO ASSIST WITH THE QUIGG MATCH GRANT OPPORTUNITY TO
BOYS AND GIRLS CLUBS OF WAYNE COUNTY - 1717 SOUTH L STREET - RICHMOND, IN 47374	35-1065715	501(C)3	75,712.	0.			IMPACT GRANT MATCHING PROGRAM PARTNERSHIP, CLUB MEMBERSHIPS, FRIEND FOR YOUTH CAMPAIGN,
CAMBRIDGE CITY PUBLIC LIBRARY 600 WEST MAIN STREET CAMBRIDGE CITY, IN 47327	35-6000304	501(C)3	11,440.	0.			FOR LIBRARY IMPROVEMENT EXPENSES
CHRISTIAN CHARITIES OF RICHMOND AND WAYNE COUNTIES, INC - 3121 SOUTHEAST PARKWAY - RICHMOND, IN 47374	20-0850936	501(C)3	5,000.	0.			TO PROVIDE TWO LUNCHES TO STUDENTS AT STARR, C.R. RICHARDSON, AND FAIRVIEW ON A FRIDAY OF THE LAST

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **51.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2011)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIRCLE U HELP CENTER P O BOX 491 RICHMOND, IN 47375	35-1611125	501(C)3	13,103.	0.			2011 IMPACT GRANT MATCHING PROGRAM, PURCHASE NEW TABLES AND CHAIRS FOR THE DINING
CITY OF RICHMOND 50 NORTH 5TH STREET RICHMOND, IN 47374	35-6001174		6,000.	0.			FOR THE YOUTH LEADERSHIP INITIATIVE; RPD K9 UNIT TRAINING SUPPLIES AND STREET TREE COMMISSION
CIVIC HALL PERFORMING ARTS CENTER 380 HUB ETCHISON PARKWAY RICHMOND, IN 47374	35-1071211	501(C)3	5,000.	0.			TO SUPPORT THE 2011-2012 PROUDLY PRESENTING SERIES INCLUDING PUBLIC PERFORMANCES, COMMUNITY
COMMUNITIES IN SCHOOLS OF WAYNE COUNTY - PO BOX 1784 - RICHMOND, IN 47375	35-2132872	501(C)3	52,093.	0.			2011 IMPACT GRANT MATCHING PROGRAM, DONOR ADVISED DISTRIBUTIONS, WOMEN'S FUND GRANT FOR
COPE ENVIRONMENTAL CENTER 4910 SHOEMAKER ROAD CENTERVILLE, IN 47330	35-1856406	501(C)3	7,252.	0.			2011 ALTERNATIVE FAIR GIFT, 2011 FEBRUARY DISTRIBUTION AND WOMEN'S FUND GRANT FOR WORKSHOP
DIPLOMAS IN SCHOOL NURSERY FOR TEEN MOTHERS - 380 HUB ETCHISON PARKWAY - RICHMOND, IN 47374	35-1956555	501(C)3	10,950.	0.			TO PROVIDE SUPPORT FOR TWO CHILDREN AND FOUR TEEN PARENTS AT RICHMOND HIGH SCHOOL, WOMEN'S
EARLHAM COLLEGE 801 NATIONAL ROAD WEST RICHMOND, IN 47374	35-0868073	501(C)3	7,886.	0.			FEBRUARY DISTRIBUTION
EVERY CHILD CAN READ INC. (THIRD GRADE ACADEMY) - 33 SOUTH 7TH STREET, - RICHMOND, IN 47374	26-4389859	501(C)3	31,924.	0.			DONOR ADVISED DONATIONS, OPERATIONAL SUPPORT FOR THE 2011 THIRD GRADE READING ACADEMY.
FIRST ENGLISH LUTHERAN CHURCH 2727 NATIONAL ROAD EAST RICHMOND, IN 47374	35-6000831	501(C)3	20,800.	0.			2011 ALLAN AND MIRIAM ROSAR DONOR ADVISED GIFT, CURTIS AND MARIAN ROSAR MEMORIAL FUND.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS INC P.O. BOX 43 RICHMOND, IN 47375	23-7188644	501(C)3	11,777.	0.			2011 ALTERNATIVE GIFT FAIR, FEBRUARY DISTRIBUTION, INCREASED STAFFING FOR THE FALL
GLEANERS FOOD BANK OF INDIANA INC 3737 WALDERMER AVE INDIANAPOLIS, IN 46241	35-1483868	501(C)3	5,000.	0.			IN SUPPORT OF THE BACKSACKS PROGRAM THAT WILL PROVIDE A WEEKLY SACK OF NUTRITIOUS,
HABITAT FOR HUMANITY 1114 SOUTH F STREET RICHMOND, IN 47374	35-1803693	501(C)3	30,168.	0.			2011 IMPACT GRANT MATCHING PROGRAM, WOMEN'S FUND GRANT FOR INTERNATIONAL CONFERENCE.
HAND IN HAND ADULT DAY CARE OF RICHMOND - 2727 EAST MAIN STREET - RICHMOND, IN 47374	35-1762648	501(C)3	14,843.	0.			GENERAL OPERATING FUND; SUPPORT THE SCHOLARSHIP FUND FOR ELDERLY AND DISABLED OF THE
HISTORIC HAGERSTOWN, INC. P.O. BOX 126 HAGERSTOWN, IN 47346	23-7225013	501(C)3	15,909.	0.			FOR NEW GUTTERS TO PRESERVE THE MUSEUM, TO ASSIST WITH THE ARTS DISCOVERY FOR ALL AGES -
HUBBARD FUND 240 SOUTH 6TH STREET RICHMOND, IN 47374	35-0992124	501(C)3	120,985.	0.			FOR SPEAKERS, GRANTS, SCHOLARSHIPS FOR SETON TUITION.
INDIANA UNIVERSITY EAST 2325 CHESTER BOULEVARD RICHMOND, IN 47374	35-6001673	501(C)3	27,000.	0.			SPONSORSHIP AND SUPPORT FOR THE ANNUAL HIGH SCHOOL SPEECH TOURNAMENT, TO ASSIST WITH
INDIANA WOMEN IN NEED 2907 CANTERBURY COURT RICHMOND, IN 47374	91-2057735	501(C)3	5,220.	0.			TO PROVIDE PERSONAL SERVICES TO TEN TO TWENTY FINANCIALLY-CHALLENGED WOMEN IN WAYNE COUNTY WHO
LEVI COFFIN HOUSE ASSOCIATION 113 US 27 NORTH FOUNTAIN CITY, IN 47341	31-1182438	501(C)3	6,450.	0.			FOR DIGITIZING PHOTOGRAPHS AND DOCUMENTS, ATTENDING THE NATIONAL UNDERGROUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH AMERICA OF INDIANA INC - 1431 NORTH DELAWARE STREET - INDIANAPOLIS, IN 46202	35-0896905	501(C)3	314,033.	0.			SUPPORT OF MENTAL HEALTH AMERICA
MORRISSON-REEVES LIBRARY 80 NORTH 6TH STREET RICHMOND, IN 47374	35-6001895	501(C)3	12,153.	0.			DISTRIBUTION AND GENERAL OPERATING SUPPORT
NETTLE CREEK MUSIC BOOSTERS 701 BAKER ROAD HAGERSTOWN, IN 47346	35-1882945	501(C)3	5,000.	0.			TO SUPPORT THE BANK PROGRAM WITH ASSISTANCE FOR EQUIPMENT AND UNIFORMS.
RICHMOND ART MUSEUM PO BOX 816 RICHMOND, IN 47375	35-6005040	501(C)3	9,015.	0.			TO ASSIST WITH THE FUNDING OF A FULL COLOR CATALOGUE ON FOLK ART SELECTION FROM INDIANA
RICHMOND CIVIC THEATRE 1003 EAST MAIN STREET RICHMOND, IN 47374	35-0886844	501(C)3	9,038.	0.			TO ASSIST WITH THE PURCHASE OF NEW COMPUTER SYSTEM HARDWARE.
RICHMOND COMMUNITY ORCHESTRA, INC 1821 WEST MAIN STREET RICHMOND, IN 47374	26-3877343	501(C)3	5,260.	0.			TO COVER THE COST OF ORCHESTRAL MUSIC AND ASSIST WITH INSTRUMENT PURCHASES.
RICHMOND PARKS AND RECREATION DEPARTMENT - 50 NORTH 5TH STREET - RICHMOND, IN 47374	35-6001174		10,709.	0.			"PIG-OUT" EVENT, FEBRUARY DISTRIBUTIONS, TO ASSIST WITH ARTIST FEES AND MARKETING FOR THE 2011
RICHMOND SYMPHONY ORCHESTRA 300 HUB ETCHISON PARKWAY RICHMOND, IN 47374	35-6042479	501(C)3	25,038.	0.			FEBRUARY 2011 DISTRIBUTION, FOR PROFESSIONAL FEES AND MARKETING OF THE
ROCK SOLID MINISTRIES, INC P.O. BOX 2606 RICHMOND, IN 47375	35-2153457	501(C)3	6,300.	0.			DONOR ADVISED DISTRIBUTIONS, FOR COMPUTER AND PRINTER FOR THE BENEFIT BANK PETRA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SETON CATHOLIC HIGH SCHOOL 240 SOUTH 6TH STREET RICHMOND, IN 47374	30-0036396	501(C)3	52,437.	0.			SCHOLARSHIPS AT ST. ELIZABETH ANN SETON SCHOOL, TO ASSIST WITH THE MATERIALS FOR A NEW
SPECIAL OLYMPICS INDIANA - WAYNE COUNTY - 5240 STATE ROUTE 44 EAST - LIBERTY, IN 47353	35-1262574	501(C)3	5,000.	0.			IN SUPPORT OF THE ATHLETE'S PROGRAM
ST. ANDREW CHURCH 240 SOUTH 6TH STREET RICHMOND, IN 47374	35-0992124	501(C)3	8,242.	0.			FEBRUARY DISTRIBUTION
STAGE ONE YOUTH THEATRE AT RICHMOND CIVIC THEATRE - 1003 EAST MAIN STREET - RICHMOND, IN 47374	35-0886844	501(C)3	6,165.	0.			FOR THREE EDUCATIONAL OUTREACH PROJECTS INCLUDING SCHOOL MATINEES, PRESCHOOL
STARR GENNETT FOUNDATION 33 SOUTH 7TH STREET, RICHMOND, IN 47374	35-1406033	501(C)3	16,185.	0.			2011 MEDALLIONS AND REPAIRS, VIP RECEPTION, 2011 MEDALLION PLAQUES AND AUTRY MEDALLION
TOWN OF MILTON 113 EAST MAIN STREET MILTON, IN 47357	35-1227557		12,500.	0.			TO PROVIDE A DOLLAR FOR DOLLAR MATCH TO ESTABLISH A NEW PLAY PARK FOR THE CHILDREN OF MILTON.
TOWNSEND COMMUNITY CENTER 855 NORTH 12TH STREET RICHMOND, IN 47374	35-0892673	501(C)3	6,919.	0.			COMPUTER AND PRINTER FOR THE BENEFIT BANK; SEVEN WEEK SUMMER PROGRAM DIRECTED TOWARD MIDDLE
UNITED WAY OF WHITEWATER VALLEY 129 SOUTH NINTH STREET RICHMOND, IN 47374	35-1020935	501(C)3	10,103.	0.			FEBRUARY DISTRIBUTION, DONOR ADVISED GIFT.
WAYNE COUNTY CHALLENGE 5978 US HIGHWAY 27 RICHMOND, IN 47374	20-8697612	501(C)3	6,301.	0.			TO PURCHASE A TIMING SYSTEM AND RELATED EQUIPMENT TO BE USED FOR MULTIPLE RACES THROUGHOUT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYNE COUNTY HISTORICAL MUSEUM 1150 NORTH A STREET RICHMOND, IN 47374	35-0899077	501(C)3	125,954.	0.			OPERATING SUPPORT; 2011 IMPACT GRANT MATCHING PROGRAM; CONSTRUCTION OF NEW BUILDING AT MUSEUM;
WAYNE COUNTY SOIL AND WATER CONSERVATION DISTRICT - 823 SOUTH ROUND BARN ROAD, STE1 - RICHMOND, IN 47374	35-1067757		5,000.	0.			TO ASSIST WITH 2011 CONSERVATION DAYS FOR 1,000 LOCAL THIRD/FOURTH GRADE STUDENTS.
WAYNE COUNTY VETERANS MEMORIAL COMMITTEE INC - 6574 MCCONAHA ROAD - CENTERVILLE, IN 47330	36-4458612	501(C)3	5,000.	0.			TOWARDS THE PURCHASE OF THE MEMORIAL STONES AND ETCHING FOR THE VETERANS MEMORIAL PARK.
WESTERN WAYNE DOLLARS FOR SCHOLARS 215 PARKWAY DRIVE CAMBRIDGE CITY, IN 47327	36-4692070	501(C)3	7,500.	0.			TO ASSIST IN ESTABLISHING AN ENDOWED SCHOLARSHIP FUND
WHITEWATER COMMUNITY TELEVISION 2325 CHESTER BOULEVARD RICHMOND, IN 47374	35-1750716	501(C)3	10,000.	0.			IN SUPPORT OF THE VIDEO SERVER TO PROVIDE GREATER COMMUNITY ACCESS TO LOCAL MEETINGS.
WHITEWATER VALLEY DISTRICT 9 PRO BONO COMMISSION - 712 EAST MAIN STREET - RICHMOND, IN 47374	26-1455162	501(C)3	17,500.	0.			TO PROVIDE FREE AND REDUCED RATE LEGAL SERVICES TO THE DISADVANTAGED CITIZENS OF
YOUTH AS RESOURCES 501 SOUTH 7TH STREET RICHMOND, IN 47374	35-1065170	501(C)3	5,375.	0.			TO ASSIST WITH THE YOUTH EMPOWERED TO SERVE PROGRAM THROUGHOUT WAYNE COUNTY SCHOOLS; TO
ZION'S LUTHERAN CHURCH P.O. BOX 6 PERSHING, IN 47370	35-1585708	501(C)3	9,422.	0.			QUARTERLY DISTRIBUTIONS
CENTRAL UNITED METHODIST CHURCH 1425 EAST MAIN STREET RICHMOND, IN 47374	35-0873337	501(C)3	450,155.	0.			FUNDING TO PROVIDE A SALARY FOR A YOUNG MINISTER (YOUTH PASTOR POSITION)

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR POST SECONDARY EDUCATION	270	379,569.	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):

Part IV Supplemental Information

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

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED DISTRIBUTIONS, TO ASSIST WITH THE QUIGG MATCH GRANT OPPORTUNITY TO PURCHASE CHILDREN'S BOOKS FOR THE BOOK BUDDIES PROGRAM, TO REPLACE THE DEVELOPMENTAL SCREEN TOOL USED ON CHILDREN UP TO 3 YEARS OLD AND PURCHASE 2 LAPTOP COMPUTERS TO ASSIST WITH TRAINING.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPACT GRANT MATCHING PROGRAM PARTNERSHIP, CLUB MEMBERSHIPS, FRIEND FOR YOUTH CAMPAIGN, MAINTENANCE REPAIRS, SUMMER CAMP SCHOLARSHIP, SUPPLIES FOR THE 2012 SUMMER LEARNING PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

CHRISTIAN CHARITIES OF RICHMOND AND WAYNE COUNTIES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TWO LUNCHESES TO STUDENTS AT STARR, C.R. RICHARDSON, AND FAIRVIEW ON A FRIDAY OF THE LAST WEEK OF THE MONTH FOR NINE MONTHS OF THE SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: CIRCLE U HELP CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: 2011 IMPACT GRANT MATCHING PROGRAM, PURCHASE NEW TABLES AND CHAIRS FOR THE DINING ROOM.

NAME OF ORGANIZATION OR GOVERNMENT: CIVIC HALL PERFORMING ARTS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 2011-2012 PROUDLY PRESENTING SERIES INCLUDING PUBLIC PERFORMANCES, COMMUNITY OUTREACH AND EDUCATIONAL ACTIVITIES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITIES IN SCHOOLS OF WAYNE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2011 IMPACT GRANT MATCHING PROGRAM,
DONOR ADVISED DISTRIBUTIONS, WOMEN'S FUND GRANT FOR TWO CONSULTANTS.

NAME OF ORGANIZATION OR GOVERNMENT: COPE ENVIRONMENTAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: 2011 ALTERNATIVE FAIR GIFT, 2011
FEBRUARY DISTRIBUTION AND WOMEN'S FUND GRANT FOR WORKSHOP BY CENTER ON
PHILANTHROPY

NAME OF ORGANIZATION OR GOVERNMENT:

DIPLOMAS IN SCHOOL NURSERY FOR TEEN MOTHERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR TWO CHILDREN
AND FOUR TEEN PARENTS AT RICHMOND HIGH SCHOOL, WOMEN'S GIVING CIRCLE
GRANT.

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: 2011 ALTERNATIVE GIFT FAIR, FEBRUARY
DISTRIBUTION, INCREASED STAFFING FOR THE FALL SEMESTER, PURCHASE A
REFRIGERATOR, FITNESS EQUIPMENT AND HEALTHY SNACKS FOR THE SUMMER PROGRAM
EQUIP GIRLS FOR HEALTH, WOMEN'S FUND GRANT FOR RETREAT AND BRANDED, YOUTH
LEADERSHIP DAY.

NAME OF ORGANIZATION OR GOVERNMENT: GLEANERS FOOD BANK OF INDIANA INC

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE BACKSACKS PROGRAM
THAT WILL PROVIDE A WEEKLY SACK OF NUTRITIOUS, SHELF-STABLE FOOD FOR
APPROXIMATELY 218 CHILDREN THAT WILL SUPPLY THEM WITH DIETARY SUPPORT
OVER THE WEEKENDS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

HAND IN HAND ADULT DAY CARE OF RICHMOND

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING FUND; SUPPORT THE SCHOLARSHIP FUND FOR ELDERLY

AND DISABLED OF THE COMMUNITY WHO USE ADULT DAY CARE'S SERVICES BUT CANNOT AFFORD THE FEES

NAME OF ORGANIZATION OR GOVERNMENT: HISTORIC HAGERSTOWN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR NEW GUTTERS TO PRESERVE THE MUSEUM, TO ASSIST WITH THE ARTS DISCOVERY FOR ALL AGES - A PROGRAM THAT WILL PROVIDE FREE ART AND MUSIC LESSONS TO CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: INDIANA UNIVERSITY EAST

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP AND SUPPORT FOR THE ANNUAL HIGH SCHOOL SPEECH TOURNAMENT, TO ASSIST WITH CONSTRUCTION OF THE STUDENT EVENTS CENTER, TO PROVIDE ASSISTANCE WITH BOOKS FOR STUDENTS WAITING ON FINANCIAL AID, TO SUPPORT THE 2011 WHITEWATER VALLEY ART COMPETITION.

NAME OF ORGANIZATION OR GOVERNMENT: INDIANA WOMEN IN NEED

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

NAME OF ORGANIZATION OR GOVERNMENT: LEVI COFFIN HOUSE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DIGITIZING PHOTOGRAPHS AND DOCUMENTS, ATTENDING THE NATIONAL UNDERGROUND RAILROAD CONFERENCE AND A

Part IV Supplemental Information

VARIETY OF MAINTENANCE PROJECTS.

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND ART MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH THE FUNDING OF A FULL COLOR CATALOGUE ON FOLK ART SELECTION FROM INDIANA AND OHIO, TO SUPPORT THE WAYNE COUNTY HIGH SCHOOL ART EXHIBITION.

NAME OF ORGANIZATION OR GOVERNMENT:

RICHMOND PARKS AND RECREATION DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: "PIG-OUT" EVENT, FEBRUARY DISTRIBUTIONS, TO ASSIST WITH ARTIST FEES AND MARKETING FOR THE 2011 LIVE AT THE PARK OUTDOOR CONCERT SERIES.

NAME OF ORGANIZATION OR GOVERNMENT: RICHMOND SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: FEBRUARY 2011 DISTRIBUTION, FOR PROFESSIONAL FEES AND MARKETING OF THE CONCERT/PRESENTATION OF WICKED JACK TO ALL WAYNE COUNTY FIFTH GRADERS, TO ASSIST WITH FOUR FREE COMMUNITY CONCERTS AND WOMEN'S FUND GRANT FOR TWO INSTITUTE FOR CREATIVE LEADERSHIP SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: ROCK SOLID MINISTRIES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED DISTRIBUTIONS, FOR COMPUTER AND PRINTER FOR THE BENEFIT BANK PETRA PROJECT.

NAME OF ORGANIZATION OR GOVERNMENT: SETON CATHOLIC HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS AT ST. ELIZABETH ANN SETON SCHOOL, TO ASSIST WITH THE MATERIALS FOR A NEW MUSIC PROGRAM CALLED MUSIKGARTEN AT SETON, SCHOLARSHIPS FOR SETON CATHOLIC SCHOOLS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

STAGE ONE YOUTH THEATRE AT RICHMOND CIVIC THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THREE EDUCATIONAL OUTREACH

PROJECTS INCLUDING SCHOOL MATINEES, PRESCHOOL OUTREACH SHOWS, AND THEATRE

OUTREACH; IN SUPPORT OF AN AFTER SCHOOL THEATRE PROGRAM FOR RCS

ELEMENTARY STUDENTS; WOMEN'S FUND GRANT TO ATTEND THE AMERICAN ALLIANCE

FOR THEATRE AND EDUCATION CONFERENCE.

NAME OF ORGANIZATION OR GOVERNMENT: STARR GENNETT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 2011 MEDALLIONS AND REPAIRS, VIP

RECEPTION, 2011 MEDALLION PLAQUES AND AUTRY MEDALLION REPAIR, IN SUPPORT

OF THE 2011 GENNETT WALK OF FAME MUSIC FESTIVAL AND KIDS DAY INCLUDING

INDUCTEE ARTISTS AND PRINTING; STAFF MINI GRANT IN SUPPORT OF LEGACY

CONCERTS.

NAME OF ORGANIZATION OR GOVERNMENT: TOWNSEND COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPUTER AND PRINTER FOR THE BENEFIT

BANK; SEVEN WEEK SUMMER PROGRAM DIRECTED TOWARD MIDDLE AND HIGH SCHOOL

STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: WAYNE COUNTY CHALLENGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE A TIMING SYSTEM AND

RELATED EQUIPMENT TO BE USED FOR MULTIPLE RACES THROUGHOUT THE COUNTY

BENEFITING THE AREA NOT-FOR-PROFITS.

NAME OF ORGANIZATION OR GOVERNMENT: WAYNE COUNTY HISTORICAL MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING SUPPORT; 2011 IMPACT GRANT

Schedule I (Form 990) 2011

Part IV Supplemental Information

MATCHING PROGRAM; CONSTRUCTION OF NEW BUILDING AT MUSEUM; FOR AN AIR
CONDITIONING COIL, SUSPENDED LIGHTING SYSTEM IN THE JULIA GAAR ROOM, AND
THE PURCHASE OF SEVERAL DISPLAY CASES; TO PRESERVE THE FRONT AND SIDE
PORCHES.

NAME OF ORGANIZATION OR GOVERNMENT:

WHITEWATER VALLEY DISTRICT 9 PRO BONO COMMISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FREE AND REDUCED RATE
LEGAL SERVICES TO THE DISADVANTAGED CITIZENS OF WAYNE COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH AS RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH THE YOUTH EMPOWERED
TO SERVE PROGRAM THROUGHOUT WAYNE COUNTY SCHOOLS; TO SUPPORT THE YAR
GRANT-MAKING PROGRAM THAT PROVIDES GRANTS TO YOUNG PEOPLE AGES 5 -19 TO
DEVELOP AND IMPLEMENT SERVICE PROJECTS THAT ADDRESS COMMUNITY NEEDS;
WOMEN'S NETWORKING LUNCHEON MINI-GRANT RECIPIENT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

WAYNE COUNTY INDIANA FOUNDATION, INC.

Employer identification number

35-1406033

FORM 990, PART VI, SECTION A, LINE 6: PER THE BY-LAWS, THE MEMBERS OF THE CORPORATION CONSIST SOLELY OF THE ACTIVE MEMBERS OF THE BOARD OF DIRECTORS.

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

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

FORM 990, PART VI, SECTION B, LINE 15A: DETERMINING THE SALARY AND BENEFITS FOR THE EXECUTIVE DIRECTOR IS THE RESPONSIBILITY OF THE BOARD OF DIRECTORS. THE FOUNDATION STAFF AND FINANCE COMMITTEE BEGIN WORK IN OCTOBER TO DRAFT

Name of the organization WAYNE COUNTY INDIANA FOUNDATION, INC.	Employer identification number 35-1406033
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AN OPERATING BUDGET FOR THE COMING YEAR. AT THIS TIME, THE STAFF ASSEMBLES COMPARATIVE SALARY INFORMATION FOR ALL STAFF POSITIONS FROM NATIONAL, REGIONAL AND LOCAL SALARY SURVEYS. THE FINANCE COMMITTEE USES THIS INFORMATION AS A POINT OF REFERENCE, IN ADDITION TO OTHER PERTINENT FACTORS, TO RECOMMEND A TOTAL SALARIES EXPENSE. THIS REPRESENTS A MAXIMUM AMOUNT POOL FROM WHICH ALL STAFF SALARIES, INCLUDING ANY COST OF LIVING AND MERIT RAISES, MUST BE DERIVED. THE EXECUTIVE DIRECTOR PREPARES A REPORT OF THE PREVIOUS YEAR'S ACTIVITIES AND ACHIEVEMENTS FOR THE BOARD OF DIRECTORS EACH JANUARY. THIS DOCUMENT ALSO OUTLINES THE GOALS AND OBJECTIVES FOR THE NEW YEAR. BOARD MEMBERS ALSO RECEIVE A COPY OF THE EXECUTIVE DIRECTOR'S CURRENT JOB DESCRIPTION AND A SURVEY INSTRUMENT RELATING TO HIS OR HER PERFORMANCE DURING THE PREVIOUS YEAR AND THE GOALS SUGGESTED. THE BOARD CHAIR COLLECTS THE RETURNED SURVEYS AND SHARES THE ASSIMILATED INFORMATION WITH THE EXECUTIVE COMMITTEE. BASED ON THIS INFORMATION AND SALARY SURVEY DATA USED IN THE BUDGET DEVELOPMENT PROCESS, THE EXECUTIVE COMMITTEE WILL SET THE EXECUTIVE DIRECTOR'S SALARY FOR THE CURRENT YEAR (WITH ANY INCREASES OR DECREASES IN COMPENSATION BEING RETROACTIVE TO JANUARY 1) AND CHARGE THE BOARD CHAIR WITH CONDUCTING A PERFORMANCE REVIEW. AT THIS TIME, THE EXECUTIVE DIRECTOR'S PERSONAL PERFORMANCE GOALS WILL BE SET AND THE EXECUTIVE DIRECTOR WILL HAVE THE OPPORTUNITY TO REACT TO THE PERFORMANCE SURVEY INFORMATION. ADDITIONAL MEETINGS AND REVIEWS WILL BE SET AS NEEDED AND THE BOARD CHAIR WILL REPORT BACK TO THE BOARD ANY SUBSTANTIVE OUTCOMES OF THE INDIVIDUAL PERFORMANCE REVIEW.

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

ADDITIONALLY, FINANCIAL INFORMATION IS MADE AVAILABLE IN ITS ANNUAL REPORT

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

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-804,751.
FAS 136 ADJUSTMENT	-38,814.
CHANGE IN SPLIT INTEREST AGREEMENTS	-156,004.
ROUNDING	
TOTAL TO FORM 990, PART XI, LINE 5	-999,569.

FORM 990, PART XII, LINE 2C
THERE HAS BEEN NO CHANGE IN THE SELECTION PROCESS FOR THE INDEPENDENT AUDITOR OR IN THE METHOD OF OVERSIGHT.

Related Organizations and Unrelated Partnerships

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
VIGRAN FAMILY FOUNDATION, INC - 35-2107926 33 SOUTH 7TH STREET RICHMOND, IN 47374	SUPPORTING ORGANIZATION	INDIANA	501(C)(3)	LINE 11A, I			X

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

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) VIGRAN FAMILY FOUNDATION INC	C	1,300.	
(2) VIGRAN FAMILY FOUNDATION INC	K	18,361.	
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.