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				ER 15, 2018		_		
<sub>-∞m</sub> 990-T	Exempt Orga				ax Retur	n	OMB N	o 1545-0687
m grip my m . M d	•	ind proxy tax und	ler se	ection 6033(e))			2	ก17
<b>'</b> *'	For catendar year 2017 or other tax y	- · ·		, and ending	-atio-		2	UII
Department of the Treasury Internal Revenue Service	► Go to www Do not enter SSN number			ons and the latest inform		)	Open to Po	ublic Inspection for Irganizations Only
A Check box if address changed		Check box if name of			,	DEmployer identification number (Employees' trust, see instructions)		
B Exempt under section	Print WAYNE COUNT	Y INDIANA F	OUN	DATION, INC	•	1 3	35-14	06033
X 501( <b>Q</b> )3, )	or Number street and room						lated busing	ess activity codes
408(e)220(e)	Type 33 SOUTH 71					] ```		•
408A530(a)		ovince, country, and ZIP o	r foreig	n postal code			1100	F31100
C Book value of all assets	RICHMOND, I					522	2100	531120
41,018,8	94. G Check organization type		noratio	501(c) trust	401/2	) trust		Other trust
	's primary unrelated business act					ij ii ust		_ Other mast
	the corporation a subsidiary in an				<b>•</b>	ΤΥ	es X	No
	nd identifying number of the pare			,	_			
J The books are in care of	► STEPHEN C.	BORCHERS			one number 🕨 🧻	765-		
Part I Unrelated	Trade or Business In	come		(A) Income	(B) Expense	S		(C) Net
1 a Gross receipts or sale					,		*	
b Less returns and allow		<b>c</b> Balance ►	1c				ļ	
2 Cost of goods sold (S	• •		2	-				
3 Gross profit. Subtract			3 4a				<del> </del>	
4 a Capital gain net incom	e (attach Scheddie D) 4797, Part II, line 17) (attach Forr	n 4797)	4b				<del>                                     </del>	
c Capital loss deduction		11 47 37 )	4c			<del></del>		
•	irtnerships and S corporations (at	ttach statement)	5	45,787.				45,787.
6 Rent income (Schedul		,	6				<b> </b>	
•	ed income (Schedule E)		7					
8 Interest, annuities, roy	alties, and rents from controlled	organizations (Sch. F)	8					
9 Investment income of	á section 501(c)(7), (9), or (17) o	organization (Schedule G					· · · · · ·	
	rity income (Schedule I)		10					
11 Advertising income (S	•		11	-			<b></b>	
,	tructions, attach schedule)		12	45,787.	•		<del> </del>	45,787.
13 Total Combine lines Part II Deduction	ns Not Taken Elsewhe	re (See instructions for		•			<u> </u>	13,707.
	contributions, deductions mus				s income )			
14 Compensation of offi	cers, directors, and trustees (Sch	edule K)		DECENTER		14		
15 Salaries and wages	·		_	RECEIVED		15		
16 Repairs and maintena	ance		2		ο :	16		
17 Bad debts			B613	NOV 1 9 2018	191	17	ļ	
18 Interest (attach sched	dule)		I"L		RS-Oc	18	<u> </u>	2 052
19 Taxes and licenses			ł	OGDEN, UT		19	<del>                                     </del>	2,953.
20 Charitable contribution 21 Depreciation (attach)	ons (See instructions for limitation	i rules)	<u> </u>	21		20	<u> </u>	
	imed on Schedule A and elsewhe	re on return		22a		22b		
23 Depletion	inica dii achedale A ana ciscwite	ic dirictani		224		23	<del>                                     </del>	
•	rred compensation plans					24	1	
25 Employee benefit pro						25		
26 Excess exempt exper	nses (Schedule I)					26		
27 Excess readership co	sts (Schedule J)					27		
28 Other deductions (att	•			SEE STAT	EMENT 1	28	ļ	7,483.
	ld lines 14 through 28					29		10,436.
	axable income before net operation	*	ct line 2		ewenu o	30		35,351.
	duction (limited to the amount or		rom to	SEE STAT	CHENT Z	31	<del> </del>	35,351.
	axable income before specific ded Generally \$1,000, but see line 33 ii			: 30		32	<del> </del>	1,000.
	taxable income Subtract line 33			than line 32, enter the sm	aller of zero or	133	<del>                                     </del>	,
			J 4.01			1	1	

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see Instructions

Form **990-T** (2017)

67

line 32

SCANNED FEB 1 2 2019

Signaturations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 15st and 15st) check here № Taxable as Controlled group members (sections 15st and 15st) check here № Taxable as Controlled group members (sections 15st and 15st) check here № Taxable as Controlled group members (sections 15st and 15st) check programmations share of; (1) Additional 5% fact (not more than \$11,750)   \$\frac{1}{5}\$   \$\frac{1}{5}\$	Form 990-T	7.4.4.3	35-1406	033	O PE	Page 2
Controlled group members (saccloss 1561 and 1563) check here ► See instructions and.  8. Entry your share of the \$50,000, 285,000, and \$925,000 taxable mackets (in hal order):  (1)			<del></del>	<del></del>		· <u>·</u>
a. Enter your share of the \$50,000, \$25,000, and \$9,025,000 taxbell mome brankers (in that order):  (1)   S			İ			
to Be Enter organization's share of (1) Additional 5% tax (not more than \$11,750)   \$  (2) Additional 3% tax (not more than \$100,000) c income tax on the amount on line 34  Trust arsake lar thrist Rates. See instructions for tax computation, income tax on the amount on line 34 from:    Tax rate schedule or   Schedule D (Form 1041)   \$35    Tax arsake lar thrist Rates. See instructions   \$30    Tax rate schedule or   Schedule D (Form 1041)   \$35    Tax are schedule or   Schedule D (Form 1041)   \$35    Tax are schedule or   Schedule D (Form 1041)   \$35    Tax are schedule or   Schedule D (Form 1041)   \$35    Tax are schedule or   Schedule D (Form 1041)   \$35    Tax are schedule or   Schedule D (Form 1041)   \$35    Tax are schedule or   Schedule D (Form 1041)   \$35    Tax are schedule or   Schedule D (Form 1041)   \$35    Tax are schedule or   Schedule D (Form 1041)   \$35    Tax are schedule or   Schedule D (Form 1041)   \$35    Tax are schedule or   Schedule D (Form 1041)   \$35    Tax are schedule or   Schedule D (Form 1041)   \$35    Tax are schedule or   Schedule D (Form 1041)   \$35    Tax are schedule or   Schedule D (Form 1041)   \$35    Tax are schedule or   Schedule D (Form 1041)   \$35    Tax are schedule or   Schedule D (Form 1041)   \$35    Tax deposited with Form 1860   \$45    Tax deposited with Form				İ		
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$  (2) Additional 3% fax you have than \$10,000) c lecome tax on the amount on line 34  36 Trusta Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 34 from:    Tax rate schedule or   Schedule D (Form 1041)   37 Proxy tax. See instructions   38 Alteration eminmum tax   38   Signal						
(2) Additional 3% tax (not more than \$100,009)  5						
Income tax on the amount on the 24						
Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 34 from:    Tax rate schedule or   Schedule 0 (Form 1041)   38   37		· · · · · · · · · · · · · · · · · · ·	.  -			^
Tax rate schedule or   Schedule D (Form 1041)   37   37   38   39   37   38   Alternative minimum tax   38   39   30   30   30   30   30   30   30			▶↓	35c		<u> </u>
37 Proxy tax. See instructions 38 Alternative minimum tax 38 39 39 Tax on Mon-Compliant Facility Income. See instructions 40 Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 O.  Part IV Tax and Payments 41a Foreign tax credit (cerporations attach Form 118; trusts attach Form 1118) 41b Foreign tax credit (cerporations attach Form 3800	36		.  -	<u> </u>		
38 Alternative minimum tax  39 Tax on Non-Compilant Facility Income See instructions  40 Total Add lines 37, 38 and 39 to line 35s or 36, whichever applies  40 Total Add lines 17, 38 and 39 to line 35s or 36, whichever applies  41 Foreign fax credit (corporations attach form 1118; flusts attach form 1116)  41 Foreign fax credit (corporations attach form 1118; flusts attach form 1116)  50 Other credits (see instructions)  6 General business credit. Attach Form 3800 or 8827)  6 Total credits Add lines 41 attrough 140  42 Subtract line 4 le from line 40  43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8666 ☐ Other (article sechicle)  44 Total tax Add lines 42 and 43  45 Fa Payments' × 2016 (weignyment credited to 2017  5 2017 estimated tax payments  6 Tax deposed with Form 8886  6 Foreign organizations: Tax paid or withheld at source (see instructions)  7 Credit for small employee health insurance premiums (Attach Form 8941)  9 Other credits and payments: ☐ Form 2439  Form 4136  6 Total payments, Add lines 45s attrough 45g  47 Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ 45g  6 Total payments, Add lines 45s through 45g  47 Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ 45g  6 Total payments, Add lines 45s through 45g  47 Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ 45g  6 Total payments, Add lines 45s in through 45g  47 Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ 45g  6 Total payments, Add lines 45s in through 45g  47 Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ 45g  6 Total payments, Add lines 45s in through 45g  47 Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ 45g  6 Total payments, Add lines 45s in through 45g  47 Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ 45g  6 Total payments, Add lines 45s in through 45g  7 Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ 45	Į		<b>▶</b>			
39   Tax on Non-Compliant Facility Income See instructions   39   40   0.	37	Proxy tax. See instructions	▶	_		
Total Add ines 37, 38 and 39 for line 35c or 36, whichever applies			L			
Part IV   Tax and Payments		•	L	_		
41a Foreign hax credit (corporations attach Form 1118) trusts attach Form 1118) 41b 41b 41b 41b 41b 41b 41b 41b 41b 41b				40		<u> </u>
b Other credits (see instructions) c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits Add lines 41 a through 41d 42 Subtract line 41 form line 40 43 Other taxes. Check if from:						
C General business credit. Attach Form 3800  d Oredit for prior year minimum tax (attach Form 8801 or 8827)  e Total redits Add lines 45 at barrough 41d  41c  41d  41e  41e  41e  41e  41e  41e  41e	41a i	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)				
Credit for pror year minimum tax (attach Form 8801 or 8827)   41d   41e	ъ (	Other credits (see instructions)				
Total credits Add lines 41a through 41d  42 Subtract line 4 fer from line 40  43 Other (attach schedule)  44 Total tax Add lines 42 and 43  45 a Payments' A 2016 overpayment credited to 2017  45 a Payments' A 2016 overpayment credited to 2017  45 a Payments' A 2016 overpayment credited to 2017  5 2017 estimated tax payments  6 Tax deposited with Form 8888  6 Foreign organizations: Tax paid or withheld at source (see instructions)  7 Credit for small employer health insurance premiums (Attach Form 8941)  9 Other credits and payments:	c (	General business credit. Attach Form 3800				
42 O.  43 Other taxes. Check if from:	d (	Credit for prior year minimum tax (attach Form 8801 or 8827)				
43 Other taxes. Check if from:	e	Total credits Add lines 41a through 41d	1_	41e		
44 Total tax Add lines 42 and 43  45 a Payments: A 2016 overpayment credited to 2017  b 2017 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations; Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:				42		<u> </u>
b 2017 estimated tax payments c Tax deposited with Form 8688 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions)  1 Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:    Form 4136	43 (	Other taxes. Check if from: 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 Other (ait	ach schedule)	43		
b 2017 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid on withheld at source (see instructions) e Backup withholding (see instructions)  1 Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:	44	Total tax Add lines 42 and 43		44		0.
c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Altach Form 8941) g Other credits and payments:	45 a l	Payments: A 2016 overpayment credited to 2017 45a				
d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:  Form 2439  Form 4136  f Total payments. Add lines 45a through 45g  Firm's name ▶ BRADY, WARE & SCHOENFELD, INC.  Firm's address ▶ RICHMOND, IN 47374  f Stee Backup withholding (see instructions)  f Credit for small employed Pleating Phone no (765) 966-0531  f Credit for small employed premiums (Attach Form 8941)  f Credit for small employer health insurance premiums (Attach Form 8941)  f Credit for small employer health insurance premiums (Attach Form 8941)  f Credit for small employer health insurance premiums (Attach Form 8941)  f Credit for small employer health insurance premiums (Attach Form 8941)  f Credit for small employer health insurance premiums (Attach Form 8941)  f Credit for small employer health insurance premiums (Attach Form 8941)  f Credit for small employer health insurance premiums (Attach Form 8941)  f Credit for small employer health insurance premiums (Attach Form 8941)  f Credit for small employer health insurance premiums (Attach Form 8941)  f Credit for small employer health insurance premiums (Attach Form 8941)  f Star due! If Illies 46 is larger than the total of lines 44 and 47, enter amount owed  f attach and file of sees than the total of lines 44 and 47, enter amount owed  f attach and file of sees than the total of lines 44 and 47, enter amount owed  f attach and file of sees than the total of lines 44 and 47, enter amount owed  f attach and file of sees than the total of lines 44 and 47, enter amount owed  f attach and file of sees than the total of lines 44 and 47, enter amount owed  f attach and file of sees than the total of lines 44 and 47, enter amount owed  f attach and file of sees than the total of lines 44 and 47, enter amount owed  f attach and file of sees than the total of lines 44 and 47, enter amount owed  f attach and file of sees than the total	b a	2017 estimated tax payments 45b				
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e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments:		·				
1 Credit for small employer health insurance premiums (Attach Form 8941)   g Other credits and payments:						
9 Other credits and payments:	4 4	, , , , , , , , , , , , , , , , , , , ,	-			
Form 4136						
Total payments. Add lines 45a through 45g  47 Estimated tax penalty (see instructions) Check if Form 2220 is attached    48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed  49 Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  50 Enter the amount of line 49 you want Credited to 2018 estimated tax    80 Refunded    50 Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file  53 Enter the amount of tax-exempt interest received or accrued during the tax year    53 Suranum of the exempt interest received or accrued during the tax year    54 Suranum of the exempt interest received or accrued during the tax year    55 Suranum of the exempt interest received or accrued during the tax year    56 Suzanne K. MILLER  CPA  Print/Type preparer's name  SUZANNE K. MILLER  Preparer    CPA  Print/Type preparer's name  BRADY, WARE & SCHOENFELD, INC.  Firm's name    BRADY, WARE & SCHOENFELD, INC.  Firm's address    RICHMOND, IN 47374  Phone no (765) 966-0531	9 \					
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48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed  49 Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  50 Enter the amount of line 49 you want Credited to 2018 estimated tax  Part V Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  53 If YES, see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year  53 If YES, see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year  54 If YES, see instructions for other forms the organization of organization of organization or of vicinity to the preparer has any knowledge and belief, it is true.  55 If YES, see instructions for other forms the organization of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  65 If YES, see instructions for other forms the organization of preparer shown below (see instructions)?  65 If YES, see instructions for other organization of preparer shown below (see instructions)?  76 If YES, see instructions for other forms the organization of which preparer has any knowledge and belief, it is true.  77 If YES, the organization of the preparer shown below (see instructions)?  87 If YES, see instructions for other information of which preparer has any knowledge and belief, it is true.  88 If YES, see instructions for other information of whic			F	+_		
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Part V   Statements Regarding Certain Activities and Other Information (see instructions)    Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information May have to file		·		<del></del>		
Part V Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  14 Under penalties of perjuy 1 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 comblete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Print/Type preparer's name  Suzanne Name Name Name Name Name Name Name Nam			nded -			
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over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country  here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year  Under penalties of perjury 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Print/Type preparer's name  Preparer's name  Preparer's agnature  Preparer's agnature  Date  Check if PTIN  self- employed  Print/Type preparer's name  SUZANNE K. MILLER  CPA  Firm's name ▶ BRADY, WARE & SCHOENFELD, INC.  Firm's EIN ▶ 35-1476702  ONE WOODSIDE DRIVE  Firm's address ▶ RICHMOND, IN 47374  Phone no (765) 966-0531	L		0113,		Vac	No
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year \$  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 comblete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Paid Preparer  Paid Preparer  Paid Preparer's name  SUZANNE K. MILLER  Preparer's signature  ONE WOODSIDE DRIVE  Firm's address RICHMOND, IN 47374  Phone no (765) 966-0531		•			103	100
here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Under penalties of perjury 1 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 comblete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  EXECUTIVE DIRECTOR  May the IRS discuss this return with the preparer shown below (see Instructions)? X Yes No  Print/Type preparer's name  Print/Type preparer's name  SUZANNE K. MILLER  Preparer's sonature  Date  Check if PTIN self-employed  Firm's name ▶ BRADY, WARE & SCHOENFELD, INC.  Firm's name ▶ BRADY, WARE & SCHOENFELD, INC.  Firm's address ▶ RICHMOND, IN 47374  Phone no (765) 966-0531		· · · · · · · · · · · · · · · · · · ·				
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    EXECUTIVE DIRECTOR   May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No   No						- <del></del>
If YES, see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  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 comblete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    Print/Type preparer's name   Preparer's agnature   Date   Check   If   PTIN			an trunt?			
Title  Print/Type preparer's name SUZANNE K. MILLER CPA Firm's name ▶ BRADY, WARE & SCHOENFELD, INC.  ONE WOODSIDE DRIVE Firm's address ▶ RICHMOND, IN 47374  Plant Index penalties of perjury   declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, to the correct and comblete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  EXECUTIVE DIRECTOR Interior Date  EXECUTIVE DIRECTOR Interior Date    Date			yn nustr		-	<del></del>
Sign Here  Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and comblete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  EXECUTIVE DIRECTOR  Interior Interior with the preparer shown below (see instructions)? X Yes No  Print/Type preparer's name  SUZANNE K. MILLER  CPA  Firm's name ▶ BRADY, WARE & SCHOENFELD, INC.  ONE WOODSIDE DRIVE  Firm's address ▶ RICHMOND, IN 47374  Phone no (765) 966-0531		, , , , , , , , , , , , , , , , , , ,				
Here    Correct and comblete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   Signature of officer   Date   EXECUTIVE DIRECTOR   May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No   No	33 [		best of my knowle	edge and belief	it is true	,
Paid Preparer Use Only  Print/Type preparer's name SUZANNE K. MILLER CPA Firm's name ▶ BRADY, WARE & SCHOENFELD, INC.  ONE WOODSIDE DRIVE Firm's address ▶ RICHMOND, IN 47374  PEXECUTIVE DIRECTOR Inthe preparer shown below (see instructions)? X Yes No  EXECUTIVE DIRECTOR Inthe preparer shown below (see instructions)? X Yes No  Print/Type preparer's name SUZANNE K. MILLER CPA Firm's name ▶ BRADY, WARE & SCHOENFELD, INC. Firm's EIN ▶ 35-1476702  Phone no (765) 966-0531	Sign	correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		oogo ano come,		
Paid Preparer Use Only  Paid Preparer Use Only  Prim's name ▶ BRADY, WARE & SCHOENFELD, INC.  ONE WOODSIDE DRIVE Firm's address ▶ RICHMOND, IN 47374  Pittle    Date   Check   if self-employed   P7IN   Self-employed   P00452655	_	I I I I I I I I I I I I I I I I I I I	TOP May			with
Paid Preparer SuZANNE K. MILLER Preparer Use Only  Print/Type preparer's name SUZANNE K. MILLER CPA Firm's name ▶ BRADY, WARE & SCHOENFELD, INC. ONE WOODSIDE DRIVE Firm's address ▶ RICHMOND, IN 47374  Preparer's analure  Date 11/02/18  PTIN Self- employed P00452655 P00452655 Prim's EIN ▶ 35-1476702  Phone no (765) 966-0531						۸۸ ۲
Paid Preparer Use Only  SUZANNE K. MILLER  CPA  Firm's name ▶ BRADY, WARE & SCHOENFELD, INC.  ONE WOODSIDE DRIVE  Firm's address ▶ RICHMOND, IN 47374  Phone no (765) 966-0531					169	) I+U
Preparer Use Only         CPA         11/02/18         P00452655           ONE WOODSIDE DRIVE Firm's address         NECHMOND, IN 47374         Phone no (765) 966-0531		Time type property of thems		FIIN		
Use Only    Firm's name   BRADY, WARE & SCHOENFELD, INC.   Firm's EIN   35-1476702	Paid		ıı- empioyea	DOOME	2655	
ONE WOODSIDE DRIVE Firm's address > RICHMOND, IN 47374 Phone no (765) 966-0531	Prepar			1		<del>-</del>
Firm's address ► RICHMOND, IN 47374 Phone no (765) 966-0531	Use O		irm's EIN	33-14	10/0	
				16E\ 06	6 05	21
		Firm's address RICHMOND, IN 4/3/4	rnone no ( /			

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation > N/A	,			
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6	
2 Purchases	2		7	Cost of goods sold Su	ubtract l	ine 6		
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,		
4 a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes No
<ul> <li>Other costs (attach schedule)</li> </ul>	4b			property produced or a	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	perty	<b>'</b> )
Description of property			· -	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
(1)								<u> </u>
(2)								
(3)								
(4)								
		ed or accrued				3(a)Deductions directly	, connect	ted with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	columns 2(a) ar	nd 2(b) (a	ttach schedule)
(1)								
(2)								
(3)								
(4)								<u> </u>
Total	0.	Total			0.	(h) Total dadustions		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	<b>&gt;</b>			0.	(b) Total deductions. Enter here and on page 1 Part I, line 6, column (8)	<b></b>	0.
Schedule E - Unrelated Det	ot-Financed	Income (see	ınstru	ctions)				<del></del>
-,			2	Gross income from		<ol> <li>Deductions directly conto debt-finance</li> </ol>	nected v	vith or allocable erty
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
/4\			+				-	
(1)			+		<del>                                     </del>		+	<del> </del>
(2)			+		<b></b>		+	
(4)						<del></del>	<del> </del>	
4 Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)	of or a debt-fina	adjusted basis flocable to nced property ischedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(c	8 Allocable deductions olumn 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)		•		%			1	
(4)				%				
		_				nter here and on page 1 Part I, line 7 column (A)		nter here and on page 1, Part I line 7, column (B)
Totals				<b>&gt;</b>	<u> </u>	0		0.
Total dividends-received deductions in	cluded in column	8				<b></b>	•	0.
								Form 990-T (2017)

Form 990-T (2017) <b>WAYNE</b>	COUNTY IND	IANA FOUNI	DATION,	INC:	· <b>河南</b> 河		35-14		
Schedule F - Interest,	Annuities, Roya					ation	S (see ins	truction	s)
Name of controlled organiza	ıdentif	ployer 3 Net un	Controlled Ourelated income e instructions)	4. Tota	ons al of specified nents made	ınclude	of column 4 d in the conti tion s gross i	rolling	6 Deductions directly connected with income in column 5
(1)								<del></del>	
(2)									
(3)									
(4)									
Nonexempt Controlled Organi	zations								
7 Taxable Income	8 Net unrelated incol		of specified payr made	ments	10 Part of colur in the controlli gross				ductions directly connected income in column 10
(1)									
(2)									
(3)									
(4)									
					Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals				▶			0.		0.
Schedule G - Investme	ent Income of a	Section 501(c)	(7), (9), or	(17) Or	ganization	)			
(see insti	ructions)								<del>,</del>
1 Desc	ription of income		2. Amount of	ıncome	3 Deduction directly conne (attach sched	cted	4 Set-a (attach s		5 Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)									
(3)		<u>.                                    </u>					<del></del>		
(4)		-,							
, ,			Enter here and o Part I line 9, co			•	~ -		Enter here and on page 1 Part I, line 9 column (B)
Totals			•	0.					0.
Schedule I - Exploited (see instru	•	/ Income, Othe	r Than Ad	vertisi	ng Income	<b>.</b>			
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4 Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed	6 Exp attributa colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			1						
(2)			Ì						
(3)									
(4)	Enter here and on page 1, Part I line 10, col (A)	Enter here and on page 1, Part I line 10 col (B)							Enter here and on page 1, Part II line 26
Totals	0.	0.	·						0.
Schedule J - Advertisi			[[] - 4 - 1	D = - '-					
Part I Income From	Periodicals Rep	orted on a Cor	isolidated	Basis					
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulati		6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)									-
(3)									
(4)									
						T			
Totals (carry to Part II, line (5))	<b>•</b>	0. 0	).[						0 . Form <b>990-T</b> (2017)

723731 01-22-18

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

1. Name of periodical		2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)			-				
(3)							
(4)						,	
Totals from Part I	▶	0.	0.		1170 150	14.5	0 .
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0 .

Schedule K -	Compensation of	Officers, Dire	ectors, and Tru	istees (see instructions)
--------------	-----------------	----------------	-----------------	---------------------------

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

Form 990-T (2017)

WAYNE COUNTY INDIANA FOUND.		<del></del>			33-1400		
FORM 990-T	OTHER	DEDUCTI	ONS		STATEMENT	1	
DESCRIPTION					AMOUNT		
TRUSTEE FEES TAX PREPARATION					6,99	83.	
TOTAL TO FORM 990-T, PAGE 1,	LINE 28				7,4	83.	
FORM 990-T NET	OPERATIN	G LOSS D	EDUCTI	ON	STATEMENT	2	
TAX YEAR LOSS SUSTAINED	LOS PREVIO APPL	USLY		OSS IAINING	AVAILABLE THIS YEAR		
12/31/12 12,937. 12/31/13 18,127. 12/31/15 3,932. 12/31/16 6,653.		952. 0. 0.		11,985. 18,127. 3,932. 6,653.	11,985. 18,127. 3,932. 6,653.		
NOL CARRYOVER AVAILABLE THIS	YEAR			40,697.	40,69	7.	
FORM 990-T INCO	ME (LÖSS)	FROM PA	RTNERS	HIPS To	STATEMENT	3	
PARTNERSHIP NAME		GROSS I	NCOME	DEDUCTIONS	NET INCOM		
SAVILE ROW PRIVATE REAL ESTA' SAVILE ROW PRIVATE 2007-08 SAVILE ROW ENERGY OPPORTUNIT	PRIVATE 2007-08 1,77		126. ,774.	0.	1,7	26. 74.	
LLC		85	,736.	0.	85,7	36.	
SAVILE ROW ENERGY OPPORTUNIT			0.	38,790.	-38,79	90.	
SAVILE ROW ENERGY OPPORTUNIT			0.	11,059.	-11,0	59.	
REGENT STREET SPECIAL SITUAT: FUND S 2016-2			752.	0.	7!	52.	
SAVILE ROW SPECIALTY FINANCE VP 2016-1 LLC	FUND	7	,248.	0.	7,2	48.	
TOTAL TO FORM 990-T, PAGE 1,	LINE 5	95	,636.	49,849.	45,78	87.	