Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

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

► Go to www.irs.gov/Form990 for instructions and the latest information. 2021 A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, C Name of organization D Employer identification number Check if applicable Address change WAYNE COUNTY COMMUNITY FOUNDATION Name 34-1281026 change Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 517 N MARKET STREET 330-262-3877 54,917,312. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended WOOSTER, OH 44691 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SARA PATTON Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.WAYNECOUNTYCOMMUNITYFOUNDATION.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Year of formation: 1978 M State of legal domicile: OH Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE PHILANTHROPIC Activities & Governance LEADERSHIP TO WAYNE COUNTY, OHIO, AREA THROUGH FUND DEVELOPMENT AND 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 18 3 3 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 195 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Current Year Prior Year** 13,543,078.18,624,001. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,496,437. 2,199,949. 107,217. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 79,368. 11 18,118,883. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 20,931,167. 12 6,557,985. 11,200,234. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 301,683. 243,395. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 255,087. 246,301. 11,689,930. 7,114,755. 18 Total expenses. Add lines 13 17 (must equal Part IX, column (A), line 25) 13,816,412. 6,428,953. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** Ы 99,641,698. 126,248,009 20 Total assets (Part X, line 16) 17,152,255 12,998,840. 21 Total liabilities (Part X, line 26) 三年 86,642,858. 109,095,754 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign MARY ALICE STREETER, TREASURER Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name ANDREA HOSTETLER, CP 11/03/21 P00607721 ANDREA HOSTETLER, CPA self-employed Paid Firm's EIN > 34-1310124 Firm's name ► REA & ASSOCIATES, INC. Preparer Firm's address ▶ 545 N. MARKET ST. Use Only Phone no. 330-264-0791 WOOSTER, OH 44691

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

032002 12-23-20

2020.05000 WAYNE COUNTY COMMUNITY FO 21113__1

including grants of \$

11,333,360.

Other program services (Describe on Schedule O.)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		Х	
40	If "Yes," complete Schedule D, Part IV	9		_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			T -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
13	•	19		x
20-	complete Schedule G, Part III	20a		X
20a	·	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21		04	Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Λ	<u> </u>

Pa	rt IV Checklist of Required Schedules (continued)	1020	F	age -
ı a	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	INO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			\vdash
	and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33	X	Ь—
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule 0	38	X	
ra	rt 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		 T.	\vdash
		2	Yes	No
		3		
	Effect the flumber of Forms w 2d included in line 1a. Effect of infort applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

032004 12-23-20

Form **990** (2020)

(gambling) winnings to prize winners?

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (communication)				
0-	Established and the Complete of the Complete o	l I		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 4			
h	filed for the calendar year ending with or within the year covered by this return		2b	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		ZU	71	
За		"	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		х
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).) *			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required	- .		v
	to file Form 8282?	7	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
9 h	If the organization received a contribution of qualified intellectual property, and the organization rife ro		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	- ,	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	5:11		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	l I			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l			
40-	amounts due or received from them.)	11b	10-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041? 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.		100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
-	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			000	
			Farm	990	(2020)

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	L8[
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship						
	officer, director, trustee, or key employee?				2		х
3	Did the organization delegate control over management duties customarily performed by or under the			·			
•					3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			· г	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			" Г	5		Х
6	Did the organization have members or stockholders?			`` Г	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			·			
	more members of the governing body?				7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		ders. or	·			
_	persons other than the governing body?		,		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r hy the	following:	٠ ۲			
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?			·	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	the	·			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			·· <u> </u>			
	This occitor B requests information about policies not required by the internal ric	veriue	0000.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters		·			
		-	,		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			⊢	11a	Х	
b	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				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			"			
_	in Schedule O how this was done	,			12c	Х	
13	Did the organization have a written whistleblower policy?			·	13	Х	
14	Did the organization have a written document retention and destruction policy?			Г	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva			.			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
	Other officers or key employees of the organization				15b	Х	
	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 arrangen	nent w	th a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-				
	exempt status with respect to such arrangements?			. Г	16b		
Sec	tion 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 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (Section 501(c)	(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			• •	• •		
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and f	inanc	ial	
	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 boo	ks and	records >	_			
	SARA L. PATTON - 330-262-3877						
	517 N 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.

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

• 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.

See instructions for the order in which to list the persons above.

California Cal	Check this box in heldrer the organization ha		T	IIIZa			ipei	isatt			(F)
Name and the New April Nour Ser Nour Ser New April New	(A)	(B)					,		(D)	(E)	(F)
Week	Name and title	1		not c	heck	more	than		1		
Comparison		1									
Nour for related organizations Nour for formation and related organizations Nour formation and related organization and related organization Nour formation and related organization Nour formation				T	<u> </u>		T	100,			
(1) SARA L PATTON		, ,	irecto							* •	
(1) SARA L PATTON		1	or d	e e			sated			(88-2/1099-181130)	
(1) SARA L PATTON			uste	trus		ee	l be i		(VV-2/1099-WIISC)		•
(1) SARA L PATTON		~	ual tr	tional		oldı	e col				
(1) SARA L PATTON		1	divid	stitu	fficer	ey en	ighes	orme			organizations
X	(1) SARA I PATTON		=	=	0	~	王屯	Œ	~		
California Cal		1000	x		x				82.500.	0.	5.000.
TRUSTEE		1.00							02/0001	•	
TRISTEE	TRUSTEE		Х		•			\~	0.	0.	0.
(4) MARY ALICE STREETER	(3) MARK A AUBLE	3.00									
TREASURER	PRESIDENT		X		X	`			0.	0.	0.
S BRENT R STEINER	(4) MARY ALICE STREETER	2.00									
VICE PRESIDENT	TREASURER		X		X				0.	0.	0.
Column	(5) BRENT R STEINER	1.00									
X			X		Х				0.	0.	0.
TRUSTEE		1.00]								
TRUSTEE		1 00	Х		X				0.	0.	0.
RESTREE X		₹.00	1							_	_
TRUSTEE	TRUSTEE		Х						0.	0.	0.
TRUSTEE	(8) MICHAEL D AGNONI	1.00									
TRUSTEE	TRUSTEE		Х						0.	0.	0.
TRUSTEE TRUS	(9) MARIBETH BURNS	1.00								_	_
X	TRUSTEE		Х						0.	0.	0.
Color	(10) ROGER D PROPER JR	1.00								_	_
TRUSTEE	ASST SECRETARY		Х		X				0.	0.	0.
TRUSTEE	(11) CHERYL M KIRKBRIDE	1.00									
TRUSTEE	TRUSTEE		Х						0.	0.	0.
TRUSTEE	(12) W. MICHAEL JARRETT	1.00									
TRUSTEE X 0. 0. 0. (14) DR LARRY MARKLEY 1.00 X 0. 0. 0. (14) DE LARRY MARKLEY 1.00 X 0. 0. 0. (15) DEANNA TROUTMAN 1.00 SECRETARY X X X 0. 0. 0. 0. (16) MARLENE BARKHEIMER 1.00 X 0. 0. 0. (17) WILLIAM J ROBERTSON 1.00 X 0. 0. 0. 0. (17) WILLIAM J ROBERTSON 1.00 X 0. 0. 0. 0.	TRUSTEE		Х						0.	0.	0.
TRUSTEE	(13) GLENDA LEHMAN ERVIN	1.00								_	_
TRUSTEE	TRUSTEE		Х						0.	0.	0.
SECRETARY X X 0. 0. 0. 0.		1.00	1								_
X X 0. 0. 0. 0. (16) MARLENE BARKHEIMER			Х				_		0.	0.	0.
(16) MARLENE BARKHEIMER 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (17) WILLIAM J ROBERTSON 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0.		1.00	ļ		l						_
TRUSTEE X 0. 0. 0. (17) WILLIAM J ROBERTSON 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0.		1 00	X	_	X		-	-	0.	0.	0.
TRUSTEE X 1.00 X 0. 0.		1.00									_
TRUSTEE X 0. 0. 0.		1 00	X			_	-	-	0.	0.	U •
		1.00	٦,						_		_
			X						<u> </u>	0.	

032007 12-23-20

34-1281026

(A) Name and title	(B) Average hours per week	Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation compensation from from								ı	am	(F) imate ount o	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISO		comp fro orga and	pensat om the anizati relate nizatio	e on ed
(18) ADAM A BRIGGS TRUSTEE	1.00	Х						0.		0.			0.
(19) BALA VENKATARAMAN	1.00												
TRUSTEE		X						0.		0.			0.
								.0					
								Cillo		\perp			
								8		\perp			
								X		\perp			
1h Subtotal					1			82,500.		0.	-	5,00	00.
1b Subtotal c Total from continuation sheets to Part VI	I, Section A			~ .				0.		0.			0.
d Total (add lines 1b and 1c)				<u>)</u>			<u> </u>	82,500.		0.	5	,00	00.
 Total number of individuals (including but no compensation from the organization 	ot limited to th	ose	liste	a ab	oove	e) wn	o re	eceived more than \$100,	000 of reportable				0
 Did the organization list any former officer, 	director trust	00 k	(AV C	mnl	OV O	a or	hia	hest compensated emp	lovee on			Yes	No
line 1a? If "Yes," complete Schedule J for si										[3		Х
4 For any individual listed on line 1a, is the su													v
and related organizations greater than \$150Did any person listed on line 1a receive or a											4		X
rendered to the organization? If "Yes," com										<u> </u>	5		Х
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mnensated inc	lene	nder	nt cc	ntra	acto	rs th	nat received more than 9	\$100,000 of compe		on fro	m	
the organization. Report compensation for t	•	•							•				
(A) Name and business	address	NΩ	ONE	7				(B) Description of s	services	Co	(C mpen) satior	ı
		111	<u> </u>					2 2227 1127 227					-
2 Total number of independent contractors (ir \$100,000 of compensation from the organize	•	ot lin	nited	to t	thos)		ted	above) who received me	ore than				
									<u>'</u>	F	orm §	90 (2	2020)

Form 990 (2020) WAYNE C
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any line				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ΩS	1 a	Federated campaigns 1a					
ant	b . u						
جَ ۾		Fundraising events 1c					
ifts		Related organizations 1d					
n is		Government grants (contributions) 1e					
Sig		All other contributions, gifts, grants, and					
her E	-	similar amounts not included above 1f	13,543,078.				
	g		1,215,235.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		13,543,078.			
			Business Code				
ø.	2 a						
Š	b						
Program Service Revenue	С						
am	d						
ogr B	е				• 0		
P.	f	All other program service revenue					
	g	Total. Add lines 2a-2f	>				
	3	Investment income (including dividends, interest	est, and				
		other similar amounts)	▶	1,451,251.			1,451,251.
	4	Income from investment of tax-exempt bond p	roceeds	-			
	5	Royalties		-cx			
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b						
	С		· C	1			
	_ d	, ,		<u> </u>			
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 39,843,615.	V				
	b	Less: cost or other basis					
Revenue	_	and sales expenses 7b 36,798,429. Gain or (loss) 7c 3,045,186.					
eve				3,045,186.			3,045,186.
<u>π</u>		Net gain or (loss)		3,013,100.			3,013,100.
Other	0 a	including \$ of					
١		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	b	Less: direct expenses 8b	1				
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10k					
\longrightarrow	С	Net income or (loss) from sales of inventory					
<u>ග</u>			Business Code				
eon	11 a		900099	70,363.	70,363.		
Miscellaneous Revenue	b		900099	9,005.	9,005.		
Sev Sev	C						
Σ		All other revenue		70 360			
		Total Add lines 11a-11d	_	79,368.	70 260		1 106 127
	12	Total revenue. See instructions		18,118,883.	79,368.	0.	4,496,437.

032009 12-23-20

	504(1/0) 1504(1/0)												
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).									
	Check if Schedule O contains a response or note to any line in this Part IX												
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses								
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,515,605.	10,515,605.										
2	Grants and other assistance to domestic	604 600	604 600										
•	individuals. See Part IV, line 22	684,629.	684,629.										
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	82,500.	39,600.	23,925.	18,975.								
6	Compensation not included above to disqualified												
	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)	100 164	61 510	100	00 450								
7	Other salaries and wages	128,164.	61,518.	37,168.	29,478.								
8	Pension plan accruals and contributions (include	0 ((0	2 004	2 511	2 165								
_	section 401(k) and 403(b) employer contributions)	8,660. 9,036.	3,984. 4,157.	2,511.	2,165. 2,259.								
9	Other employee benefits	15,035.		2,620.	6,465.								
10	Payroll taxes	15,035.	5,563	3,007.	0,405.								
11	Fees for services (nonemployees):												
a	Management												
b	Legal	17,350.	67	17,350.									
_		11,330.	~	17,330.									
d	Lobbying Professional fundraising services. See Part IV, line 17												
e f	Investment management fees	73,440.		73,440.									
g	Other. (If line 11g amount exceeds 10% of line 25,	7372101		73/1100									
9	column (A) amount, list line 11g expenses on Sch 0.)												
12	Advertising and promotion	4,366.		1,222.	3,144.								
13	Office expenses	30,035.	3,304.	17,720.	3,144. 9,011.								
14	Information technology	20,769.		20,769.	•								
15	Royalties												
16	Occupancy	35,034.	7,007.	17,517.	10,510.								
17	Travel	5,478.	2,739.		2,739.								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials												
19	Conferences, conventions, and meetings	1,533.	782.	736.	15.								
20	Interest	_,555		, 5 5 5									
21	Payments to affiliates												
22	Depreciation, depletion, and amortization	1,663.		1,663.									
23	Insurance	17,251.		17,251.									
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)												
_	amount, list line 24e expenses on Schedule 0.) DUES AND SUBSCRIPTIONS	22,731.		22,731.									
a b	DEVELOPMENT EXPENSE	14,261.	2,282.	6,560.	5,419.								
C	COMMUNITY SUPPORT	2,190.	2,190.	0,300.	3,413.								
d	STATE FILING FEE	200.	2,100	200.									
		200•		2000									
25	Total functional expenses. Add lines 1 through 24e	11,689,930.	11,333,360.	266,390.	90,180.								
26	Joint costs. Complete this line only if the organization	, 302, 300	,,	= = = = = = = = = = = = = = = = = = = =	20,2000								
	reported in column (B) joint costs from a combined												
	educational campaign and fundraising solicitation.												
	Check here if following SOP 98-2 (ASC 958-720)												
					000								

Form 990 (2020)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			13,137.	1	30,746.
	2	Savings and temporary cash investments			5,554,132.	2	3,526,956.
	3	Pledges and grants receivable, net			839,858.	3	981,967.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	ontributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		40 = 40			
		basis. Complete Part VI of Schedule D	. 10a	49,543. 43,862.	T1014		5 604
	b	Less: accumulated depreciation			7,344.	10c	5,681. 121,438,301.
	11	Investments - publicly traded securities	92,946,766.	11	121,438,301.		
	12	Investments - other securities. See Part IV, line	- XIO	12			
	13	Investments - program-related. See Part IV, line	C.V.	13			
	14	Intangible assets			200 461	14	264 250
	15	Other assets. See Part IV, line 11			280,461. 99,641,698.		264,358.
	16	Total assets. Add lines 1 through 15 (must ed			99,041,090.	16	126,248,009.
	17	Accounts payable and accrued expenses			790,600.	17 18	855,000.
	18 19	Grants payable			750,000.	19	033,000.
	20					20	
	21	Tax-exempt bond liabilities			12,135,382.	21	16,227,529.
	22	Loans and other payables to any current or for	4		12/133/3021	21	10/22//3230
Liabilities		trustee, key employee, creator or founder, sub	_				
pili		controlled entity or family member of any of th				22	
Lia	23	Secured mortgages and notes payable to unre		,		23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin					
		of Schedule D			72,858.	25	69,726.
	26	Total liabilities. Add lines 17 through 25			12,998,840.	26	17,152,255.
		Organizations that follow FASB ASC 958, cl	neck her	× X			
sec		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			10,077,573.		17,946,700.
Ва	28			<u></u>	76,565,285.	28	91,149,054.
pur		Organizations that do not follow FASB ASC	958, ch	ck here 🕨 🗌			
r F		and complete lines 29 through 33.					
Š	29	Capital stock or trust principal, or current fund				29	
set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			0.5.510.005	31	100 005 55
Se	32	Total net assets or fund balances			86,642,858.	32	109,095,754.
	33	Total liabilities and net assets/fund balances			99,641,698.	33	126,248,009.

orm	1990 (2020) WAYNE COUNTY COMMUNITY FOUNDATION	34	1281	026	Pag	ge 12				
Pa	t 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		,118						
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	,689	9,9	<u>30.</u>				
3	Revenue less expenses. Subtract line 2 from line 1									
4	0.0									
5	Net unrealized gains (losses) on investments	5	16	,023	3,9	<u>43.</u>				
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 on Schedule O)	9				0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,									
	column (B))	10	109	<u>,09</u> !	5,7	<u>54.</u>				
Pa	t XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII					X				
					Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X				
	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?			2b	X					
	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 X Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the									
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche									
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit				l				
	Act and OMB Circular A-133?			3a		<u> X</u>				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					1				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>				

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

90 or 990-EZ,

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.

Public Charity Status and Public Support

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

WAYNE COUNTY COMMUNITY FOUNDATION

 $\begin{array}{c} \text{Employer identification number} \\ 34-1281026 \end{array}$

Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.						
he	organi	zation is not a private found											
1	\bigcap	A church, convention of chu)(A)(i).						
2	一	A school described in secti					X X7						
3	Ħ	A hospital or a cooperative		•			i).						
4	Ħ	A medical research organiza						the hospital's name					
•		city, and state:	anon operated in eer	, janos i on i i i i a noopiia.		000110		ine neophane manne,					
5		An organization operated for	or the benefit of a col	lege or university owner	d or operate	ed by a go	vernmental unit describe						
3	ш	section 170(b)(1)(A)(iv). (C		lege of university owner	or operati	ca by a go	verninental unit describe	5 4 III					
6				contal unit described in	coetion 17	70/6\/4\/4\/	(A)						
6	X	A federal, state, or local gov	-				· ·	aublia dagaribad in					
′	21												
_		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	H	•			-		and Consideration of the Consideration						
9	ш	An agricultural research org											
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the i	name, city	and state of the college	or					
40		university:	U	H 00 4 /00/ - f :h			a manufacturing for a second	d annual and a feature					
10	ш	An organization that normal	•					•					
		activities related to its exem											
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acquii	red by the organization a	ifter June 30, 1975.					
		See section 509(a)(2). (Cor	· ·		Car								
11	\vdash	An organization organized a						_					
12		An organization organized a	· ·		-		· · · · · · · · · · · · · · · · · · ·						
		more publicly supported org						Check the box in					
		lines 12a through 12d that o		* • • • • • • • • • • • • • • • • • • •									
а		Type I. A supporting orga											
		the supported organization			ı majority o	f the direc	tors or trustees of the su	pporting					
		organization. You must c	=										
b		Type II. A supporting orga											
		control or management of			ame perso	ns that co	ntrol or manage the supp	ported					
		organization(s). You mus											
С		Type III functionally inte						ed with,					
		its supported organization											
d													
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness					
	_	requirement (see instructi	ons). You must con	nplete Part IV, Sections	s A and D,	and Part	V.						
е		Check this box if the orga	nization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.							
f	Ente	r the number of supported o	organizations										
g		ide the following information			(iv) Is the orga	nization listed	(a) A	(.:\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	(1) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
		Organization		above (see instructions))	Yes	No	Support (See Instructions)	Support (See Instructions)					
Oto	.I						1	I					

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6319352.	5942630.	6527074.	10611426.	13543077.	42943559.
2	Tax revenues levied for the organ-						
	ization'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	6319352.	5942630.	6527074.	10611426.	13543077 .	42943559.
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				.0		
	amount shown on line 11,						
	column (f)						9877814.
6	Public support. Subtract line 5 from line 4.				U		33065745.
Sec	ction B. Total Support			0	1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	6319352.	5942630.	6527074.	10611426.	13543077 .	42943559.
8	Gross income from interest,			25,			
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	979,212.	1515087.	1435765.	1532028.	1451251.	6913343.
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		<i>J</i>				
	assets (Explain in Part VI.)	78,520.	106,945.	99,818.	107,217.	79,368.	471,868.
11	Total support. Add lines 7 through 10						50328770.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, c	column (f))		14	65.70 <u>%</u>
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	70.75 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, ched	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organizatio	n did not check a	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s
							or 990-F7) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
·········· F				1		
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				X		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons			X			-
b Amounts included on lines 2 and 3 received from other than disqualified persons that				1		
exceed the greater of \$5,000 or 1% of the			C			
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest,	4	NO '				
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources		U'				
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.)			faculta a COL I	<u> </u>	04(-)(0)	<u> </u>
14 First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	
check this box and stop here						·····
Section C. Computation of Public			(6)		l an l	
15 Public support percentage for 2020 (lin					15	
16 Public support percentage from 2019 Section D. Computation of Invest					16	
Section D. Computation of Invest			40			
17 Investment income percentage for 202					17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2020. If the o						7 is not
more than 33 1/3%, check this box and	d stop here. The	organization quali	fies as a publicly s	supported organiza	tion	
b 33 1/3% support tests - 2019. If the o						
line 18 is not more than 33 1/3%, chec	k this box and s f	top here. The orga	nization qualifies	as a publicly suppo	rted organization	
20 Private foundation. If the organization	did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")?

 "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- **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? If "Yes," provide detail in **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
- CE		
3с		
4a		
4b		
12		
4c		
70		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pai	t IV Supporting Organizations (continued)			<u> </u>
	1		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? 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.	2		
Sec	tion 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)? 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).	1		
Sec	tion 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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction	l ' l	No
2 a	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> 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.	2a		
h	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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.	
ect	on 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		
ect	on 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):			
а	Average monthly value of securities	1a	• 0'	
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5 6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
<u></u> В	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Check here if the current year is the organization's first as a non-functional		ed Type III supporting orga	enization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	nizaτions _{(continue}	<u>(d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	i	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.		• 0,		
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016		$\mathbf{O}_{\mathbf{O}}$		
с	From 2017		<u> </u>		
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e	79,			
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u> i </u>	Carryover from 2015 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$)			
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020. Subtract lines 3h				
6	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number 34-1281026

Par	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	119	
2	Aggregate value of contributions to (during year)	2,566,565.	
3	Aggregate value of grants from (during year)	7,721,444.	
4	Aggregate value at end of year	15,469,221.	
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's e	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Par	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreati	ion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	\sim	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	organization during the tax
	year >		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period	,	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conse	rvation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conservation	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statemer	nts that describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Transuras or Oth	or Similar Assats
rai			lei Siiililai Assets.
	Complete if the organization answered "Yes" on Form		d b alaman ab a strucción
па	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publication are vide in Part VIII the text of the footback to the fire assets	, ,	•
	service, provide in Part XIII the text of the footnote to its finance		
D	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		> 0
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical trea		gain, provide
_	the following amounts required to be reported under FASB AS	-	*
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
D	ASSETS INCIDITED IN FORM SECTION		Ψ Ψ

032051 12-01-20

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

Par	rt III Organizations N	/laintaining Co	ollections of Art	t, Historical Tre	asures, o	r Other S	Simila	r Assets	(contin	ued)	
3	Using the organization's acc								'	ĺ	
	collection items (check all th	nat apply):									
а	Public exhibition		d	Loan or exc	hange progra	am					
b	Scholarly research		е	Other							
С	Preservation for future	e generations									
4	Provide a description of the	organization's co	llections and explain	how they further th	e organizatio	n's exemp	t purpos	se in Part	XIII.		
5	During the year, did the orga	anization solicit or	receive donations of	of art, historical treas	sures, or othe	er similar as	ssets				
_	to be sold to raise funds rati								Yes		No
Par	rt IV Escrow and Cus			ete if the organizatio	n answered '	'Yes" on Fo	orm 990	, Part IV, I	ine 9, or		
	reported an amount										
1a	Is the organization an agent			•						77	7
	on Form 990, Part X?								Yes	X	No
b	If "Yes," explain the arrange	ement in Part XIII a	and complete the fol	lowing table:							
									Amount		
С.							1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f 20	Ending balance					ust liability	1f	X	Yes		No
	If "Yes," explain the arrange						<i>r</i>	LA	_ res	X	_
Par										21	
		- Complete II	(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four	Veare	hack
1a	Beginning of year balance	The state of the s	86,642,857.	72,846,466.				01,966.		400,	
b	Contributions		13,617,971.	18,714,351.				14,303.		348,	
c	Net investment earnings, ga		20,451,414.	2,128,075.	_	2,961.		68,418.		543,	
d	Grants or scholarships	· · · ·	11,056,127.	6,557,985.		5,058.		87,226.		484,	
e	Other expenditures for facili		, , ,	11	,			, -			
•											
f	Administrative expenses		560,361.	488,050.	437	7,549.	4	90,955.		504,	714.
g			109,095,754.	86,642,857.	72,846	,466.	65,3	06,506.	54,	301,	966.
2	Provide the estimated perce		ent year end balance	(line 1g, column (a)) held as:	•					
а	Board designated or quasi-		16.4500	%	,						
b	Permanent endowment	49.2950	%								
С	Term endowment	34.2550	6								
	The percentages on lines 2a	a, 2b, and 2c shou	ild equal 100%.								
За	Are there endowment funds	not in the posses	sion of the organiza	tion that are held an	nd administer	ed for the	organiza	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		<u>X</u>
	(ii) Related organizations								3a(ii)		_X_
b	If "Yes" on line 3a(ii), are the	e related organizat	ions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the inte			wment funds.							
Par	rt VI Land, Buildings										
	Complete if the orga										
	Description of pro	perty	(a) Cost or o		or other (other)	` '	umulate eciation	ed	(d) Bool	c value	e
1a	Land										
b	Buildings										
С	Leasehold improvements			_							
d	Equipment			4	9,543.	4	13,80	62.		5,68	<u> 31.</u>
	Other										
Total	I. Add lines 1a through 1e. (C	Column (d) must ed	ual Form 990. Part	X, column (B), line 10	0c.)					5,68	31.

Part VIII Investments - Other Socurities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.	Schedule D (Form 990) 2020 WAYNE COUNTY	COMMUNITY !	FOUNDATION	34-1281026 Page
(a) Description of security or category occlusing name of security or principle of the control of valuation: Cost or end-of-year market value (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Fig. (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f				<u> </u>
(a) Description of security or category occlusing name of security or principle of the control of valuation: Cost or end-of-year market value (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Fig. (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.	
22 Closely held equity interests				r end-of-year market value
22 Closely held equity interests	(1) Financial derivatives			
3) Other (A) (B) (C)	• • • • • • • • • • • • • • • • • • • •			
(A) (B) (C) (D) (D) (D) (E) (F) (G) (G) (F) (G) (H) (F) (F) (G) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(B) (C) (C) (D) (E) (E) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(C) (D) (E) (F) (G) (H) (H) (H) (Insust equal form 990, Part X, col. (B) line 12.) ► (A) (B) (B) (C) (C) (C) (H) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	• •			
(D) (E) (E) (F) (G) (G) (H) (F) (F) (G) (G) (F) (F) (G) (G) (F) (F) (G) (G) (F) (F) (G) (G) (G) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	` '			
(E) (F) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	• •			
(F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	• •			
(G) (H) (H) (Dital. (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) 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) 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) (c) Description of line Its, 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. (a) Description of liability (b) Book value (c) Book value (d) Federal income taxes (e) Gift Annulty ObLigations (b) Book value (1) Federal income taxes (c) Gift Annulty ObLigations				
Cital. (Cit.) (b) must equal Form 990, Part X, col. (B) line 12.)				
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) 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) Part IX Other Assets. (a) Description (b) Book value (c) Method of valuation; Cost or end-of-year market value (c) Method of valuation; Cost or end-of-year market value (d) Wethod of valuation; Cost or end-of-year market value (d) Wethod of valuation; Cost or end-of-year market value (e) Method of valuation; Cost or end-of-year market value (b) Book value (b) Book value (c) Method of valuation; Cost or end-of-year market value (d) Wethod of valuation; Cost or end-of-year market value (e) Method of valuation; Cost or end-of-year market value (b) Book value (c) Method of valuation; Cost or end-of-year market value (d) Method of valuation; Cost or end-of-year market value (d) Method of valuation; Cost or end-of-year market value (e) Method of valuation; Cost or end-of-year market value (e) Method of valuation; Cost or end-of-year market value (b) Book value (c) Method of valuation; Cost or end-of-year market value (d) Method of valuation; Cost or end-of-year market value (e) Method of valuation; Cost or end-of-year market value (b) Book value (c) Method of valuation; Cost or end-of-year market value (d) Method of valuation; Cost or end-of-year market value (e) Method of valuation; Cost or end-of-year market value (e) Method of valuation; Cost or end-of-year market value (f) Method of valuation; Cost or end-of-year market value (g) Method of valuation; Cost or end-of-year market value (e) Method of valuation; Cost or end	• •			
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c, See Form 990, Part X, line 13.				
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 (d) Electric Cost or end-of-year market value (e) Method of valuation; Cost or end-of-year market value (f) Electric Cost or end-of-year market value (g) Electric Cost or end-of-y				
(a) Description of investment (b) Book value (c) Method of valuation; Cost or end-of-year market value (1)		on Form 990 Part IV lin	e 11c See Form 990 Part Y line 13	
(1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				r end-of-vear market value
(2) (3) (4) (5) (6) (7) (8) (9) Iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X 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) Iotal. (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 (59, 726) (3)		(2) 20011 14:40	(o) memore of valuation of	ona or your market raide
(3) (4) (5) (6) (7) (8) (9) 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) Intal. (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. (a) Description of liability (b) Book value (1) Federal income taxes (2) GIFT ANNUITY OBLIGATIONS (69 , 726 (3))				
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
(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 69 , 726 (3)				
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(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 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			0.	
(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 69 , 72 66				
Section Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Description			6 7	
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(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 69,726				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) GIFT ANNUITY OBLIGATIONS (3)				
(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 69,726				
(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 69,726				
(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 69,726				
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) GIFT ANNUITY OBLIGATIONS (3)				
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) GIFT ANNUITY OBLIGATIONS 69,726 (3)	Part X Other Liabilities.	,		<u> </u>
(1) Federal income taxes (2) GIFT ANNUITY OBLIGATIONS (3) 69,726		on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line	
(2) GIFT ANNUITY OBLIGATIONS 69,726	1. (a) Description of liability			(b) Book value
(3)				69.726
				32,7.29

69,726. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

(5) (6) (7) (8)

<i>I</i> AYNE	COUNTY	COMMUNITY	FOUNDATION	34-1281026	Page 4					
Revenue per Audited Financial Statements With Revenue per Return.										
	an analysis of INVasil on Faur 000 Part IV that 10									

Par	Reconciliation of Revenue per Audited Financial Statem		tn Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	!a.		ı	
1				1	34,069,385.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1			
а	Net unrealized gains (losses) on investments		16,023,943.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	16,023,943. 18,045,442.
3	Subtract line 2e from line 1			3	18,045,442.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		ī		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	73,441.		
С	Add lines 4a and 4b			4c	73,441.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **T XII Reconciliation of Expenses per Audited Financial Staten			5	18,118,883.
Pai	t XII Reconciliation of Expenses per Audited Financial Staten	nents W	ith Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	11,616,489.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	. 0		
b	Prior year adjustments	2b			
С	Other losses	_			
d	Other (Describe in Part XIII.)	2d	-73,441.		
е	Add lines 2a through 2d		1	2e	-73,441.
3	Subtract line 2e from line 1			3	-73,441. 11,689,930.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	V			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			
	Add lines As and Ab			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	11,689,930.
	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	rt IV, lines	1b and 2b; Part V, line 4	; Part	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			•	, ,
PAF	RT IV, LINE 2B:				
THE	E FOUNDATION HOLDS FUNDS ON BEHALF OF OTHE	R ARE	A TAX EXEMPT	CH	ARITABLE
	/()				
ORG	SANIZATIONS. AT 6/30/21, \$16,227,529 OF AS	SETS	WERE HELD FO	R O	THERS.
	, , , , , , , , , , , , , , , , , , , ,				<u> </u>
	*				
PAF	RT V, LINE 4:				
THE	FUTURE USE OF THE ENDOWMENT FUNDS IS TO	PROVI	DE FUTURE GR	ANT	S 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 UNCERTAINTITES IN INCOME TAX
EXPENSE, IF ANY. THE FOUNDATION DETERMINED THAT THERE ARE NO MATERIAL
UNCERTAIN TAX POSITIONS.
<u>,,'O,</u>
PART XI, LINE 4B - OTHER ADJUSTMENTS:
NET ADMINISTRATIVE FEE REVENUE AND EXPENSES 73,441.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
NET ADMINISTRATIVE FEE REVENUE AND EXPENSES -73,441.

SCHEDULE I (Form 990)

Department of the Treasury

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.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Internal Revenue Service Inspection **Employer identification number** Name of the organization 34-1281026 WAYNE COUNTY COMMUNITY FOUNDATION Part I **General Information on Grants and Assistance** 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 X Yes criteria used to award the grants or assistance? 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book. or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) 555TH HONORS DETACHMENT INC. 14834 JORDON ROAD 57-1136408 501C3 25 000 GENERAL SUPPORT CRESTON, OH 44217 A WHOLE COMMUNITY, INC. PO BOX 1078 38-4008306 501C3 WOOSTER, OH 44691 0 GENERAL SUPPORT ADAPTIVE SPORTS PROGRAM OF OHIO 2148 EAGLE PASS, SUITE C WOOSTER, OH 44691 27-1144442 501C3 16,488 0 GENERAL SUPPORT AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY 34-1369388 AKRON OH 44307 40 466 0. GENERAL SUPPORT AMERICAN RED CROSS-WAYNE COUNTY 244 W. SOUTH STREET 53-0196605 501C3 WOOSTER, OH 44691 8 500 0. GENERAL SUPPORT APOSTOLIC CHRISTIAN CHURCH 10699 STEINER RD. RITTMAN, OH 44270 34-1507224 CHURCH 12 000 0 GENERAL SUPPORT 83. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(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
APOSTOLIC CHRISTIAN CHURCH							
1560 COUNTY ROAD NORTH							
SWANTON, OH 43558	23-7196697	CHURCH	5,000.	0.			NEW BUILDING PROJECT
			,,,,,,				
APOSTOLIC CHRISTIAN COUNSELING AND							
FAMILY SERVICES - 515 E. HIGHLAND							
STREET - MORTON, IL 61550	37-1394041	501C3	10,000.	0.	. (O)		GENERAL SUPPORT
					X		
APOSTOLIC CHRISTIAN LIFE POINTS							
2125 VETERANS RD.							
MORTON, IL 61550	23-7033585	501C3	25,000.	0.			GENERAL SUPPORT
APSTOLIC CHRISITAN HARVEST CELL				5			
PO BOX 3797							
WEST LAFAYETTE , IN 47996	20-3279241	501C3	40,000.	0.			GENERAL SUPPORT
ADM HOUGE TAG							
ART HOUSE, INC. 3119 DENISON AVE.			1,10				
	34-1926856	50103	5,000.	0.			GENERAL SUPPORT
CLEVELAND, OH 44109	34-1920030	501C3	5,000.	0.			GENERAL SUPPORT
ASHES TO GLORY FOUNDATION							
P. O. BOX 532176			ľ				
LIVONIA, MI 48153	45-2885723	501C3	16,000.	0.			GENERAL SUPPORT
AULTMAN ORRVILLE HOSPITAL							
832 SOUTH MAIN STREET		.0					
ORRVILLE, OH 44667	34-0733138	501C3	6,450.	0.			GENERAL SUPPORT
,		•	,				
BOSTON LYRIC OPERA							
P. O. BOX 847897							
BOSTON, MA 02284	04-2469627	501C3	6,000.	0.			GENERAL SUPPORT
BOWLING GREEN STATE UNIVERSITY							
FOUNDATION, INC MILETI ALUMNI							
CENTER - BOWLING GREEN , OH							
43403-0054	34-6007199	501C3	6,050.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
CHIPPEWA LOCAL EXCELLENCE FOR EDUCATION FOUNDATION - P.O. BOX 3738 - AKRON, OH 44314	34-1483222	501C3	25,000.	0.			GENERAL SUPPORT
CHRIST CHURCH UNITED CHURCH OF CHRIST - 301 N. MAIN STREET - ORRVILLE, OH 44667	34-0896589	сниксн	10,115.	0.	7000		GENERAL SUPPORT
CHRISTIAN AID MINISTRIES P. O. BOX 360 BERLIN, OH 44610	34-1344364	501C3	45,000.	8.	37,		GENERAL SUPPORT
CHURCH AT CARTERS ORCHARD 2201 PROGRESS STREET DOVER, OH 44622	27-0342852	501C3	40,000.	5 ° 0.			GENERAL SUPPORT
CITY OF ORRVILLE 207 NORTH MAIN STREET ORRVILLE, OH 44667	34-6002121	GOVERNMENT	30,350.	0.			GENERAL SUPPORT
CITY OF RITTMAN 30 N. MAIN ST. RITTMAN, OH 22470	34-6002308	government	56,595.	0.			GENERAL SUPPORT
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE NO. JJ19 CLEVELAND, OH 44195	34-0714585	o'	41,000.	0.			general support
CORNERSTONE COMMUNITY CHURCH 18600 DAVIS RD. DALTON, OH 44618	34-1443028	CHURCH	5,300.	0.			general support
CRESTON PRESBYTERIAN CHURCH 13070 CLEVELAND ROAD CRESTON, OH 44217	23-7418409	сниксн	25,070.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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DAYBREAK COMMUNITY CHURCH P. O. BOX 1204 WOOSTER, OH 44691	34-1660106	CHURCH	80,000.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA 40 RECTOR ST. 16TH FLOOR NEW YORK , NY 10006	13-3433452	501C3	14,250.	0.	70:		GENERAL SUPPORT
DOWNTOWN ARTS THEATER INC. P.O. BOX 1717 WOOSTER, OH 44691	84-2317346	501C3	40,000.				GENERAL SUPPORT
DOWNTOWN WADSWORTH, INC. MAIN STREET WADSWORTH, 102 MAIN ST., SUITE 20 - WADSWORTH, OH 44281	57-1206447	501C3	25,000.	57 0.			GENERAL SUPPORT
EARLHAM COLLEGE 801 NATIONAL ROAD WEST, DRAWER 193 RICHMOND, IN 47374	35-0868073	school	8,460.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 621 COLLEGE AVENUE WOOSTER, OH 44691	34-0733148	CHURCH	62,693.	0.			GENERAL SUPPORT
FRIENDS OF THE OTTAWA NATIONAL WILDLIFE REFUGE - 14000 WEST STATE RTE. 2 - OAK HARBOR , OH 43449	34-1904821	501C3	10,000.	0.			GENERAL SUPPORT
FRIENDS OF WAYNE COUNTY FAIR P. O. BOX 3 WOOSTER, OH 44691	45-5461827	501C3	382,198.	0.			GENERAL SUPPORT
FRIENDSHIP MEALS INC. 301 N. MAIN STREET; P.O. BOX 469 ORRVILLE, OH 44667	34-1748370	501C3	8,093.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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GOODWILL INDUSTRIES OF WAYNE AND							
HOLMES COUNTIES INC 524 PALMER							
ST.; P.O. BOX 1188 - WOOSTER, OH							
44691	34-1272032	501C3	16,064.	0.			GENERAL SUPPORT
GRACE CHURCH							
4599A BURBANK RD.							
WOOSTER, OH 44691	34-0922948	CHURCH	30,324.	0.	(*(O)*		GENERAL SUPPORT
GREEN LOCAL SCHOOLS 200 SMITHIE DRIVE; P. O. BOX 438 SMITHVILLE, OH 44677	34-6001306	SCHOOL	17,400.	0,			GENERAL SUPPORT
SMITHVILLE, OR 44077	34-6001306	SCHOOL	17,400.	10.			GENERAL SUPPORT
HAVEN OF REST MINISTRIES 175 E. MARKET STREET; P.O. BOX 547 AKRON, OH 44309-0547	34-0750345	501C3	7,820.	9 0.			GENERAL SUPPORT
HEARTLAND EDUCATION COMMUNITY, INC 200 N. MAIN STREET; P.O. BOX 280 - ORRVILLE, OH 44667-1727	34-1726042	501C3	16,171.	0.			GENERAL SUPPORT
HERITAGE PRIVATE SCHOOL 9060 YODER RD. STERLING, OH 44276	34-1777482	SCHOOL	28,000.	0.			GENERAL SUPPORT
HOLMES COUNTY EDUCATION AND COMMUNITY FOUNDATION - 114 N. CLAY STREET - MILLERSBURG, OH 44654	34-1631041	0	31,899.	0.			GENERAL SUPPORT
INTERNATIONAL RESCUE COMMITTEE, INC P. O. BOX 6068 - ALBERT LEA							
, MN 56007-9847	13-5660870	501C3	15,200.	0.			GENERAL SUPPORT
JOYFUL ENTERPRISES, INC. 3690 MECHANICSBURG RD. WOOSTER, OH 44691	82-4735929	501C3	8,500.	0.			GENERAL SUPPORT

())	(1) FINI	() 150			(5) 14		
(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
ENT STATE UNIVERSITY							
P.O. BOX 5190							
KENT, OH 44242-0001	31-6402079	SCHOOL	5,000.	0.			GENERAL SUPPORT
LAKESIDE CHAUTAUQUA FOUNDATION							
236 WALNUT AVENUE							
LAKESIDE, OH 43440	20-4072755	501C3	25,000.	0.	:.O'		GENERAL SUPPORT
LOVING SHEPARD INTERNATIONAL							
SERVICES AND FOUNDATION, INC P.							
O. BOX 375 - BLUFFTON, IN 46714	36-4495623	501C3	10,000.	0.			GENERAL SUPPORT
				Ç			
MARSHALL UNIVERSITY				5			
ONE JOHN MARSHALL DRIVE			- 4.3				
HUNTINGTON, WV 25755	55-6000789	SCHOOL	5,000.	0.			GENERAL SUPPORT
MONTESSORI SCHOOL OF WOOSTER							
1170 AKRON ROAD			110				
WOOSTER, OH 44691	34-1905304	501C3	9,000.	0.			GENERAL SUPPORT
			V				
MT. EATON CARE CENTER			•				
P. O. BOX 177							
MT. EATON , OH 44659	34-1443079	501C3	53,451.	0.			GENERAL SUPPORT
NAMI WAYNE AND HOLMES COUNTIES							
2525 BACK ORRVILLE ROAD							
WOOSTER, OH 44691	34-1933278	501C3	28,585.	0.			GENERAL SUPPORT
		<u> </u>					
NATIONAL INVENTORS HALL OF FAME,							
INC 3701 HIGHLAND PARK NW -							
NORTH CANTON , OH 44270	34-1580038	501C3	5,000.	0.			GENERAL SUPPORT
NORTHWESTERN LOCAL SCHOOL DISTRICT							
7571 N. ELYRIA ROAD							
WEST SALEM , OH 44287	34-1892348	SCHOOT.	18,800.	0.			GENERAL SUPPORT

(a) Name and address of						(a) December of	(1) D
(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
ORWAYNE HIGH SCHOOL							
350 S. MAIN STREET							
CRESTON, OH 44217	34-6003249	SCHOOT.	5,500.	0.			GENERAL SUPPORT
NUHOP CENTER FOR EXPERIENTIAL	31 0003213	benoon	3,300.	••			DENEMIE BOTTOKI
LEARNING DBA CAMP NUHOP - 1077							
TOWNSHIP ROAD 2916 - PERRYSVILLE,							
OH 44864	23-7438600	501C3	10,000.	0.	·. ()		GENERAL SUPPORT
	23 / 130000	30103	10,000.	•	X		DIVINI BOLLOKI
OHIOHEALTH FOUNDATION					•		
3430 OHIOHEALTH PARKWAY							
COLUMBUS, OH 43202	23-7446919	501c3	10,000.				GENERAL SUPPORT
	23 /110313	30103	10,000.	1			DENERGIE BOTTORT
OHIO'S HOSPICE LIFECARE							
1900 AKRON ROAD				(2)			
WOOSTER, OH 44691	34-1352875	501 <i>C</i> 3	61,066.	0.			GENERAL SUPPORT
moderni, on 11091	31 1332073	30103	01,0001	٠.			DENEMIE BOTTOKI
OHUDDLE							
969 1/2 BLACHLEYVILLE RD.			110				
WOOSTER, OH 44691	47-5165461	501C3	33.071.	0.			GENERAL SUPPORT
WOODIER, OH 44031	47 3103401	30103	33,071.	٠.			CHARLES BOTTOKT
ONEEIGHTY, INC.							
104 SPINK STREET			1				
WOOSTER, OH 44691	34-1269314	501C3	309,245.	0.			GENERAL SUPPORT
	34 1203314	30103	303,243.	٠.			DENERGE BOITORI
ORRVILLE AREA BOYS & GIRLS CLUB							
820 N. ELLA STREET; P.O. BOX 17							
ORRVILLE, OH 44667	34-1003436	50103	208,165.	0.			GENERAL SUPPORT
ORVILLE, OH 44007	34-1003430	50163	200,103.	0.			GENERAL SUFFORT
ORRVILLE AREA DEVELOPMENT							
FOUNDATION - 132 SOUTH MAIN STREET							
	24 1466005	E0102	100 000	0			CEMEDAI CUDDODE
ORRVILLE, OH 44667	34-1466085	20163	100,000.	0.			GENERAL SUPPORT
ODDUTTLE CIMY COUCOLS							
ORRVILLE CITY SCHOOLS							
815 NORTH ELLA	24 6000110	aguest.	15 000	_			
ORRVILLE, OH 44667	34-6002118	РСИООТ	15,000.	0.		1	GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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ORRVILLE HISTORICAL MUSEUM P. O. BOX 437 ORRVILLE, OH 44667	51-0136156	50163	9,868.	0.			GENERAL SUPPORT
ORRVIDE, OR 44007	31-0130130	30163	3,000.	0.			GENERAL SUFFORT
ORRVILLE UNITED WAY 140 EAST MARKET STREET ORRVILLE, OH 44667	34-1017865	501c3	7,000.	0.	10:		GENERAL SUPPORT
OXFAM-AMERICA INC. 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114	23-7069110	501C3	10,000.				GENERAL SUPPORT
PARADISE CHURCH OF THE BRETHREN P.O. BOX 126 SMITHVILLE, OH 44677	36-2167026	CHURCH	16,141.	50.			GENERAL SUPPORT
PARENT TO PARENT ORGANIZATION, INC 1700 SUITE B OLD MANSFIELD RD WOOSTER, OH 44691	34-1409303	501c3	50,000.	0.			GENERAL SUPPORT
PEOPLE TO PEOPLE MINISTRIES 454 EAST BOWMAN STREET WOOSTER, OH 44691	34-1264151	501C3	81,085.	0.			GENERAL SUPPORT
PLEASANT HILL BAPTIST CHURCH P. O. BOX 426 SMITHVILLE, OH 44677	34-1863411	CHURCH	50,000.	0.			GENERAL SUPPORT
PRADER-WILLI SYNDROME ASSOCIATION USA - 8588 POTTER PARK DRIVE, SUITE 500 - SARASOTA, FL 34238	41-1306908	501C3	5,000.	0.			GENERAL SUPPORT
RAILS TO TRAILS OF WAYNE COUNTY P.O. BOX 1566 WOOSTER, OH 44691	34-1833726	501C3	17,265.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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RYBS / RITTMAN YOUTH BASEBALL							
SOFTBALL - 45 STRAWBERRY HILL - RITTMAN, OH 44270	45-4492314	501C3	10,000.	0.			GENERAL SUPPORT
SALVATION ARMY							
437 SOUTH MARKET STREET; P.O. BOX 7 WOOSTER, OH 44691	13-5562351	501C3	53,651.	0.	:0\'		GENERAL SUPPORT
SMITHVILLE COMMUNITY HISTORICAL							
SOCIETY - P.O. BOX 12 - SMITHVILLE, OH 44677	34-1646114	501C3	20,717.	S.			GENERAL SUPPORT
SOUTH HARRISON HIGH SCHOOL				SX			
3400 BULLDOG AVENUE; P. O. BOX 445 BETHANY, MO 64424	44-6005454	school	7,500.	0.			GENERAL SUPPORT
SOUTHERN POVERTY LAW CENTER			ic)				
MONTGOMERY, AL 36104	63-0598743	501C3	5,500.	0.			GENERAL SUPPORT
SPRINGHAVEN, INC. P. O. BOX 265		00					
MT. EATON , OH 44659	34-1585269	501C3	15,000.	0.			GENERAL SUPPORT
ST. JOHN'S CHURCH OF MILLERSBURG 8670 STATE ROUTE 39		.01					
MILLERSBURG, OH 44654	20-0869501	CHURCH	20,666.	0.			GENERAL SUPPORT
ST. MARY OF THE IMMACULATE CONCEPTION CATHOLIC CHURCH - 527							
BEALL AVENUE - WOOSTER, OH 44691	34-0718406	CHURCH	14,000.	0.			GENERAL SUPPORT
ST. MARY SCHOOL 515 BOWMAN ST.							
WOOSTER, OH 44691	34-0718406	501C3	107,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other						<u> </u>	
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ST. PAUL LUTHERAN CHURCH							
777 SOUTH SUMMIT ST.							
SMITHVILLE, OH 44677	34-1330810	СПІВСП	5,877.	0.			GENERAL SUPPORT
STATE OF OHIO	34 1330010	enonen	3,077.	· ·			CHARLES BOTTOKT
OHIO DEPT. OF NATURAL RESOURCES;							
2045 MORSE RD COLUMBUS, OH							
43229	31-1334820	COVEDNMENT	74,856.	0.	• 0		GENERAL SUPPORT
43223	31-1334020	GOVERNMENT	74,830.	0.			GENERAL SUFFORT
STIFEL CHARITABLE INC.							
121 N. MARKET ST., SUITE 500							
WOOSTER, OH 44691	84-2049692	501 <i>0</i> 3	5,300,813.				GENERAL SUPPORT
WOOSIER, OR 44091	84-2049092	501C3	3,300,813.	100			GENERAL SUPPORT
SUMMER STAGE WOOSTER							
132 OAKLEY ROAD	47-4416695	F0103	8,900.	0.			GENERAL SUPPORT
WOOSTER, OH 44691	47-4410093	501C3	8,900.	٠.			GENERAL SUPPORT
THE CHURCH OF ST. JOHN THE							
EVANGELIST - 61 POPLAR ST			110				
	05-6008874	CUIIDCU 🔺	10,000.	0.			GENERAL SUPPORT
NEWPORT, RI 02840	03-0000074	CHOKCH	10,000.	0.			GENERAL SUFFORT
THE COLLEGE OF WOOSTER							
1189 BEALL AVE.							
WOOSTER, OH 44691	34-0714654	gCHOO!	41,564.	0.			GENERAL SUPPORT
WOOSIER, OH 44091	34-0/14034	SCHOOL	41,564.	٠.			GENERAL SUPPORT
THE COUNSELING CENTER OF WAYNE AND							
HOLMES COUNTIES - 2285 BENDEN							
	34-6003994	F01g3	25 000	,			GENERAL GURRORM
DRIVE - WOOSTER, OH 44691	34-6003994	501C3	25,000.	0.			GENERAL SUPPORT
THE NORMAN POSSIBLE MISSEN 37							
THE NORMAN ROCKWELL MUSEUM AT							
STOCKBRIDGE, INC P. O. BOX 308	04.0450045	501.73		_			
- STOCKBRIDGE, MA 01262	04-2450813	501C3	25,000.	0.			GENERAL SUPPORT
THE VILLAGE NETWORK							
2000 NOBLE DRIVE							
WOOSTER, OH 44691	34-0768857	501C3	42,641.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other						<u> </u>	
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THE WILDERNESS CENTER, INC.							
P.O. BOX 202							
WILMOT, OH 44689	34-0943581	501C3	32,254.	0.			GENERAL SUPPORT
TRINITY UNITED CHURCH OF CHRIST							
150 E. NORTH STREET	24 0555	a	35.500	_	. (1)		
WOOSTER, OH 44691	34-0777657	Сниксн	37,500.	0.			GENERAL SUPPORT
UNITARIAN UNIVERSALIST FELLOWSHIP							
OF WAYNE COUNTY - 3186 BURBANK							
ROAD - WOOSTER, OH 44691	34-1192124	CHURCH	102,500.	ol.			GENERAL SUPPORT
				<i>(</i>)			
UNITED WAY OF WAYNE & HOLMES				67			
COUNTIES, INC 215 SOUTH WALNUT							
STREET - WOOSTER, OH 44691	34-0946973	501C3	211,973.	0.			GENERAL SUPPORT
INTURDATEL OF ALDON							
UNIVERSITY OF AKRON 302 E. BUCHTEL AVE			1,10				
AKRON, OH 44325	34-6002924	SCHOOT.	5,500.	0.			GENERAL SUPPORT
INCON, OII 44025	34 0002324	Jenoon .	3,300.	· ·			CHARACT BOILOKT
UNIVERSITY OF MOUNT UNION							
1972 CLARK AVE.		()~	1				
ALLIANCE, OH 44601	34-0714687	SCHOOL	20,000.	0.			GENERAL SUPPORT
VANTAGE AGING		0,					
2279 ROMIG RD.				_			
AKRON, OH 44320	51-0148544	501C3	15,700.	0.			GENERAL SUPPORT
VIOLA STARTZMAN CLINIC							
1874 CLEVELAND RD.							
WOOSTER, OH 44691	34-1758151	501C3	105,873.	0.			GENERAL SUPPORT
	1 2,33131		200,073.				
WAYNE CENTER FOR THE ARTS							
237 SOUTH WALNUT STREET							
WOOSTER, OH 44691	34-2016097	501C3	148,726.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	
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NAYNE COUNTY FIRE & RESCUE							
ASSOCIATION - 2725 SOUTH MILLBORNE							
ROAD - APPLE CREEK , OH 44606	34-1451281	501C3	15,820.	0.			GENERAL SUPPORT
,			,				
WAYNE COUNTY HISTORICAL SOCIETY OF							
OHIO - 546 EAST BOWMAN ST							
WOOSTER, OH 44691	34-0961709	501C3	46,772.	0.			GENERAL SUPPORT
WAYNE COUNTY HUMANE SOCIETY, INC.					٦		
1161 MECHANICSBURG RD.	38-2016098	E0103	22 202				CENEDAL GUDDODE
WOOSTER, OH 44691	38-2016096	20162	23,392.	10.			GENERAL SUPPORT
WAYNE COUNTY PUBLIC LIBRARY				Cal			
304 N. MARKET ST.							
WOOSTER, OH 44691	34-6003134	501C3	14,653.	0.			GENERAL SUPPORT
·							
WAYNE COUNTY REGIONAL TRAINING			.*. C 1				
FACILITY - 2725 S. MILLBORNE RD							
APPLE CREEK , OH 44606	34-1451281	501C3	751,057.	0.			GENERAL SUPPORT
			\sim				
WAYNE COUNTY SCHOOLS CAREER CENTER							
518 W. PROSPECT ST.	24 1000250	501.72	6 510				
SMITHVILLE, OH 44677	34-1000350	501C3	6,518.	0.			GENERAL SUPPORT
WAYNE GROWTH PARTNERSHIP							
542 E. LIBERTY ST.							
WOOSTER, OH 44691	20-8423110	501C3	6,250.	0.			GENERAL SUPPORT
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
WEST VIEW MANOR INC.							
1715 MECHANICSBURG RD.							
WOOSTER, OH 44691	34-0878993	501C3	24,466.	0.			GENERAL SUPPORT
WESTMINSTER PRESBYTERIAN CHURCH							
353 E. PINE STREET							
WOOSTER, OH 44691	34-0991124	CHURCH	22,600.	0.			GENERAL SUPPORT

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WITTENBERG UNIVERSITY							
P.O. BOX 720							
SPRINGFIELD, OH 45501	31-0537177	school	5,000.	0.			GENERAL SUPPORT
WOOSTER COMMUNITY HOSPITAL							
FOUNDATION - 1761 BEALL AVENUE -							
WOOSTER, OH 44691	34-1785051	501C3	6,800.	0.	:.O'		GENERAL SUPPORT
WOOSTER COMMUNITY HOSPITAL HEALTH							
SYSTEM - 1761 BEALL AVENUE -							
WOOSTER, OH 44691	34-6003129	GOVERNMENT	35,000.	0			GENERAL SUPPORT
			, , , , , , ,	1			
WOOSTER FIREWORKS FOUNDATION				Cax			
P.O. BOX 1424							
WOOSTER, OH 44691	05-0561133	501C3	5,000.	0.			GENERAL SUPPORT
				*			
WOOSTER HOPE CENTER			.*.()				
P. O. BOX 1204							
WOOSTER, OH 44691	34-1660106	501C3	106,550.	0.			GENERAL SUPPORT
WOOSTER UNITED METHODIST CHURCH							
243 NORTH MARKET STREET	34-0718417	QUIUD QU	02 525	0.			CENEDAL GUDDODE
WOOSTER, OH 44691	34-0/1041/	CHURCH	83,525.	0.			GENERAL SUPPORT
WOOSTER YOUTH HOCKEY ASSOCIATION							
851 OLDMAN RD.							
WOOSTER, OH 44691	83-1088288	501C3	12,500.	0.			GENERAL SUPPORT
			,	3.			
WOOSTER-ORRVILLE NAACP							
P.O. BOX 434							
WOOSTER, OH 44691	13-1084135	501C3	15,100.	0.			GENERAL SUPPORT
YMCA OF WAYNE COUNTY							
680 WOODLAND AVENUE							
WOOSTER, OH 44691	34-0766172	501C3	36,539.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	ırt II.)	T
(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
OUNG LIFE OF WAYNE COUNTY							
279 MEADOW LANE							
WOOSTER, OH 44691	84-0385934	501C3	6,339.	0.			GENERAL SUPPORT
ZION LUTHERAN CHURCH ELCA							
301 NORTH MARKET STREET							
WOOSTER, OH 44691	34-0931693	CHURCH	25,000.	0.	:(O)		GENERAL SUPPORT
BACH FESTIVAL SOCIETY OF WINTER							
PARK - 1000 HOLT AVE #2763 -					J		
WINTER PARK , FL 32789	59-6015959	501C3	5,000.	0.			GENERAL SUPPORT
,			,	-()			
CARE AND SHARE MENTORING				67			
13857 DOVER RD							
APPLE CREEK , OH 44606	81-2022554	501C3	15,000.	0.			GENERAL SUPPORT
CARING FOR THE HEART MINISTRIES 3545 AMERICAN DRIVE			1,10				
COLORADO SPRINGS , CO 80917	20-4922863	501C3	15,000.	0.			GENERAL SUPPORT
BIRINGE , ce cost.	20 1322003	30103	V 13,000.	· ·			DOLLAR DOLLAR
COMMUNITY FOUNDATION OF LOWCOUNTRY							
PO BOX 23019		()					
HILTON HEAD, SC 29925	57-0756987	501C3	5,000.	0.			GENERAL SUPPORT
	<	.01					

Schedule I (Form 990) 2020 WAYNE COUNTY		34-1281026	Page 2			
Part III Grants and Other Assistance to Domestic Individu Part III can be duplicated if additional space is neede		e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(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	n assistance
SCHOLARSHIP GRANTS	335	684,629.	0.			
			-060			
			SP			
		110				
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
THE FOUNDATION REQUESTS REPORTS V	VITH APPROF	RIATE DOCU	MENTATION	FROM EACH		
COMPETITIVE GRANT AWARDEE. ALL	SCHOLARSHIP	FUNDS ARE	E DISBURSED	TO THE		
SCHOOL, NOT DIRECTLY TO THE RECLE	PIENT. OUT	OF STATE	GRANTS ARE	GENERALLY		
PAID FROM DONOR ADVISED FUNDS.						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

	WAYNE COUNTY	COMMUI	NITY FOUNI	DATION	34-1	2810	026	
Par	t 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 de noncash contribu		_	S
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	19	1,215,235	FAIR MARKET	VAI	JUE	
10	Securities - Closely held stock			• 0				
11	Securities - Partnership, LLC, or			X				
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -			_()				
	Historic structures			0				
14	Qualified conservation contribution - Other							
15	Real estate - Residential			3 ,				
16	Real estate - Commercial		11					
17	Real estate - Other							
18	Collectibles							
19	Food inventory	4						
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 appropriate of Forms 8283							
	for which the organization completed Form 826	83, Part V, D	onee Acknowledg	ement 29			Vaa	Na
202	During the year, did the organization receive by	, contributio	n any proporty rop	orted in Part I lines 1 throug	h 28 that it		Yes	No
Sua	must hold for at least three years from the date	•		,	·			
	exempt purposes for the entire holding period?			·		30a		Х
h	If "Yes," describe the arrangement in Part II.					30a		
31	Does the organization have a gift acceptance p	oolicy that re	auires the review (of any nonstandard contribut	ions?	31	х	
	Does the organization hire or use third parties	•	-	•	10115 !	- 51		
Jeu	contributions?					32a		х
b	If "Yes," describe in Part II.				•••••	<u></u>		_ _ _
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	r for which column (a) is chec	ked.			
	describe in Part II.	(5) 101	., p = p. op or c)	(4)	• • • • • • • • • • • • • • • • • • • •			
LHA	For Paperwork Reduction Act Notice, see	the Instruct	ions for Form 990).	Schedule M	(Form	1 990)	2020

032141 11-23-20

032142 11-23-20

Schedule M (Form 990) 2020

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number

34-1281026 LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART I, GRANT MAKING ACTIVITIES. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GOOD OF THE COMMUNITY. 2. TO ASSIST COMMUNITY CHARITABLE 3. ORGANIZATIONS IN THE CREATION AND MANAGEMENT OF ENDOWMENTS TO OF FUNDS PROVIDE OVERSIGHT OF INVESTMENT AND DISBURSEMENT DEVOTED TO CHARITABLE PURPOSES. FORM 990, PART VI, SECTION B, LINE 11B: AN AUDIT COMMITTEE COMPRISED OF TWO TRUSTEES AND TWO NON-TRUSTEES WHO ALL HAVE FINANCIAL EXPERTISE EVALUATE THE COMPLETED TAX RETURN AND REPORT RECOMMENDATIONS TO THE BOARD FOR REVIEW AND APPROVAL. PART VI, SECTION LINE 12C: FORM 990, В THE ORGANIZATION REQUIRES ITS EMPLOYEES AND BOARD OF TRUSTEES TO COMPLETE A

DISCLOSURE FORM ANNUALLY. ANY POTENTIAL CONFLICTS ARE INTEREST DISCLOSED AS THEY ARISE

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 DESCRIPTION LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

WAYNE COUNTY COMMUNITY FOUNDATION	34-1281026
WITHIN THE NON-PROFIT SECTOR IN THE STATE OF OHIO. WHEN CO	MBINED WITH A
PERFOMANCE REVIEW, AN ANNUAL MERIT INCREASE IS ESTABLISHED	•
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES AVAILABLE FOR PUBLIC INSPECTION, UP	ON REQUEST, ALL
DOCUMENTS AS REQUIRED BY FEDERAL, STATE, AND LOCAL LAW, IN	CLUDING BUT NOT
LIMITED TO THE IRS FORM 990, ANNUAL REPORT AND AUDITED FIN.	ANCIAL
STATEMENTS.	
	·
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS NOT CHANGED THE METHODS IT USES TO SE	LECT OR
EVALUATE IT'S INDEPENDENT AUDITOR FROM THE PRIOR YEARS.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

WAYNE COUNTY	COMMUNITY FOUNDATIO	N				34-12810	126	
Part I Identification of Disregarded Entities. Comp	lete 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 incor	(e) ne End-of-year		ssets Direct o		9
WCCF HOLDINGS, LLC - 34-1281026								
517 N. MARKET STREET								
WOOSTER, OH 44691	SEE VII	оніо		40.	806.			
		200)					
		250						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990,	Part IV, line 34, be	ecause it had one	or more	related tax-exe	mpt	
(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	Direc	(f) et controlling entity	1	g) 512(b)(13) rolled tity?
		,,		501(c)(3))			Yes	No
	2.0							

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)	(b)	(c)	(d)	(e)	(f)	(g)	1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disproportionat allocations? Yes No		Code V-UBI	General o	Percentage
				,						1 3 113	
					xiC						
				•	80						
				III,2							

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

Schedule R (Form 990) 2020

Yes No

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

WAYNE COUNTY COMMUNITY FOUNDATION

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 re	lated organizations listed in	n Parts II-IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	
	Gift, grant, or capital contribution to related organization(s)				1b	
	Gift, grant, or capital contribution from related organization(s)				1c	
Ŭ	Estate of four guarantees by folded organization(b)					
f	Dividends from related organization(s)				1f	
,	Sale of assets to related organization(s)					
9 h	Durchage of accets from related organization(s)		*.(`)			
	Evaluate of assets from related organization(s)					
	J (/					
J	Lease of facilities, equipment, or other assets to related organization(s)				1)	
					41	
	Lease of facilities, equipment, or other assets from related organization(s)					
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	1	• • • • • • • • • • • • • • • • • • • •			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	
0	Sharing of paid employees with related organization(s)				10	
		,				
р	Reimbursement paid to related organization(s) for expenses				1p	
q	Reimbursement paid by related organization(s) for expenses				1q	
r	Other transfer of cash or property to related organization(s)				1r	
s	Other transfer of cash or property from related organization(s)	<u></u>			1s	
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	complete th	is line, including covered re	elationships and transaction thresholds.		
	Name of related organization Trans	saction	(c) Amount involved	(d) Method of determining amount inv	rolved	
1)						
	Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundrishing solicitations by related organization(s) Performance of services or membership or fundrishing solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) 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) (b) Name of related organization Amount involved Method of determining amount involved in the property in th					
2)	sale of assets to related organization(s) thruchase of assets from related organization(s) xorbange of assets with related organization(s) asset of facilities, equipment, or other assets to related organization(s) asset of facilities, equipment, or other assets from related organization(s) asset of facilities, equipment, or other assets from related organization(s) asset of facilities, equipment, or other assets from related organization(s) asset of facilities, equipment, or other assets from related organization(s) asset of facilities, equipment, mailing lists, or other assets with related organization(s) and in the province or membership or fundraising solicitations for related organization(s) and in the province or membership or fundraising solicitations by related organization(s) and in the province or membership or fundraising solicitations by related organization(s) and in the province or membership or fundraising solicitations by related organization(s) and in the province or membership or fundraising solicitations by related organization(s) and in the province or membership or fundraising solicitations by related organization(s) and in the province or membership or fundraising solicitations by related organization(s) and in the province or membership or fundraising solicitations by related organization(s) and the province or membership or fundraising solicitations by related organization(s) and the province or membership or facilities, equipment, and in the province or membership or facilities, equipment, and in the province or membership or facilities, equipment, and in the province or membership or facilities, equipment, and in the province or membership or facilities, equipment, and in the province or membership or facilities, equipment, and in the province or membership or facilities, equipment, and in the province or membership or facilities, equipment, and in the province or membership or facilities, equipment, and in the province or membership or facilities, equipment, and in th					
3)						
4)						
5)						
6)						
3216	63 10-28-20			Schedule	R (Form	990) 2020

Page 4

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)	(b)	(c)	(d)	(e) Are all partners sec 501(c)(3) orgs.?	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec 501(c)(3)	Share of	Share of	Dispropo tionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?		end-of-year assets	allocation	of Schedule K-1	partner?	ownership
		Country)	sections 512-514)	Yes No	income	assets	Yes N	o (F0rm 1065)	Yes No	
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