

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the **2016** calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WAYNE COUNTY COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 517 NORTH MARKET STREET City or town, state or province, country, and ZIP or foreign postal code WOOSTER, OH 44691 F Name and address of principal officer: SARA L PATTON SAME AS C ABOVE	D Employer identification number 34-1281026 E Telephone number (330) 262-3877 G Gross receipts \$ 104,908,848. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
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.WAYNECOUNTYCOMMUNITYFOUNDATION.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: OH

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE PHILANTHROPIC LEADERSHIP TO THE WAYNE COUNTY, OHIO, AREA THROUGH FUND DEVELOPMENT		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	72
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,744,704.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,001,279.	3,731,369.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	88,446.	78,519.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,834,429.	10,129,240.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,887,571.
	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)	238,399.	247,911.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 96,026.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	315,045.	300,588.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,441,015.	4,033,430.
	19	Revenue less expenses. Subtract line 18 from line 12	-606,586.	6,095,810.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 55,406,994.	End of Year 64,546,101.
	21	Total liabilities (Part X, line 26)	9,006,957.	10,244,135.
	22	Net assets or fund balances. Subtract line 21 from line 20	46,400,037.	54,301,966.

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 MARY ALICE STREETER, TREASURER Type or print name and title	Date 			
Paid Preparer Use Only	Print/Type preparer's name KAREN B. COONEY	Preparer's signature KAREN B. COONEY	Date 11/08/17	Check if self-employed <input type="checkbox"/>	PTIN P00285983
	Firm's name ▶ MEADEN & MOORE, LTD.	Firm's EIN ▶ 34-1818258			
	Firm's address ▶ 2363 EAGLE PASS, SUITE A WOOSTER, OH 44691-5344		Phone no. 330-264-7307		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

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

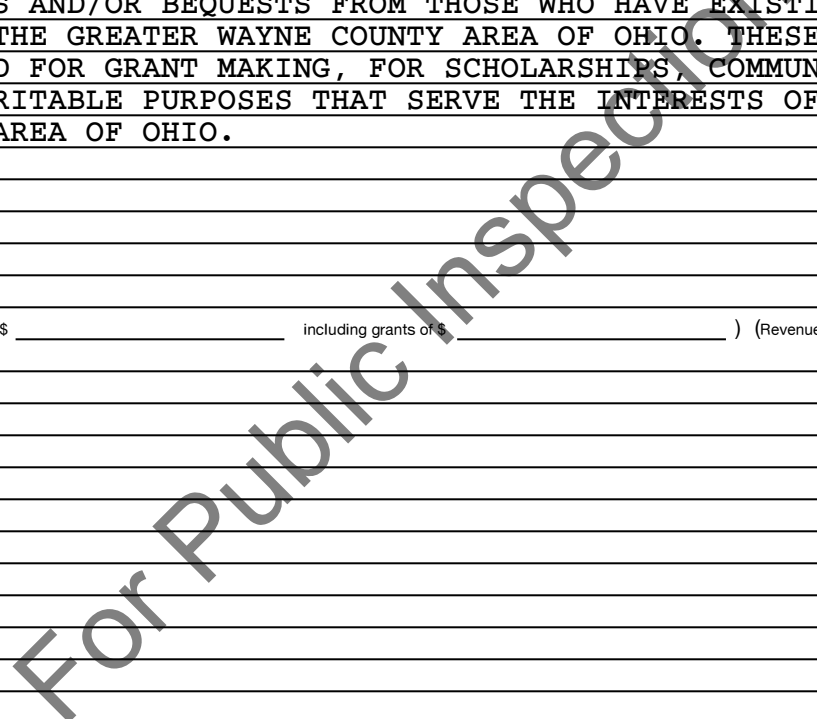
4a (Code:) (Expenses \$ 3,620,352. including grants of \$ 3,484,931.) (Revenue \$) THE FOUNDATION IS A TAX-EXEMPT COMMUNITY FOUNDATION, FUNDED BY DONATIONS FROM INDIVIDUALS, BUSINESSES, OTHER NON-PROFITS, CHURCHES, CIVIC ENTITIES AND/OR BEQUESTS FROM THOSE WHO HAVE EXISTING OR PRIOR INTERESTS IN THE GREATER WAYNE COUNTY AREA OF OHIO. THESE MONETARY GIFTS ARE USED FOR GRANT MAKING, FOR SCHOLARSHIPS, COMMUNITY PROJECTS, AND OTHER CHARITABLE PURPOSES THAT SERVE THE INTERESTS OF THE GREATER WAYNE COUNTY AREA OF OHIO.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 3,620,352.



Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Rows include questions 1 through 19 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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 25a</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), 501(c)(4), and 501(c)(29) 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with columns for 'Yes' and 'No' and input fields for numerical values.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 18; 1b Enter the number of voting members included... 18; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O... X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
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 [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
SARA L PATTON - 330-262-3877
517 NORTH MARKET STREET, WOOSTER, OH 44691

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARA L. PATTON EXECUTIVE DIRECTOR	40.00 0.00	X		X			80,300.	0.	4,065.	
(2) STEVE MATTHEW PRESIDENT	3.00 0.00	X		X			0.	0.	0.	
(3) J. C. JOHNSTON III IMMEDIATE PAST PRESIDENT	1.00 0.00	X		X			0.	0.	0.	
(4) MARK A. AUBLE VICE PRESIDENT	1.00 0.00	X		X			0.	0.	0.	
(5) BRENT R. STEINER SECRETARY	1.00 0.00	X		X			0.	0.	0.	
(6) MARY ALICE STREETER TREASURER	2.00 0.00	X		X			0.	0.	0.	
(7) MICHAEL D. AGNONI TRUSTEE	1.00 0.00	X					0.	0.	0.	
(8) MARLENE BARKHEIMER TRUSTEE	1.00 0.00	X					0.	0.	0.	
(9) MARIBETH BURNS TRUSTEE	1.00 0.00	X					0.	0.	0.	
(10) W. MICHAEL JARRETT TRUSTEE	1.00 0.00	X					0.	0.	0.	
(11) CHERYL M. KIRKBRIDE TRUSTEE	1.00 0.00	X					0.	0.	0.	
(12) GLENDA LEHMAN ERVIN TRUSTEE	1.00 0.00	X					0.	0.	0.	
(13) DR. LARRY MARKLEY TRUSTEE	1.00 0.00	X					0.	0.	0.	
(14) ROGER D. PROPER, JR. TRUSTEE	1.00 0.00	X					0.	0.	0.	
(15) WILLIAM J. ROBERTSON TRUSTEE	1.00 0.00	X					0.	0.	0.	
(16) STEPHEN L. SHAPIRO TRUSTEE	1.00 0.00	X					0.	0.	0.	
(17) DEANNA TROUTMAN TRUSTEE	1.00 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BALA VENKATARAMAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) HOWARD J. WENGER TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Sub-total								80,300.	0.	4,065.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								80,300.	0.	4,065.

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 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	6,319,352.				
	g Noncash contributions included in lines 1a-1f: \$		464,032.				
	h Total. Add lines 1a-1f		6,319,352.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		979,212.			979,212.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			2,752,157.		2,752,157.
	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 NET ADMINISTRATIVE FEE INCOME		900099	43,785.	43,785.			
b MISCELLANEOUS INCOME		900099	20,784.	20,784.			
c ANNUAL DINNER		900099	13,950.	13,950.			
d All other revenue							
e Total. Add lines 11a-11d			78,519.				
12 Total revenue. See instructions.			10,129,240.	78,519.	0.	3,731,369.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,905,016.	2,905,016.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	579,915.	579,915.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	85,300.	32,414.	31,561.	21,325.
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	131,238.	71,601.	31,262.	28,375.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,333.	4,271.	2,696.	2,366.
9 Other employee benefits	6,002.	2,182.	1,219.	2,601.
10 Payroll taxes	16,038.	7,438.	4,723.	3,877.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,000.		14,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	141,785.		141,785.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,750.		1,750.	
12 Advertising and promotion	18,307.		5,126.	13,181.
13 Office expenses	26,153.	2,877.	15,430.	7,846.
14 Information technology	20,883.		20,883.	
15 Royalties				
16 Occupancy	32,089.	6,418.	16,045.	9,626.
17 Travel	5,938.	2,969.		2,969.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,437.	733.	690.	14.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	8,711.		8,711.	
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 DUES AND SUBSCRIPTIONS	14,359.		14,359.	
b DEVELOPMENT EXPENSE	11,865.	1,488.	6,531.	3,846.
c COMMUNITY SUPPORT	3,030.	3,030.		
d STATE FILING FEE	281.		281.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,033,430.	3,620,352.	317,052.	96,026.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	12,533.	1	20,555.
	2 Savings and temporary cash investments	2,155,983.	2	1,558,722.
	3 Pledges and grants receivable, net	1,043,892.	3	923,706.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		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 63,875.		
	b Less: accumulated depreciation	10b 58,308.	5,567.	10c 5,567.
	11 Investments - publicly traded securities	51,948,245.	11	61,775,914.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	240,774.	15	261,637.
16 Total assets. Add lines 1 through 15 (must equal line 34)	55,406,994.	16	64,546,101.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	465,000.	18	686,200.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	8,488,598.	21	9,507,128.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	53,359.	25	50,807.
	26 Total liabilities. Add lines 17 through 25	9,006,957.	26	10,244,135.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,745,836.	27	6,266,450.
	28 Temporarily restricted net assets	16,568,896.	28	17,654,002.
	29 Permanently restricted net assets	24,085,305.	29	30,381,514.
	Organizations that do not follow SFAS 117 (ASC 958), 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	46,400,037.	33	54,301,966.	
34 Total liabilities and net assets/fund balances	55,406,994.	34	64,546,101.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,129,240.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,033,430.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,095,810.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46,400,037.
5	Net unrealized gains (losses) on investments	5	1,806,119.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54,301,966.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2016)

For Public Inspection

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

Name of the organization WAYNE COUNTY COMMUNITY FOUNDATION	Employer identification number 34-1281026
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1606710.	1889978.	4278469.	3744704.	6319352.	17839213.
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	1606710.	1889978.	4278469.	3744704.	6319352.	17839213.
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)						3101683.
6 Public support. Subtract line 5 from line 4.						14737530.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	1606710.	1889978.	4278469.	3744704.	6319352.	17839213.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1100719.	1040565.	1051961.	838,425.	979,212.	5010882.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	48,524.	43,922.	79,819.	88,446.	78,520.	339,231.
11 Total support. Add lines 7 through 10						23189326.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	63.55 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	76.82 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 VI 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 - 2015. 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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.)						
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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

ADMINISTRATIVE FEE REVENUE

2012 AMOUNT: \$ 34,601.

2013 AMOUNT: \$ 37,897.

2014 AMOUNT: \$ 42,504.

2015 AMOUNT: \$ 42,370.

2016 AMOUNT: \$ 43,785.

MISCELLANEOUS INCOME

2012 AMOUNT: \$ 13,923.

2013 AMOUNT: \$ 6,025.

2014 AMOUNT: \$ 21,370.

2015 AMOUNT: \$ 29,268.

2016 AMOUNT: \$ 20,785.

ANNUAL DINNER

2014 AMOUNT: \$ 15,945.

2015 AMOUNT: \$ 16,808.

2016 AMOUNT: \$ 13,950.

FOR Public Inspection

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization WAYNE COUNTY COMMUNITY FOUNDATION Employer identification number 34-1281026

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2a-2b regarding reporting requirements for art and historical treasures, including revenue and asset amounts.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	46,400,036.	49,549,399.	49,056,320.	44,037,916.	41,922,964.
b Contributions	6,348,348.	3,790,780.	4,694,365.	1,910,598.	4,624,426.
c Net investment earnings, gains, and losses	5,543,227.	-541,498.	100,968.	5,934,144.	3,558,851.
d Grants or scholarships	3,484,931.	5,887,571.	3,399,139.	2,318,511.	5,524,924.
e Other expenditures for facilities and programs					
f Administrative expenses	504,714.	511,073.	903,115.	507,827.	543,401.
g End of year balance	54,301,966.	46,400,037.	49,549,399.	49,056,320.	44,037,916.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 11.54 %
 - b Permanent endowment 55.95 %
 - c Temporarily restricted endowment 32.51 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input checked="" type="checkbox"/> | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		63,875.	58,308.	5,567.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,567.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) GIFT ANNUITY OBLIGATIONS	50,807.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	50,807.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	11,891,574.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,806,119.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,806,119.	
3	Subtract line 2e from line 1	3	10,085,455.	
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 XIII.)	4b	43,785.	
c	Add lines 4a and 4b	4c	43,785.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,129,240.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	3,989,645.
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 XIII.)	2d	-43,785.	
e	Add lines 2a through 2d	2e	-43,785.	
3	Subtract line 2e from line 1	3	4,033,430.	
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 XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,033,430.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE FOUNDATION HOLDS FUNDS ON BEHALF OF OTHER AREA TAX EXEMPT CHARITABLE ORGANIZATIONS. AT 6/30/17, \$9,507,128 OF ASSETS WERE HELD FOR OTHERS.

PART V, LINE 4:

THE FUTURE USE OF THE ENDOWMENT FUNDS IS TO PROVIDE FUTURE GRANTS AND SCHOLARSHIPS TO NON-PROFIT ARTS, CIVIC, CULTURAL, EDUCATIONAL, ENVIRONMENTAL, FAITH-BASED, HEALTH AND HUMAN SERVICE ORGANIZATIONS IN WAYNE COUNTY.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

Part XIII Supplemental Information (continued)

REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND
 RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN CERTAIN TAX
 POSITIONS THAT MORE-LIKELY-THAN-NOT WOULD NOT BE SUSTAINED UPON
 EXAMINATION BY APPLICABLE TAXING AUTHORITIES. THE AMOUNT RECOGNIZED IS
 MEASURED AS THE AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING
 REALIZED UPON ULTIMATE SETTLEMENT. THE FOUNDATION RECOGNIZES INTEREST AND
 PENALTIES ACCRUED RELATED TO UNRECOGNIZED TAX UNCERTAINTIES IN INCOME TAX
 EXPENSE, IF ANY. THE FOUNDATION DETERMINED THAT THERE ARE NO MATERIAL
 UNCERTAIN TAX POSITIONS. THE FOUNDATION'S FEDERAL INCOME TAX RETURNS ARE
 SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE,
 GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET ADMINISTRATIVE FEE REVENUE AND EXPENSES	43,785.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

NET ADMINISTRATIVE FEE REVENUE AND EXPENSES	-43,785.
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For Public Inspection

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **WAYNE COUNTY COMMUNITY FOUNDATION** Employer identification number **34-1281026**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
AAC INSTITUTE 1401 FORBES AVENUE PITTSBURGH, PA 15219	34-1652674	501(C)(3)	82,000.	0.			PROGRAM SUPPORT DONATION
AKRON ART MUSEUM ONE SOUTH HIGH ST. AKRON, OH 44308	34-0813426	501(C)(3)	25,000.	0.			DONATIONS TO THE GARDEN ENDOWMENT
AMERICAN RED CROSS-WAYNE COUNTY 244 W. SOUTH STREET WOOSTER, OH 44691	53-0196605	501(C)(3)	8,270.	0.			VARIOUS DONATIONS
ANAZAO COMMUNITY PARTNERS 2587 BACK ORRVILLE ROAD WOOSTER, OH 44691	34-1105940	501(C)(3)	37,900.	0.			DONATIONS
APOSTOLIC CHRISTIAN HOME, INC. 10680 STEINER ROAD RITTMAN, OH 44270	34-1155210	501(C)(3)	24,000.	0.			CAPITAL RENOVATION AND OTHER DONATIONS
ARTHRITIS FOUNDATION OF NORTHEAST OHIO - 4630 RICHMOND RD. - CLEVELAND, OH 44128	58-1341679	501(C)(3)	5,000.	0.			DONATIONS

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

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

Schedule I (Form 990) (2016)

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
ASHLAND COUNTY COMMUNITY FOUNDATION - 300 COLLEGE AVE. - ASHLAND, OH 44805	34-1812908	501(C)(3)	10,000.	0.			DONATIONS
AULTMAN ORRVILLE HOSPITAL FOUNDATION - 832 SOUTH MAIN STREET - ORRVILLE, OH 44667	34-0733138	501(C)(3)	10,000.	0.			DONATIONS
BOYS AND GIRLS CLUB OF WOOSTER 343 WEST MILLTOWN WOOSTER, OH 44691	46-3469624	501(C)(3)	6,900.	0.			OPERATING AND GENERAL DONATIONS
BUDDHIST FILM FOUNDATION 2600 TENTH ST., SUITE 409 BERKELEY, CA 94710	94-3402911	501(C)(3)	12,000.	0.			VARIOUS DONATIONS
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	408,200.	0.			VARIOUS DONATIONS
CENTRAL AMERICAN MEDICAL OUTREACH, INC. - 322 WESTWOOD AVE - ORRVILLE, OH 44667	34-1740695	501(C)(3)	5,300.	0.			DONATIONS
CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	501(C)(3)	39,203.	0.			DONATION FOR TELE-MEDICINE
CHRISTIAN CHILDREN'S HOME OF OHIO 2685 ARMSTRONG ROAD WOOSTER, OH 44691	34-1056506	501(C)(3)	27,900.	0.			VARIOUS DONATIONS
CHURCH AT CARTERS ORCHARD 2613 N. WOOSTER AVE. DOVER, OH 44622	27-0342852	501(C)(3)	7,000.	0.			OPERATING EXPENSES

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
CITY OF RITTMAN 30 N. MAIN ST. RITTMAN, OH 44270	34-6002308		14,809.	0.			ANNUAL DISBURSEMENT
CLEVELAND INTERNATIONAL FILM FESTIVAL INC. - 2510 MARKET AVE. - CLEVELAND, OH 44113	34-1262368	501(C)(3)	7,500.	0.			DONATIONS
THE CLEVELAND ORCHESTRA 11001 EUCLID AVENUE CLEVELAND, OH 44106	34-0714468	501(C)(3)	6,250.	0.			DONATIONS
THE COLLEGE OF WOOSTER 1189 BEALL AVE. WOOSTER, OH 44691	34-0714654	501(C)(3)	62,625.	0.			VARIOUS PROJECT DONATIONS
COMMUNITY ACTION WAYNE MEDINA 905 PITTSBURGH AVENUE WOOSTER, OH 44691	34-0979210	501(C)(3)	15,000.	0.			PROGRAM SUPPLIES AND DONATIONS
CORNERSTONE ELEMENTARY SCHOOL PTO 101 WEST BOWMAN STREET WOOSTER, OH 44691	34-1843637	501(C)(3)	58,000.	0.			PLAYLAB EXPENSES
DALTON COMMUNITY HISTORICAL SOCIETY - P.O. BOX 273 - DALTON, OH 44618	34-1252222	501(C)(3)	5,950.	0.			CAPITAL CONTRIBUTION
DAYBREAK COMMUNITY CHURCH P. O. BOX 1204 WOOSTER, OH 44691	34-1660106	501(C)(3)	7,500.	0.			WOOSTER HOPE CENTER DONATION
DOCTORS WITHOUT BORDERS USA, INC. 333 7TH AVENUE NEW YORK, NY 10001	13-3433452	501(C)(3)	8,300.	0.			DONATIONS

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
FIRST PRESBYTERIAN CHURCH 621 COLLEGE AVENUE WOOSTER, OH 44691	34-0733148	501(C)(3)	26,650.	0.			VARIOUS DONATIONS
FIRST UNITED METHODIST CHURCH 533 NORTH GRANT LOVELAND, CO 80537	84-0456559	501(C)(3)	11,000.	0.			VARIOUS DONATIONS
FREDERICKSBURG COMMUNITY LIBRARY P. O. BOX 24 FREDERICKSBURG, OH 44627	34-1854800	501(C)(3)	18,000.	0.			BUILDING PRESERVATION PROJECT
FRIENDS OF WAYNE COUNTY FAIR P. O. BOX 3 WOOSTER, OH 44691	45-5461827	501(C)(3)	19,496.	0.			BUILDING RENOVATION & OTHER PROJECT DONATIONS
GOODWILL INDUSTRIES OF WAYNE AND HOLMES COUNTIES INC. - 1034 NOLD AVE. - WOOSTER, OH 44691	34-1272032	501(C)(3)	18,250.	0.			VARIOUS DONATIONS
GRACE BRETHREN CHURCH 4599A BURBANK RD. WOOSTER, OH 44691	34-0922948	501(C)(3)	45,200.	0.			VARIOUS DONATIONS & SANCTUARY RENOVATION
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311	34-0714398	501(C)(3)	5,000.	0.			DONATION
HABITAT FOR HUMANITY OF WAYNE COUNTY - 6096 E. LINCOLN WAY - WOOSTER, OH 44691	58-1735548	501(C)(3)	14,843.	0.			VARIOUS DONATIONS
HERITAGE PRIVATE SCHOOL 9060 YODER RD. STERLING, OH 44276	34-1777482	501(C)(3)	5,000.	0.			GENERAL FUND AND TUITION ASSISTANCE

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
HOLMES COUNTY EDUCATION FOUNDATION 114 N. CLAY STREET MILLERSBURG, OH 44654	34-1631041	501(C)(3)	31,394.	0.			SCHOLARSHIPS TO SENIORS
HUMANE BORDERS P. O. BOX 27024 TUCSON, AZ 85726	80-5033532	501(C)(3)	6,000.	0.			DONATION
IDA SUE SCHOOL 266 OLDMAN ROAD WOOSTER, OH 44691	34-6003005	501(C)(3)	10,000.	0.			PLAYGROUND EQUIPMENT
INTERNATIONAL RESCUE COMMITTEE, INC. - 122 E. 42ND ST. - NEW YORK, NY 10168	13-5660870	501(C)(3)	27,500.	0.			DONATIONS
INVENT NOW, INC. 3701 HIGHLAND PARK NW NORTH CANTON, OH 44720	34-1580038	501(C)(3)	10,000.	0.			CAMP INVENTION
LAKESIDE CHAUTAUQUA FOUNDATION 236 WALNUT AVENUE LAKESIDE, OH 43440	20-4072755	501(C)(3)	6,000.	0.			DONATIONS
LIFECARE HOSPICE 1900 AKRON ROAD WOOSTER, OH 44691	34-1352875	501(C)(3)	9,240.	0.			MEMORIAL & GENERAL PURPOSE DONATIONS
THE MILLBROOK SCHOOL 131 MILLBROOK SCHOOL ROAD MILLBROOK, NY 12545	14-1413770	501(C)(3)	6,000.	0.			DONATION
MONTESSORI SCHOOL OF WOOSTER 1170 AKRON ROAD WOOSTER, OH 44691	34-1905304	501(C)(3)	50,806.	0.			VARIOUS DONATIONS

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
MORELAND COMMUNITY HISTORICAL SOCIETY - 8636 MILLERSBURG ROAD - SHREVE, OH 44676	27-4518237	501(C)(3)	5,000.	0.			RESTORATION PROJECT
NATIONAL INVENTORS HALL OF FAME, INC. - 221 SOUTH BROADWAY ST. - AKRON, OH 44308	52-1088781	501(C)(3)	7,500.	0.			DONATION
NEW LEAF CENTER PO BOX 336 MOUNT EATON, OH 44659	45-5347271	501(C)(3)	5,000.	0.			CAPITAL IMPROVEMENTS
NICK AMSTER WORKSHOP INC 266 OLDMAN ROAD WOOSTER, OH 44691	34-0973901	501(C)(3)	6,000.	0.			FIELD OF DREAMS AND OTHER DONATION
THE NORMAN ROCKWELL MUSEUM AT STOCKBRIDGE, INC. - P. O. BOX 308 - STOCKBRIDGE, MA 01262	04-2450813	501(C)(3)	12,000.	0.			OPERATING FUND
NORTHWESTERN LOCAL SCHOOL DISTRICT 7571 N. ELYRIA ROAD WEST SALEM, OH 44287	34-1892348	501(C)(3)	19,348.	0.			VARIOUS PROJECT DONATIONS
NORWAYNE LOCAL SCHOOL DISTRICT 350 S. MAIN STREET CRESTON, OH 44217	34-6003249	501(C)(3)	81,061.	0.			VARIOUS PROJECT DONATIONS
OHIO STATE UNIVERSITY 1625 WILSON ROAD WOOSTER, OH 44691	31-6025986	501(C)(3)	17,000.	0.			VARIOUS PROJECT DONATIONS
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVE. COLUMBUS, OH 43221	31-1145986	501(C)(3)	9,630.	0.			VARIOUS PROJECT DONATIONS

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
OHIO WESLEYAN UNIVERSITY 018 UNIVERSITY HALL DELAWARE, OH 43015	31-4379585	501(C)(3)	5,000.	0.			SCHOLARSHIP FUND
ONEEIGHTY, INC., EVERY WOMAN'S HOUSE - 104 SPINK STREET - WOOSTER, OH 44691	34-1269314	501(C)(3)	36,250.	0.			VARIOUS DONATIONS
ORRVILLE AREA BOYS & GIRLS CLUB 820 N. ELLA STREET ORRVILLE, OH 44667	34-1003436	501(C)(3)	198,695.	0.			CAPITAL PROJECT AND OTHER
ORRVILLE AREA DEVELOPMENT FOUNDATION - 132 SOUTH MAIN STREET - ORRVILLE, OH 44667	34-1466085	501(C)(3)	12,660.	0.			VARIOUS DONATIONS
ORRVILLE YMCA INC. 1801 SMUCKER ROAD ORRVILLE, OH 44667	34-1491294	501(C)(3)	32,355.	0.			VARIOUS DONATIONS
OXFAM AMERICA 226 CAUSEWAY ST. BOSTON, MA 02114	23-7069110	501(C)(3)	5,500.	0.			DONATIONS
PARKVIEW CHRISTIAN CHURCH 1912 BURBANK RD. WOOSTER, OH 44691	34-1429574	501(C)(3)	7,500.	0.			CAPITAL PROJECT
PEOPLE TO PEOPLE MINISTRIES 454 EAST BOWMAN STREET WOOSTER, OH 44691	34-1264151	501(C)(3)	32,636.	0.			VARIOUS PROJECT DONATIONS
RAILS-TO-TRAILS OF WAYNE COUNTY P.O. BOX 1566 WOOSTER, OH 44691	34-1833726	501(C)(3)	29,100.	0.			PROPERTY AND TRAIL DEVELOPMENT

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
SALVATION ARMY 437 SOUTH MARKET STREET WOOSTER, OH 44691	13-5562351	501(C)(3)	14,886.	0.			VARIOUS DONATIONS AND SUPPORT
SERVING WOMEN IN GHANA P. O. BOX 127 WOOSTER, OH 44691	45-4230683	501(C)(3)	8,500.	0.			DONATIONS
SHREVE UNITED METHODIST CHURCH 430 N. MAIN STREET SHREVE, OH 44676	34-6537268	501(C)(3)	22,500.	0.			AUDIO /VISUAL EQUIPMENT DONATION AND OTHER
SKANEATELES FESTIVAL, INC. 97 EAST GENESEE ST. SKANEATELES, NY 13152	22-2317577	501(C)(3)	7,000.	0.			DONATION - LEGACY FUND
SPRINGHAVEN INC. PO BOX 265 MT. EATON, OH 44659	34-1585269	501(C)(3)	35,000.	0.			CAPITAL PROJECT
ST. JOHN'S CHURCH OF MILLERSBURG 8670 STATE ROUTE 39 MILLERSBURG, OH 44654	20-0869501	501(C)(3)	20,930.	0.			DISBURSEMENTS
ST. MARY OF THE IMMACULATE CONCEPTION CATHOLIC CHURCH - 527 BEALL AVENUE - WOOSTER, OH 44691	34-0718406	501(C)(3)	9,200.	0.			VARIOUS DONATIONS
STATE OF OHIO 2045 MORSE RD. COLUMBUS, OH 43229			81,397.	0.			CAPITAL AND WETLAND RESTORATION PROJECT
TRINITY CHRISTIAN PRESCHOOL & CHILD CARE CENTER INC. - 952 APPLE BLOSSOM LANE - ORRVILLE, OH 44667	46-0533057	501(C)(3)	14,500.	0.			VARIOUS DONATIONS

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
TRINITY UNITED CHURCH OF CHRIST 150 E. NORTH STREET WOOSTER, OH 44691	34-0777657	501(C)(3)	37,000.	0.			DONATION AND OPERATIONS
UNITED WAY OF WAYNE & HOLMES COUNTIES, INC. - 215 SOUTH WALNUT STREET - WOOSTER, OH 44691	34-0946973	501(C)(3)	120,393.	0.			VARIOUS DONATIONS
UNIVERSITY HOSPITALS OF CLEVELAND 1101 CEDAR AVE, SUITE 309 CLEVELAND, OH 44106	34-0714775	501(C)(3)	10,000.	0.			DONATION
THE VILLAGE NETWORK 2000 NOBLE DRIVE WOOSTER, OH 44691	34-0768857	501(C)(3)	56,789.	0.			VARIOUS DONATIONS
VIOLA STARTZMAN CLINIC 1874 CLEVELAND RD. WOOSTER, OH 44691	34-1758151	501(C)(3)	52,523.	0.			DONATIONS AND QUARTERLY DISBURSEMENT
WABASH COLLEGE P.O. BOX 352 CRAWFORDSVILLE, OH 47933	35-0868202	501(C)(3)	7,000.	0.			VARIOUS DONATIONS
WADSWORTH ALL-SPORTS BOOSTER CLUB P.O. BOX 278 WADSWORTH, OH 44281	34-1385170	501(C)(3)	15,000.	0.			CAPITAL IMPROVEMENTS
WADSWORTH CITY SCHOOLS 625 BROAD ST. WADSWORTH, OH 44281	34-6002962	501(C)(3)	10,000.	0.			CAPITAL IMPROVEMENTS
WAYNE CENTER FOR THE ARTS 237 SOUTH WALNUT STREET WOOSTER, OH 44691	34-2016097	501(C)(3)	176,032.	0.			DONATIONS AND QUARTERLY DISBURSEMENT

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 COLLEGE-UNIVERSITY OF AKRON 1901 SMUCKER ROAD ORRVILLE, OH 44667	34-6002924	501(C)(3)	38,000.	0.			VARIOUS DONATIONS
WAYNE COUNTY COMMITTEE FOR CRIPPLED CHILDREN - P. O. BOX 406 - WOOSTER, OH 44691	34-1699524	501(C)(3)	10,100.	0.			VARIOUS DONATIONS
WAYNE COUNTY FIRE & RESCUE ASSOCIATION - P.O. BOX 336 - APPLE CREEK, OH 44606	34-1451281	501(C)(3)	50,343.	0.			VARIOUS DONATIONS
WAYNE COUNTY HISTORICAL SOCIETY OF OHIO - 546 EAST BOWMAN STREET - WOOSTER, OH 44691	34-0961709	501(C)(3)	46,466.	0.			DONATIONS AND QUARTERLY DISBURSEMENT
WAYNE COUNTY HUMANE SOCIETY, INC. 1161 MECHANICSBURG RD WOOSTER, OH 44691	38-2016098	501(C)(3)	44,967.	0.			VARIOUS DONATIONS
WAYNE COUNTY PUBLIC LIBRARY 304 N. MARKET ST. WOOSTER, OH 44691	34-6003134	501(C)(3)	5,000.	0.			ROBOTICS EQUIPMENT
WAYNE COUNTY SCHOOLS CAREER CENTER 518 W. PROSPECT ST. SMITHVILLE, OH 44677	34-1000350		11,902.	0.			VARIOUS DONATIONS
WAYNE GROWTH PARTNERSHIP 542 E. LIBERTY ST. WOOSTER, OH 44691	20-8423110	501(C)(3)	28,216.	0.			CONTRIBUTIONS AND ECONOMIC DEVELOPMENT
WESTMINSTER PRESBYTERIAN CHURCH 353 E. PINE STREET WOOSTER, OH 44691	34-0991124	501(C)(3)	9,500.	0.			VARIOUS DONATIONS

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
THE WILDERNESS CENTER, INC. P.O. BOX 202 WILMOT, OH 44689	34-0943581	501(C)(3)	22,497.	0.			DONATIONS AND QUARTERLY DISBURSEMENT
WITTENBERG UNIVERSITY P.O. BOX 720 SPRINGFIELD, OH 45501	31-0537177	501(C)(3)	10,000.	0.			DONATION
WOMEN'S COMMITTEE FOR THE WOOSTER SYMPHONY ORCHESTRA - 215 WEST HENRIETTA ST. - WOOSTER, OH 44691	23-7216109	501(C)(3)	14,100.	0.			MUSIC EQUIPMENT AND AWARDS
WOOSTER ADVENTURE CHARITIES ORGANIZATION - 1204 N BEAVER ST - WOOSTER, OH 44691	27-3658359	501(C)(3)	2,500.	0.			VARIOUS DONATIONS
WOOSTER ALL SPORTS BOOSTER CLUB WOOSTER HIGH SCHOOL WOOSTER, OH 44691	34-1510182	501(C)(3)	7,000.	0.			CAPITAL PROJECTS
WOOSTER COMMUNITY HOSPITAL 1761 BEALL AVE WOOSTER, OH 44691	34-6003129		51,500.	0.			BEAVERSON EMS INSTITUTE AND OTHER
WOOSTER UNITED METHODIST CHURCH 243 N. MARKET STREET WOOSTER, OH 44691	34-0718417	501(C)(3)	37,330.	0.			VARIOUS DONATIONS
WOOSTER YOUTH BASEBALL LITTLE LEAGUE, INC. - P. O. BOX 1134 - WOOSTER, OH 44691	34-1593271	501(C)(3)	26,000.	0.			CAPITAL PROJECT - MILLER FIELDS
YMCA OF WOOSTER 680 WOODLAND AVE. WOOSTER, OH 44691	34-0766172	501(C)(3)	25,153.	0.			VARIOUS DONATIONS

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	235	579,915.	0.		

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

PART I, LINE 2:

THE FOUNDATION REQUESTS REPORTS FROM EACH GRANTEE AND ALL SCHOLARSHIP FUNDS
ARE DISBURSED TO THE SCHOOL, NOT DIRECTLY TO THE RECIPIENT. OUT OF STATE
GRANTS MADE WERE PAID FROM DONOR ADVISED FUNDS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **WAYNE COUNTY COMMUNITY FOUNDATION** Employer identification number **34-1281026**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	12	456,602.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	1	7,430.	FAIR MARKET VALUE
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

For Public Inspection

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number

34-1281026

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

AND GRANT MAKING ACTIVITIES.

FORM 990 - ORGANIZATION'S MISSION

THE MISSION OF THE WAYNE COUNTY FOUNDATION IS TO PROVIDE PHILANTHROPIC
LEADERSHIP TO THE COMMUNITY OF WAYNE COUNTY. THE THREE GOALS OF THE
FOUNDATION ARE:

1. TO ENCOURAGE INDIVIDUALS, ORGANIZATIONS, AND BUSINESSES TO SHARE
PART OF THEIR RESOURCES FOR THE GOOD OF THE COMMUNITY.

2. TO ASSIST COMMUNITY CHARITABLE ORGANIZATIONS IN THE CREATION AND
MANAGEMENT OF ENDOWMENTS.

3. TO PROVIDE OVERSIGHT OF INVESTMENT AND DISBURSEMENT OF FUNDS
DEVOTED TO CHARITABLE PURPOSES.

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

AN AUDIT COMMITTEE COMPRISED OF TWO TRUSTEES AND TWO NON- TRUSTEES WHO HAVE
FINANCIAL EXPERTISE EVALUATE THE COMPLETED TAX RETURN AND REPORT THEIR
RECOMMENDATIONS TO THE BOARD FOR REVIEW AND APPROVAL.

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

THE ORGANIZATION REQUIRES ITS EMPLOYEES AND BOARD OF TRUSTEES TO COMPLETE A
CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY. ANY POTENTIAL CONFLICTS ARE
DISCLOSED AS THEY ARISE.

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

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

632211 08-25-16

Name of the organization WAYNE COUNTY COMMUNITY FOUNDATION	Employer identification number 34-1281026
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FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BASED ON A STUDY OF SIMILAR POSITIONS WITHIN OTHER NON-PROFIT ORGANIZATIONS. MERIT INCREASES ARE DETERMINED FROM SEVERAL SOURCES, INCLUDING AN ANNUAL COMPENSATION SURVEY PERFORMED BY PHILANTHROPY OHIO.

COMPENSATION PROCESS FOR OFFICER COMPENSATION AND FOR OTHER POSITIONS IS DETERMINED THROUGH RESEARCH CONDUCTED PERTAINING TO SIMILAR JOB DESCRIPTIONS WITHIN THE NON-PROFIT SECTOR IN WAYNE COUNTY. WHEN COMBINED WITH A PERFORMANCE REVIEW, AN ANNUAL MERIT INCREASE IS ESTABLISHED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES AVAILABLE FOR PUBLIC INSPECTION, UPON REQUEST, ALL CURRENT DOCUMENTS AS REQUIRED BY FEDERAL, STATE, AND LOCAL LAW, INCLUDING BUT NOT LIMITED TO THE IRS FORM 990, ANNUAL REPORT, AUDITED FINANCIAL STATEMENTS, AND MINUTES OF THE EXECUTIVE BOARD.

For Public Inspection

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **WAYNE COUNTY COMMUNITY FOUNDATION** Employer identification number **34-1281026**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WCCF HOLDINGS, LLC - 34-1281026 517 N MARKET STREET WOOSTER, OH 44691	ACCEPTING GIFTS OF REAL ESTATE	OHIO	7,470.	686.	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2016

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

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

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

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

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

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

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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
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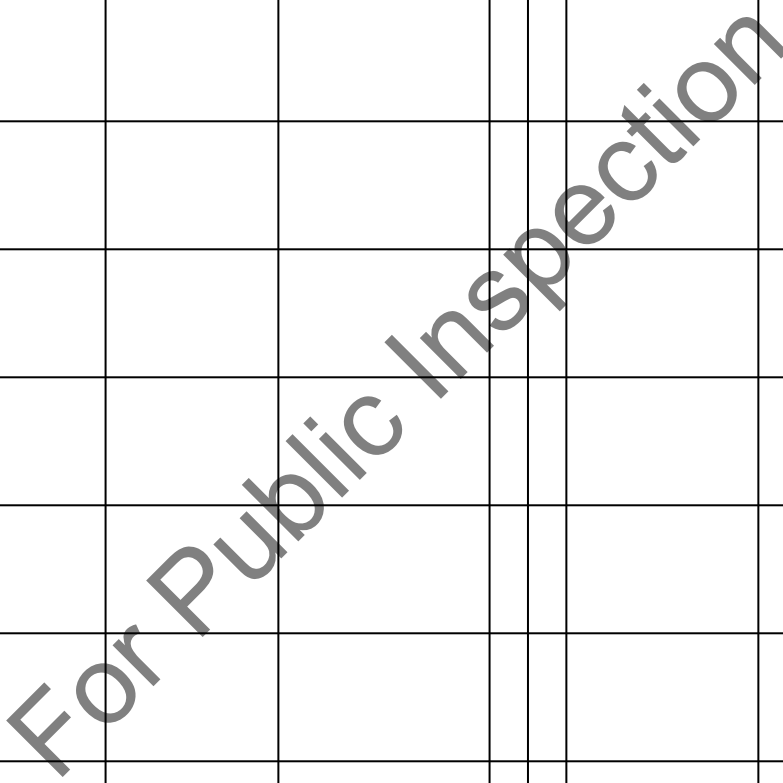
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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



Part VII Supplemental Information.

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

For Public Inspection