

Return of Organization Exempt From Income Tax

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

2022

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WAYNE COUNTY COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 517 NORTH MARKET STREET City or town, state or province, country, and ZIP or foreign postal code WOOSTER, OH 44691 F Name and address of principal officer: MELANIE GARCIA SAME AS C ABOVE	D Employer identification number 34-1281026 E Telephone number (330) 262-3877 G Gross receipts \$ 16,686,605. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.WAYNECOUNTYCOMMUNITYFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1978 M State of legal domicile: OH

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE PHILANTHROPIC LEADERSHIP TO WAYNE COUNTY, OHIO AREA THROUGH FUND DEVELOPMENT AND		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	6
	6	Total number of volunteers (estimate if necessary)	6	228
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	10,070,226.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,527,436.	2,011,427.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	158,932.	205,842.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,756,594.	6,329,494.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,691,340.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	332,890.	329,822.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	136,460.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	297,605.	330,488.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,321,835.	5,432,392.
	19	Revenue less expenses. Subtract line 18 from line 12	7,434,759.	897,102.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	110,981,023.	121,593,936.
	21	Total liabilities (Part X, line 26)	14,924,044.	16,021,162.
	22	Net assets or fund balances. Subtract line 21 from line 20	96,056,979.	105,572,774.

Part II Signature Block

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

Sign Here	Signature of officer MARY ALICE STREETER, TREASURER	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name KAREN B. COONEY	Preparer's signature KAREN B. COONEY
	Firm's name MEADEN & MOORE, LTD.	Date 11/14/23
	Firm's address 2363 EAGLE PASS, SUITE A WOOSTER, OH 44691-5344	Check if self-employed <input type="checkbox"/> PTIN P00285983
		Firm's EIN 34-1818258
		Phone no. 330-264-7307

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE WAYNE COUNTY COMMUNITY FOUNDATION IS TO PROVIDE PHILANTHROPIC LEADERSHIP TO THE COMMUNITY OF WAYNE COUNTY, OHIO. THE THREE GOALS OF THE FOUNDATION ARE 1. TO ENCOURAGE INDIVIDUALS, ORGANIZATIONS AND BUSINESSES TO SHARE PART OF THEIR RESOURCES FOR THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,027,170. including grants of \$ 4,772,082.) (Revenue \$ 205,842.) THE FOUNDATION IS A TAX-EXEMPT COMMUNITY FOUNDATION, FUNDED BY DONATIONS FROM INDIVIDUALS, BUSINESSES, OTHER NON-PROFITS, CHURCHES, CIVIC ENTITIES AND/OR BEQUESTS FROM THOSE WHO HAVE EXISTING OR PRIOR INTERESTS IN THE GREATER WAYNE COUNTY AREA OF OHIO. THESE MONETARY GIFTS ARE USED FOR GRANT MAKING FOR SCHOLARSHIPS, COMMUNITY PROJECTS, AND OTHER CHARITABLE PURPOSES THAT SERVE THE INTERESTS OF THE GREATER WAYNE COUNTY AREA OF OHIO.

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

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

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

4e Total program service expenses 5,027,170.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included on line 1a... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MELANIE GARCIA - 330-262-3877
517 NORTH MARKET STREET, WOOSTER, OH 44691

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MELANIE GARCIA EXECUTIVE DIRECTOR	40.00	X		X				108,672.	0.	0.
(2) MARK AUBLE PRESIDENT	3.00	X		X				0.	0.	0.
(3) MARY ALICE STREETER TREASURER	2.00	X		X				0.	0.	0.
(4) BRENT R STEINER VICE PRESIDENT	1.00	X		X				0.	0.	0.
(5) DEANNA TROUTMAN SECRETARY	1.00	X		X				0.	0.	0.
(6) MARIBETH BURNS ASST TREASURER	1.00	X		X				0.	0.	0.
(7) ROGER D PROPER, JR ASST SECRETARY	1.00	X		X				0.	0.	0.
(8) MICHAEL D. AGNONI TRUSTEE	1.00	X						0.	0.	0.
(9) MARLENE BARKHEIMER TRUSTEE	1.00	X						0.	0.	0.
(10) ADAM A. BRIGGS TRUSTEE	1.00	X						0.	0.	0.
(11) W. MICHAEL JARRETT TRUSTEE	1.00	X						0.	0.	0.
(12) CHERYL M. KIRKBRIDE TRUSTEE	1.00	X						0.	0.	0.
(13) GLENDA LEHMAN ERVIN TRUSTEE	1.00	X						0.	0.	0.
(14) LARRY MARKLEY TRUSTEE	1.00	X						0.	0.	0.
(15) STEVE MATTHEW TRUSTEE	1.00	X						0.	0.	0.
(16) CYRIL OFORI TRUSTEE	1.00	X						0.	0.	0.
(17) WILLIAM J. ROBERTSON TRUSTEE	1.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,112,225.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 299,552.			
	h	Total. Add lines 1a-1f		4,112,225.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,291,029.		2291029.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	10,357,111.			
	c	Gain or (loss)	7c	-279,602.			
	d	Net gain or (loss)		-279,602.			-279,602.
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISC. REVENUE-RELATED-990	900099	133,979.	133,979.		
	b	NET ADMINISTRATIVE FEE INCOME	900099	71,863.	71,863.		
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		205,842.			
12	Total revenue. See instructions		6,329,494.	205,842.	0.	2011427.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,961,374.	3,961,374.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	810,708.	810,708.		
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	112,788.	54,139.	32,708.	25,941.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	163,858.	78,651.	47,519.	37,688.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,435.	5,720.	3,606.	3,109.
9 Other employee benefits	20,780.	9,559.	6,026.	5,195.
10 Payroll taxes	19,961.	7,386.	3,992.	8,583.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	20,650.		20,650.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	77,784.	77,784.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	28,262.		7,913.	20,349.
13 Office expenses	56,703.	6,237.	33,455.	17,011.
14 Information technology	25,343.		25,343.	
15 Royalties				
16 Occupancy	37,503.	7,500.	18,752.	11,251.
17 Travel	5,186.	2,593.		2,593.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,114.	568.	535.	11.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,834.		1,834.	
23 Insurance	20,584.		20,584.	
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 O.)				
a MEMBERSHIP DUES & SUBSC	39,920.		39,920.	
b DEVELOPMENT EXPENSE	12,445.	1,991.	5,725.	4,729.
c COMMUNITY SUPPORT	2,960.	2,960.		
d STATE FILING FEE	200.		200.	
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	5,432,392.	5,027,170.	268,762.	136,460.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	19,159.	1	19,732.
	2 Savings and temporary cash investments	778,272.	2	1,183,862.
	3 Pledges and grants receivable, net	680,125.	3	163,474.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	0.	9	28,877.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 50,401.		
	b Less: accumulated depreciation	10b 46,675.	5,560.	10c 3,726.
	11 Investments - publicly traded securities	109,225,029.	11	119,741,091.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	272,878.	15	453,174.
16 Total assets. Add lines 1 through 15 (must equal line 33)	110,981,023.	16	121,593,936.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	848,390.	18	893,970.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	14,014,181.	21	15,068,558.
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	61,473.	25	58,634.
	26 Total liabilities. Add lines 17 through 25	14,924,044.	26	16,021,162.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	18,541,629.	27	20,267,915.
	28 Net assets with donor restrictions	77,515,350.	28	85,304,859.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	96,056,979.	32	105,572,774.
	33 Total liabilities and net assets/fund balances	110,981,023.	33	121,593,936.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,329,494.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,432,392.
3	Revenue less expenses. Subtract line 2 from line 1	3	897,102.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	96,056,979.
5	Net unrealized gains (losses) on investments	5	8,618,693.
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	105,572,774.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	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:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6527074.	10611426.	13543077.	10070226.	4411777.	45163580.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6527074.	10611426.	13543077.	10070226.	4411777.	45163580.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9387310.
6 Public support. Subtract line 5 from line 4.						35776270.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	6527074.	10611426.	13543077.	10070226.	4411777.	45163580.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1435765.	1532028.	1451251.	1817386.	2291029.	8527459.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	99,818.	107,217.	79,368.	158,932.	205,842.	651,177.
11 Total support. Add lines 7 through 10						54342216.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	65.84 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	41.70 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization benefits.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, officers, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1-3 regarding the Integral Part Test and activities.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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

2022

Open to Public Inspection

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

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

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

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and yes/no questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including revenue and asset amounts.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	96,056,979.	109,095,754.	86,642,857.	72,846,466.	65,306,506.
b Contributions	4,313,299.	10,229,804.	13,617,971.	18,714,351.	10,799,606.
c Net investment earnings, gains, and losses	10,557,104.	-15,031,296.	20,451,414.	2,128,075.	3,082,961.
d Grants or scholarships	4,780,422.	7,599,991.	11,056,127.	6,557,985.	5,905,058.
e Other expenditures for facilities and programs					
f Administrative expenses	574,186.	637,292.	560,351.	488,050.	437,549.
g End of year balance	105,572,774.	96,056,979.	109,095,754.	86,642,857.	72,846,466.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 19.1981 %
 - b Permanent endowment 52.9047 %
 - c Term endowment 27.8972 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		50,401.	46,675.	3,726.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,726.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) GIFT ANNUITY PAYABLE	58,634.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	14,870,403.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	8,618,693.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	8,618,693.	
3	Subtract line 2e from line 1	3	6,251,710.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	77,784.	
c	Add lines 4a and 4b	4c	77,784.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,329,494.	

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

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

1	Total expenses and losses per audited financial statements		1	5,354,608.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-77,784.	
e	Add lines 2a through 2d	2e	-77,784.	
3	Subtract line 2e from line 1	3	5,432,392.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,432,392.	

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THE FOUNDATION HOLDS FUNDS ON BEHALF OF OTHER AREA TAX EXEMPT CHARITABLE ORGANIZATIONS. AT 6/30/2023, \$15,068,558 OF ASSETS WERE HELD FOR OTHERS.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA 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

Part XIII Supplemental Information (continued)

PENALTIES ACCRUED RELATED TO UNRECOGNIZED TAX UNCERTAINTIES IN INCOME TAX EXPENSE, IF ANY. THE FOUNDATION DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET ADMINISTRATIVE FEE REVENUE AND EXPENSE 77,784.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

NET ADMINISTRATIVE FEE REVENUE AND EXPENSE -77,784.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A WHOLE COMMUNITY, INC. PO BOX 1078 WOOSTER, OH 44691	38-4008306	501(C)(3)	26,100.	0.			GENERAL SUPPORT
ADAPTIVE SPORTS PROGRAM OF OHIO 2148 EAGLE PASS, SUITE C WOOSTER, OH 44691	27-1144442	501(C)(3)	28,416.	0.			GENERAL SUPPORT
AKRON ART MUSEUM ONE SOUTH HIGH ST. AKRON, OH 44308	34-0813426	501(C)(3)	25,000.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 1575 CORPORATE WOODS PARKWAY UNIONTOWN, OH 44685	13-5613797	501(C)(3)	13,369.	0.			GENERAL SUPPORT
AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	9,076.	0.			GENERAL SUPPORT
APOSTOLIC CHRISTIAN COUNSELING AND FAMILY SERVICES - 515 E. HIGHLAND STREET - MORTON, IL 61550	37-1394041	501(C)(3)	10,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **90.**

3 Enter total number of other organizations listed in the line 1 table **32.**

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APOSTOLIC CHRISTIAN LIFEPOINTS 2073 VETERANS RD. MORTON, IL 61550	23-7033585	501(C)(3)	25,000.	0.			GENERAL SUPPORT
APOSTOLIC CHRISTIAN VILLAGE, INC. 10680 STEINER ROAD RITTMAN, OH 44270	34-1155210	501(C)(3)	110,000.	0.			GENERAL SUPPORT
APPLE CREEK VOLUNTEER FIRE DEPARTMENT AND EMERGENCY SQUAD INC - 3400 SOUTH APPLE CREEK RD - APPLE CREEK, OH 44606	34-6538801	501(C)(3)	13,000.	0.			GENERAL SUPPORT
ASHES TO GLORY FOUNDATION P. O. BOX 532176 LIVONIA, MI 48153	45-2885723	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ASHLAND UNIVERSITY 401 COLLEGE AVENUE ASHALND, OH 44805	34-0714626		5,400.	0.			GENERAL SUPPORT
BACH FESTIVAL SOCIETY OF WINTER PARK - 1000 HOLT AVE. #2763 - WINTER PARK, FL 32789	59-6015959	501(C)(3)	12,000.	0.			GENERAL SUPPORT
CAMPING & EDUCATION FOUNDATION 3515 MICHIGAN AVE CINCINNATI, OH 45208	31-0650653	501(C)(3)	5,500.	0.			GENERAL SUPPORT
CARE AND SHARE MENTORING 13857 DOVER RD. APPLE CREEK, OH 44606	81-2022554	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CARING CLOSET OF WOOSTER 5200 CLEVELAND ROAD, SUITE E WOOSTER, OH 44691	87-1686910	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARING FOR THE HEART MINISTRIES 3545 AMERICAN DR. COLORADO SPRINGS, CO 80917	20-4922863	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CENTRAL AMERICAN MEDICAL OUTREACH, INC. - 322 WESTWOOD AVE. - ORRVILLE, OH 44667	34-1740695	501(C)(3)	18,500.	0.			GENERAL SUPPORT
CHARITY GLOBAL INC. P.O. BOX 5026 HAGERSTOWN, MD 21741	22-3936753	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHRIST CHURCH UNITED CHURCH OF CHRIST - 301 N. MAIN STREET - ORRVILLE, OH 44667	34-0896589		6,400.	0.			GENERAL SUPPORT
CHRISTIAN CHILDREN'S HOME OF OHIO 2685 ARMSTRONG ROAD WOOSTER, OH 44691	34-1056506	501(C)(3)	7,903.	0.			GENERAL SUPPORT
CHRISTIAN JEW FOUNDATION 611 BROADWAY ST. SAN ANTONIO, TX 78215	87-0691389	501(C)(3)	10,260.	0.			GENERAL SUPPORT
CITY OF ORRVILLE 207 NORTH MAIN STREET ORRVILLE, OH 44667	34-6002121		50,250.	0.			GENERAL SUPPORT
CITY OF RITTMAN 30 N. MAIN ST. RITTMAN, OH 44270	34-6002308		13,574.	0.			GENERAL SUPPORT
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE NO. JJ19 CLEVELAND, OH 44195	34-0714585	501(C)(3)	21,250.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION WAYNE / MEDINA 905 PITTSBURGH AVENUE WOOSTER, OH 44691	34-0979210	501(C)(3)	7,200.	0.			GENERAL SUPPORT
DALTON LOCAL SCHOOL DISTRICT 177 N. MILL ST. DALTON, OH 44618	34-6000825		18,948.	0.			GENERAL SUPPORT
DENISON UNIVERSITY P. O. BOX M GRANVILLE, OH 43023	31-4379459		30,156.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA, INC. 40 RECTOR ST. 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	14,857.	0.			GENERAL SUPPORT
EARLHAM COLLEGE 801 NATIONAL ROAD WEST, DRAWER 193 RICHMOND, IN 47374	35-0868073		9,273.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 621 COLLEGE AVENUE WOOSTER, OH 44691	34-0733148		57,931.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 533 NORTH GRANT LOVELAND, CO 80537	84-0456559		11,000.	0.			GENERAL SUPPORT
FREEDOM HILLS MINISTRIES 5510 TR 419 SUGARCREEK, OH 44681	31-1331279	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF HOSPICE WAYNE COUNTY OHIO - 223 WEST LIBERTY STREET - WOOSTER, OH 44691	20-1370925	501(C)(3)	64,169.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF SECREST ARBORETUM 3540 BURBANK RD, #190 WOOSTER, OH 44691	34-1787692	501(C)(3)	40,100.	0.			GENERAL SUPPORT
FRIENDS OF WAYNE COUNTY FAIR P. O. BOX 3 WOOSTER, OH 44691	45-5461827	501(C)(3)	69,000.	0.			GENERAL SUPPORT
FRIENDS OF WOOSTER MEMORIAL PARK PO BOX 1776 WOOSTER, OH 44691	52-2294980	501(C)(3)	25,832.	0.			GENERAL SUPPORT
FUND FOR OUR ECONOMIC FUTURE 4415 EUCLID AVE., SUITE 203 CLEVELAND, OH 44103	27-0606927	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GIRLS ON THE RUN OF STARK COUNTY (GOTR) - 237 TUSCARAWAS ST. W. SUITE B - CANTON, OH 44702	27-1618018	501(C)(3)	5,500.	0.			GENERAL SUPPORT
GOODWILL INDUSTRIES OF WAYNE AND HOLMES COUNTIES INC. - P.O. BOX 1188 - WOOSTER, OH 44691	34-1272032	501(C)(3)	31,381.	0.			GENERAL SUPPORT
GRACE CHURCH 4599A BURBANK RD. WOOSTER, OH 44691	34-0922948		29,700.	0.			GENERAL SUPPORT
GREEN LOCAL SCHOOLS 200 SMITHIE DRIVE SMITHVILLE, OH 44677	34-6001306		8,802.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY IN WAYNE COUNTY - 2700 AKRON RD. - WOOSTER, OH 44691	58-1735548	501(C)(3)	64,936.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEARTLAND EDUCATION COMMUNITY, INC. - 1347 NORTH MAIN STREET - ORRVILLE, OH 44667	34-1726042	501(C)(3)	14,657.	0.			GENERAL SUPPORT
HOLMES COUNTY EDUCATION AND COMMUNITY FOUNDATION - 114 N. CLAY STREET - MILLERSBURG, OH 44654	34-1631041	501(C)(3)	42,454.	0.			GENERAL SUPPORT
HUMAN RIGHTS WATCH 350 5TH AVE., 34TH FLOOR NEW YORK, NY 10118	13-2875808	501(C)(3)	10,000.	0.			GENERAL SUPPORT
INCLUDEABILITY 1350 WILDWOOD DR. WOOSTER, OH 44691	86-3972656	501(C)(3)	10,500.	0.			GENERAL SUPPORT
INTERNATIONAL RESCUE COMMITTEE, INC. - P. O. BOX 6068 - ALBERT LEA, MN 56007	13-5660870	501(C)(3)	15,200.	0.			GENERAL SUPPORT
KILLBUCK WATERSHED LAND TRUST 131 S. MARKET STREET WOOSTER, OH 44691	34-1938078	501(C)(3)	29,000.	0.			GENERAL SUPPORT
LEARN 'N PLAY OF WOOSTER 243 S. BEVER ST. WOOSTER, OH 44691	34-1192821	501(C)(3)	10,500.	0.			GENERAL SUPPORT
MAIN STREET WOOSTER, INC. 377 W. LIBERTY STREET WOOSTER, OH 44691	34-1525787	501(C)(3)	5,560.	0.			GENERAL SUPPORT
MARSHALLVILLE HISTORICAL SOCIETY PO BOX 81 MARSHALLVILLE, OH 44645	34-1319122	501(C)(3)	16,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILTON TOWNSHIP/WAYNE COUNTY P.O. BOX 205 STERLING, OH 44276	34-6001901		12,515.	0.			GENERAL SUPPORT
MONTESSORI SCHOOL OF WOOSTER 1170 AKRON ROAD WOOSTER, OH 44691	34-1905304	501(C)(3)	9,200.	0.			GENERAL SUPPORT
NAMI WAYNE AND HOLMES COUNTIES 2525 BACK ORRVILLE ROAD WOOSTER, OH 44691	34-1933278	501(C)(3)	41,158.	0.			GENERAL SUPPORT
NATURE CONSERVANCY 4245 N. FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	14,057.	0.			GENERAL SUPPORT
NEW LEAF CENTER PO BOX 336 MOUNT EATON, OH 44659	45-5347271	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NORWAYNE LOCAL SCHOOL DISTRICT 350 SOUTH MAIN STREET CRESTON, OH 44217	34-6003249		6,421.	0.			GENERAL SUPPORT
OHIO'S HOSPICE LIFECARE 1900 AKRON ROAD WOOSTER, OH 44691	34-1352875	501(C)(3)	132,600.	0.			GENERAL SUPPORT
OHUDDLE 969 1/2 BLACHLEYVILLE RD. WOOSTER, OH 44691	47-5165461	501(C)(3)	10,813.	0.			GENERAL SUPPORT
ONEEIGHTY, INC. 104 SPINK STREET WOOSTER, OH 44691	34-1269314	501(C)(3)	55,450.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORRVILLE AREA BOYS & GIRLS CLUB P.O. BOX 17 ORRVILLE, OH 44667	34-1003436	501(C)(3)	202,334.	0.			GENERAL SUPPORT
ORRVILLE CITY SCHOOLS 815 NORTH ELLA ORRVILLE, OH 44667	34-6002118		5,196.	0.			GENERAL SUPPORT
ORRVILLE HISTORICAL MUSEUM P. O. BOX 437 ORRVILLE, OH 44667	51-0136156	501(C)(3)	35,539.	0.			GENERAL SUPPORT
PEOPLE TO PEOPLE MINISTRIES 454 EAST BOWMAN STREET WOOSTER, OH 44691	34-1264151	501(C)(3)	51,363.	0.			GENERAL SUPPORT
PERSOPHENE'S GIVING PLATE 310 EAST NORTH STREET WOOSTER, OH 44691	84-2126026	501(C)(3)	25,000.	0.			GENERAL SUPPORT
PREGNANCY CARE CENTER OF WAYNE COUNTY - 331 W. LIBERTY ST. - WOOSTER, OH 44691	34-1443269	501(C)(3)	9,403.	0.			GENERAL SUPPORT
RAILS TO TRAILS OF WAYNE COUNTY P.O. BOX 1566 WOOSTER, OH 44691	34-1833726	501(C)(3)	18,000.	0.			GENERAL SUPPORT
RITTMAN EXEMPTED VILLAGE SCHOOLS 100 SAURER STREET RITTMAN, OH 44270	34-6002307		21,525.	0.			GENERAL SUPPORT
SALVATION ARMY P.O. BOX 764 WOOSTER, OH 44691	13-5562351	501(C)(3)	39,787.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SERVING WOMEN IN GHANA P. O. BOX 127 WOOSTER, OH 44691	45-4230683	501(C)(3)	15,400.	0.			GENERAL SUPPORT
SHREVE COMMUNITY DEVELOPEMENT CORPORATION - 100 S. MARKET STREET - SHREVE, OH 44676	87-1319913	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SMITHVILLE APOSTOLIC CHRISTIAN CHURCH - 8530 FULTON RD. - STERLING, OH 44276	34-1502365		20,000.	0.			GENERAL SUPPORT
SMITHVILLE COMMUNITY HISTORICAL SOCIETY - P.O. BOX 12 - SMITHVILLE, OH 44677	34-1646114	501(C)(3)	9,674.	0.			GENERAL SUPPORT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE. MONTGOMERY, AL 36104	63-0598743	501(C)(3)	5,750.	0.			GENERAL SUPPORT
ST. JOHN'S CHURCH OF MILLERSBURG 8670 STATE ROUTE 39 MILLERSBURG, OH 44654	20-0869501		28,303.	0.			GENERAL SUPPORT
ST. MARY OF THE IMMACULATE CONCEPTION CATHOLIC CHURCH - 527 BEALL AVENUE - WOOSTER, OH 44691	34-0718406		7,000.	0.			GENERAL SUPPORT
THE COLLEGE OF WOOSTER 1189 BEALL AVE. WOOSTER, OH 44691	34-0714654		50,098.	0.			GENERAL SUPPORT
THE VILLAGE NETWORK 2000 NOBLE DRIVE WOOSTER, OH 44691	34-0768857	501(C)(3)	38,398.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WILDERNESS CENTER, INC. P.O. BOX 202 WILMOT, OH 44689	34-0943581	501(C)(3)	10,600.	0.			GENERAL SUPPORT
TRINITY UNITED CHURCH OF CHRIST 150 E. NORTH STREET WOOSTER, OH 44691	34-0777657		40,025.	0.			GENERAL SUPPORT
TRIWAY LOCAL SCHOOL DISTRICT 3205 SHREVE ROAD WOOSTER, OH 44691	34-6004925		20,000.	0.			GENERAL SUPPORT
UNITED WAY OF WAYNE & HOLMES COUNTIES, INC. - 215 SOUTH WALNUT STREET - WOOSTER, OH 44691	34-0946973	501(C)(3)	240,174.	0.			GENERAL SUPPORT
VILLAGE OF DALTON OHIO, POLICE AND FIRE DEPARTMENTS - 221 EAST MAIN ST. - DALTON, OH 44618	34-6000826		15,000.	0.			GENERAL SUPPORT
VILLAGE OF FREDERICKSBURG 206 NORTH MILL STREET FREDERICKSBURG, OH 44627	34-1413838		5,151.	0.			GENERAL SUPPORT
VILLAGE OF MARSHALLVILLE P.O. BOX 169, 7 NORTH MAIN STREET MARSHALLVILLE, OH 44645	34-6001814		63,183.	0.			GENERAL SUPPORT
VILLAGE OF SMITHVILLE P.O. BOX 517 SMITHVILLE, OH 44677	34-0936521		25,000.	0.			GENERAL SUPPORT
VIOLA STARTZMAN CLINIC 1874 CLEVELAND RD. WOOSTER, OH 44691	34-1758151	501(C)(3)	84,274.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYNE CENTER FOR THE ARTS 237 SOUTH WALNUT STREET WOOSTER, OH 44691	34-2016097	501(C)(3)	96,545.	0.			GENERAL SUPPORT
WAYNE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES - 266 OLDMAN ROAD - WOOSTER, OH 44691	34-6003005	501(C)(3)	5,279.	0.			GENERAL SUPPORT
WAYNE COUNTY CHILDRENS ADVOCACY CENTER, INC. - 1734 GASCHE ST. - WOOSTER, OH 44691	20-3035737	501(C)(3)	20,250.	0.			GENERAL SUPPORT
WAYNE COUNTY CHILDRENS STEAM PLAYLAB INC. - 3979 BATDORF RD - WOOSTER, OH 44691	84-3521007	501(C)(3)	105,500.	0.			GENERAL SUPPORT
WAYNE COUNTY FIRE & RESCUE ASSOCIATION - 2725 SOUTH MILLBORNE ROAD - APPLE CREEK, OH 44606	34-1451281	501(C)(3)	58,249.	0.			GENERAL SUPPORT
WAYNE COUNTY HISTORICAL SOCIETY 546 EAST BOWMAN STREET WOOSTER, OH 44691	34-0961709	501(C)(3)	8,000.	0.			GENERAL SUPPORT
WAYNE COUNTY HUMANE SOCIETY, INC. 1161 MECHANICSBURG RD. WOOSTER, OH 44691	38-2016098	501(C)(3)	18,742.	0.			GENERAL SUPPORT
WAYNE COUNTY REGIONAL TRAINING FACILITY - 2725 S. MILLBORNE RD. - APPLE CREEK, OH 44606	34-1451281	501(C)(3)	23,711.	0.			GENERAL SUPPORT
WAYNE COUNTY SCHOOLS CAREER CENTER 518 W. PROSPECT ST. SMITHVILLE, OH 44677	34-1000350		22,961.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYNE GROWTH PARTNERSHIP 542 E. LIBERTY ST. WOOSTER, OH 44691	20-8423110	501(C)(3)	13,750.	0.			GENERAL SUPPORT
WEST VIEW HEALTHY LIVING 1715 MECHANICSBURG RD. WOOSTER, OH 44691	34-0878993	501(C)(3)	50,000.	0.			GENERAL SUPPORT
WEST VIEW MANOR INC. 1715 MECHANICSBURG RD. WOOSTER, OH 44691	34-0878993	501(C)(3)	5,454.	0.			GENERAL SUPPORT
WILLING HEARTS WORKSHOP 8311 FREASE RD. FREDERICKSBURG, OH 44627	83-3577063	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WOOSTER CITY SCHOOLS 144 N. MARKET STREET WOOSTER, OH 44691	34-6003127		32,723.	0.			GENERAL SUPPORT
WOOSTER COMMUNITY HOSPITAL FOUNDATION - 1761 BEALL AVENUE - WOOSTER, OH 44691	34-1785051	501(C)(3)	47,483.	0.			GENERAL SUPPORT
WOOSTER COMMUNITY HOSPITAL HEALTH SYSTEM - 1761 BEALL AVENUE - WOOSTER, OH 44691	34-6003129		25,000.	0.			GENERAL SUPPORT
WOOSTER HOPE CENTER P. O. BOX 1204 WOOSTER, OH 44691	34-1660106	501(C)(3)	10,525.	0.			GENERAL SUPPORT
WOOSTER SPEECH & DEBATE PARENTS, INC. - 515 OLDMAN RD. - WOOSTER, OH 44691	46-4024506	501(C)(3)	5,098.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOOSTER UNITED METHODIST CHURCH 243 N. MARKET STREET WOOSTER, OH 44691	34-0718417		82,903.	0.			GENERAL SUPPORT
WOOSTER YOUTH BASEBALL LITTLE LEAGUE, INC. - P. O. BOX 1134 - WOOSTER, OH 44691	34-1593271	501(C)(3)	96,639.	0.			GENERAL SUPPORT
WOOSTER YOUTH HOCKEY ASSOCIATION 851 OLDMAN ROAD WOOSTER, OH 44691	83-1088288	501(C)(3)	44,951.	0.			GENERAL SUPPORT
YMCA OF WAYNE COUNTY 680 WOODLAND AVE. WOOSTER, OH 44691	34-0766172	501(C)(3)	112,362.	0.			GENERAL SUPPORT
ZION LUTHERAN CHURCH ELCA 301 NORTH MARKET STREET WOOSTER, OH 44691	34-0931693		26,000.	0.			GENERAL SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP GRANTS	399	810,708.	0.		

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

PART I, LINE 2:

THE FOUNDATION REQUESTS REPORTS WITH APPROPRIATE DOCUMENTATION FROM EACH
 COMPETITIVE GRANT AWARDEE. ALL SCHOLARSHIP FUNDS ARE DISBURSED TO THE
 SCHOOL, NOT DIRECTLY TO THE RECIPIENT. OUT OF STATE GRANTS ARE GENERALLY
 PAID FROM DONOR ADVISED FUNDS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	16	299,552.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2022

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number

34-1281026

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

GRANT MAKING ACTIVITIES.

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

GOOD OF THE COMMUNITY. 2. TO ASSIST COMMUNITY CHARITABLE ORGANIZATIONS
IN THE CREATION AND MANAGEMENT OF ENDOWMENTS. 3. TO PROVIDE OVERSIGHT
OF INVESTMENT AND DISBURSEMENT OF FUNDS DEVOTED TO CHARITABLE
PURPOSES.

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

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

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

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

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

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

Schedule O (Form 990) 2022

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

DESCRIPTIONS WITHIN THE NON-PROFIT SECTOR IN THE STATE OF OHIO. WHEN COMBINED WITH A PERFORMANCE REVIEW, AN ANNUAL MERIT INCREASE IS ESTABLISHED.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES AVAILABLE FOR PUBLIC INSPECTION, UPON REQUEST, ALL CURRENT DOCUMENTS AS REQUIRED BY FEDERAL, STATE AND LOCAL LAW, INCLUDING BUT NOT LIMITED TO THE IRS FORM 990, ANNUAL REPORT AND AUDITED FINANCIAL STATEMENTS.

FORM 990, PART XII, LINE 2C
THE ORGANIZATION HAS NOT CHANGED THE METHODS IT USES TO SELECT OR EVALUATE ITS INDEPENDENT AUDITOR FROM THE PRIOR YEARS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WCCF HOLDINGS, LLC - 34-1281026 517 N MARKET STREET WOOSTER, OH 44691	ACCEPTING GIFTS OF REAL ESTATE	OHIO	40.	886.	

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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

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

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.