Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| A F | or the | 2022 calendar year, or tax year beginning し JႠ | JL 1, 2022 and | ending J | UN 30, 2023 | | | | | | |
|--|-------------------|--|---------------------------------------|---------------|-------------------------------------|-------------------------------|--|--|--|--|--|
| B c | heck if | C Name of organization | | | D Employer identifi | cation number | | | | | |
| | Addres | wayne county community | FOUNDATION | | | | | | | | |
| | Name change | | | | 34-12810 | 26 | | | | | |
| | Initial return | | | | | | | | | | |
| | Final return/ | 517 NORTH MARKET STREET | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | termin ated | City or town, state or province, country, and Z | G Gross receipts \$ | 16,686,605. | | | | | | | |
| | Ameno return | WOOSTER, OH 44091 | | | H(a) Is this a group re | eturn | | | | | |
| | Application | F Name and address of principal officer: MEDF | ANIE GARCIA | | for subordinates | ? Yes X No | | | | | |
| | pendin | SAME AS C ABOVE | | | H(b) Are all subordinates in | ncluded? Yes No | | | | | |
| <u> 1 T</u> | ax-exe | empt status: X 501(c)(3) 501(c) () | (insert no.) 4947(a)(1) | | If "No," attach a | list. See instructions | | | | | |
| | Vebsit | | | | H(c) Group exemptio | | | | | | |
| | | g | ociation Other | L Year | of formation: 1978 N | M State of legal domicile: OH | | | | | |
| Pa | rt I | Summary | | DOLLTON | DUST ANTHUDO | DIG | | | | | |
| ø | 1 | Briefly describe the organization's mission or most s | significant activities: TO PI | KOATDE | PHILANTHRO | MENT AND | | | | | |
| and | | LEADERSHIP TO WAYNE COUNTY | | | | | | | | | |
| Activities & Governance | | Check this box if the organization discon Number of voting members of the governing body (F | tinued its operations or dispos | sed of more | than 25% of its net ass | l 17 | | | | | |
| 9 | | Number of independent voting members of the governing body (r | | | 4 | 17 | | | | | |
| ∞ ∞ | | Total number of individuals employed in calendar ye | | | 5 | 6 | | | | | |
| iţie | | Total number of volunteers (estimate if necessary) | | | 6 | 228 | | | | | |
| ċį | 7 a | Total unrelated business revenue from Part VIII, colu | umn (C), line 12 | , | 7a | 0. | | | | | |
| ď | | Net unrelated business taxable income from Form 9 | | | 7b | 0. | | | | | |
| | | | | | Prior Year | Current Year | | | | | |
| Φ | 8 | Contributions and grants (Part VIII, line 1h) | | | 10,070,226. | 4,112,225. | | | | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | | 0. | 0. | | | | | |
| ě | | Investment income (Part VIII, column (A), lines 3, 4, | and 7d) | | 5,527,436. | 2,011,427. | | | | | |
| <u> </u> | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, | | | 158,932. | 205,842. | | | | | |
| | | Total revenue - add lines 8 through 11 (must equal F | | | 15,756,594. | 6,329,494. | | | | | |
| | | Grants and similar amounts paid (Part IX, column (A | | | 7,691,340. | 4,772,082. | | | | | |
| | | Benefits paid to or for members (Part IX, column (A) | | | 332,890. | 0. | | | | | |
| ses | | Salaries, other compensation, employee benefits (Park November 2014) | | | 332,890. | 329,822. | | | | | |
| Expenses | | Professional fundraising fees (Part IX, column (A), lir Total fundraising expenses (Part IX, column (D), line | | 50 | <u> </u> | 0. | | | | | |
| Ä | | Other expenses (Part IX, column (A), lines 11a-11d, | | | 297,605. | 330,488. | | | | | |
| | | Total expenses. Add lines 13.17 (must equal Part IX | | | 8,321,835. | 5,432,392. | | | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 1 | | | 7,434,759. | 897,102. | | | | | |
| Net Assets or Fund Balances | | , | | Be | ginning of Current Year | End of Year | | | | | |
| sets | 20 | Total assets (Part X, line 16) | | 1 | 10,981,023. | 121,593,936. | | | | | |
| ASS | 21 | Total liabilities (Part X, line 26) | | | 14,924,044. | 16,021,162. | | | | | |
| <u> </u> | 22 | Net assets or fund balances. Subtract line 21 from li | ine 20 | | 96,056,979. | 105,572,774. | | | | | |
| Pa | ırt II | Signature Block | | | | | | | | | |
| | | lties of perjury, I declare that I have examined this return, i | | | | / knowledge and belief, it is | | | | | |
| true, | correc | t, and complete. Declaration of preparer (other than officer |) is based on all information of wh | iich preparer | has any knowledge. | | | | | | |
| . | | Signature of officer | | | I Date | | | | | | |
| Sign | | MARY ALICE STREETER, TREAS | IIRER | | Duto | | | | | | |
| Her | е | Type or print name and title | OKEK | | | | | | | | |
| | | | Preparer's signature | | Date Check | PTIN | | | | | |
| Paid | | * | KAREN B. COONEY | 1 | 1/14/23 if self-employ | | | | | | |
| Prep | | Firm's name MEADEN & MOORE, LT | | <u> </u> = | | 4-1818258 | | | | | |
| Use Only Firm's address 2363 EAGLE PASS, SUITE A | | | | | | | | | | | |
| _ | | WOOSTER, OH 44691- | | | Phone no. 33 | 0-264-7307 | | | | | |
| May | the IE | RS discuss this return with the preparer shown above | | | • | X Yes No | | | | | |

| | 990 (2022) WAYNE COUNTY COMMUNITY FOUNDATION 34-1281026 Page | 2 |
|----|--|-----|
| Pa | III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | [] |
| 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 | |
| | orior Form 990 or 990-EZ? | 0 |
| | f "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 N | 0 |
| | f "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. | — |
| | NATINE COUNTY AREA OF ORIO. | — |
| | | — |
| | | — |
| | | _ |
| | | _ |
| 4b | Code:) (Expenses \$ | |
| | | - ′ |
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| | | — |
| | | — |
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| | | _ |
| | | — |
| | | _ |
| 4c | Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| | | — |
| | | — |
| | | — |
| | | — |
| | | _ |
| | | _ |
| 4d | Other program services (Describe on Schedule O.) | _ |

including grants of \$ 5 , 027 , 170 .

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

Form 990 (2022) WAYNE COUNTY COMMUNITY FOUNDATION

Part IV Checklist of Required Schedules (continued)

| | · | | Yes | No |
|--------|--|----------|-------|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | <u>X</u> |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | v |
| | Schedule K. If "No," go to line 25a | 24a | | _X_ |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 24c | | |
| Ч | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | _X_ |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | х |
| 00 | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| u | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | _X_ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | Х |
| 22 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | |
| 33 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 33 | | |
| ٠. | Part V, line 1 | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | _X_ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | 37 |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u>X</u> |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 20 | Х | |
| Par | Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Λ | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| - | , | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |
| 232004 | ¥ 12-13-22 | Form | 990 (| (2022) |

WAYNE COUNTY COMMUNITY FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| | | | Yes | No |
|-----|--|-----|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 6 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5а | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | 77 |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. | 0 | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, fine 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | 37 |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 4- | | Х |
| | excess parachute payment(s) during the year? | 15 | | Λ |
| 16 | If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| 16 | If "Yes," complete Form 4720, Schedule O. | 16 | | 22 |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| ., | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |
| | | | | |

Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|--|--------|---------|----------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 17 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 15 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| _ | officer director trustee or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| Ü | | 3 | | Х |
| 4 | of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| | The state of the s | 6 | | X |
| 6 | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | 0 | | - 21 |
| 7a | | 7- | | Х |
| | more members of the governing body? | 7a | | Λ_ |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | v |
| _ | persons other than the governing body? | 7b | | <u> </u> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | 37 | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | _ | | 37 |
| 800 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | <u> </u> |
| b | 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? | 10b | 37 | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | 77 | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | 7.7 | |
| | on Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | Х | |
| | 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? | 16a | | <u> </u> |
| b | 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? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed OH | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s | only) | availat | ole |
| | 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 | financ | cial | |
| | 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.

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

- List all of the organization's **former** 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.

| (A) | (B) | l | mzu | ((| | iipoi | ioate | (D) | (E) | (F) |
|---------------------------|-------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|----------|---------------------------------|------------------------------|----------------------------|
| Name and title | Average | (4- | not cl | Pos | itior | | ono | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss per | rson i | is bot | h an | compensation | compensation | amount of |
| | week | | cer an | d a di | irecto | or/trus | stee) | from | from related | other |
| | (list any | Individual trustee or director | | | | | | the | organizations | compensation |
| | hours for related | e or d | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | from the organization |
| | organizations | ruste | al trus | | yee. | mpen | | 1099-NEC) | 1099-NEO) | and related |
| | below | idual t | Institutional trustee | ъ | Key employee | Highest compensated employee | er | | | organizations |
| | line) | Indiv | Instit | Officer | Key e | Highe | Former | | | |
| (1) MELANIE GARCIA | 40.00 | | | | | | 4 | | | |
| EXECUTIVE DIRECTOR | | Х | | Х | | | | 108,672. | 0. | 0. |
| (2) MARK AUBLE | 3.00 | | | | | | | | | |
| PRESIDENT | | Х | | X | | | | 0. | 0. | 0. |
| (3) MARY ALICE STREETER | 2.00 | | | | | | | | | |
| TREASURER | | X | | X | | | | 0. | 0. | 0. |
| (4) BRENT R STEINER | 1.00 | | | | 1 | | | | | |
| VICE PRESIDENT | | X | | ×X | | | | 0. | 0. | 0. |
| (5) DEANNA TROUTMAN | 1.00 | | • | | | | | | | |
| SECRETARY | | X | | Х | | | | 0. | 0. | 0. |
| (6) MARIBETH BURNS | 1.00 | | | | | | | | | |
| ASST TREASURER | X | Х | | Х | | | | 0. | 0. | 0. |
| (7) ROGER D PROPER, JR | 1.00 | | | | | | | | | |
| ASST SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (8) MICHAEL D. AGNONI | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (9) MARLENE BARKHEIMER | 1.00 | | | | | | | | _ | _ |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (10) ADAM A. BRIGGS | 1.00 | | | | | | | | _ | _ |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (11) W. MICHAEL JARRETT | 1.00 | 1 | | | | | | | | _ |
| TRUSTEE | 1 | Х | | | | | | 0. | 0. | 0. |
| (12) CHERYL M. KIRKBRIDE | 1.00 | l | | | | | | | | _ |
| TRUSTEE | | Х | | | | _ | | 0. | 0. | 0. |
| (13) GLENDA LEHMAN ERVIN | 1.00 | ļ | | | | | | | | _ |
| TRUSTEE | | Х | | | | _ | | 0. | 0. | 0. |
| (14) LARRY MARKLEY | 1.00 | ļ | | | | | | | | |
| TRUSTEE | 1 | Х | | | | _ | _ | 0. | 0. | 0. |
| (15) STEVE MATTHEW | 1.00 | | | | | | | | | _ |
| TRUSTEE | 1 00 | Х | | | _ | _ | <u> </u> | 0. | 0. | 0. |
| (16) CYRIL OFORI | 1.00 | | | | | | | | | _ |
| TRUSTEE | 1 00 | Х | \vdash | | _ | \vdash | _ | 0. | 0. | 0. |
| (17) WILLIAM J. ROBERTSON | 1.00 | | | | | | | | | _ |
| TRUSTEE | | X | | | | | | 0. | 0. | 0 • Form 990 (2022) |

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| Part VII Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | and | Hiç | ghes | st C | ompensated Employee | s (continued) | | | | |
|---|--|--------|-------|-------------------|-------------|--------|----------|---|--|----------------|-------------------------|-------------------------------|------------------------|
| (A) Name and title | (B) Average hours per | Posi | | (C Positheck n | osition | | | (D) Reportable compensation | (E) Reportable compensation | - 1 | | (F) stimate | |
| | week (list any hours for related organizations below line) | | | id a dir | | | tee) | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organization (W-2/1099-MIS 1099-NEC) | d ns SC/ | com fr org and | other pensation the anization | tion e ion ed |
| (18) BALA VENKATARAMAN | 1.00 | ., | | | | | | | | | | | ^ |
| TRUSTEE | | X | | | | | | 0. | | 0. | | | 0. |
| | | | | | | | | | | | | | |
| | | | | | | | | 10 | | | | | |
| | | | | | | | | 00 | | | | | |
| | | | | | | | 3 | X | | | | | |
| 1b Subtotal | | | | | | | | 108,672. | | 0. | | | 0. |
| c Total from continuation sheets to Part VI | | | (| ? ₁ | | | | 108,672. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization | | ose | liste | d ab | ove | e) wh | o re | | 000 of reportable | | | | 1 |
| | | - | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | | | | | | | | | | | 3 | | Х |
| line 1a? If "Yes," complete Schedule J for some for any individual listed on line 1a, is the su | | | | | | | | ner compensation from t | | | 3 | | |
| and related organizations greater than \$150 | | | | | | | | | | | 4 | | Х |
| 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com | | | | | | | | | | | 5 | | Х |
| Section B. Independent Contractors | piete Scrieduis | 7 0 10 | or sc | ich p | <i>/C/3</i> | OII . | | | | | | | |
| Complete this table for your five highest couthe organization. Report compensation for the organization. | · · | - | | | | | | | • | pensat | ion fro | mc | |
| (A) Name and business | address | NC | ONE | 3 | | | | (B) Description of s | services | С | (Compe | C) nsatior | n |
| | | | | | | | | | | | | | |
| _ | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | \dashv | | | | | | |
| 2 Total number of independent contractors (in | acluding but a | at lin | nitoc | 1 to + | hoo | منا مع | ted | ahove) who received m | ore than | | | | |
| L Total number of independent contractors (if | icidaling par 11 | ווו זכ | illec | ו טו | 1105 | oc IIS | rea | above) who received in | וומוו | | | | |

Part

| : VIII | Statement of Rever | nue |
|--------|--------------------|-----|
| : VIII | Statement of Rever | านเ |

| | | Check if Schedule O contains a response o | r note to any lin | e in this Part VIII | | | 🔲 |
|--|------|---|-------------------|---------------------|--|------------------|--------------------------------------|
| | | · | | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| | | | | | | | 30000013 3 12 3 14 |
| nts | | Federated campaigns 1a | | | | | |
| 3ra Iou | | Membership dues 1b | | | | | |
| s, (Am | • | Fundraising events 1c | | | | | |
| ij a | (| Related organizations1d | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Government grants (contributions) | | | | | |
| Sign | 1 | All other contributions, gifts, grants, and | | | | | |
| he E | | similar amounts not included above 1f | 4,112,225. | | | | |
| ĕ₹ | | Noncash contributions included in lines 1a-1f | 299,552. | | | | |
| οg | | Total. Add lines 1a-1f | - | 4,112,225. | | | |
| 0 10 | - | | Business Code | | | | |
| | _ | <u>†</u> | Business Code | | | | |
| <u>ic</u> | 2 8 | | | | | | |
| Program Service Revenue | | | | | | | |
| S c | • | • | | | | | |
| an ev | (| · | | | | | |
| og B | (| • | | | | | |
| P | 1 | All other program service revenue | | | | | |
| | | Total. Add lines 2a-2f | | | | | |
| | 3 | Investment income (including dividends, interes | | | | | |
| | Ŭ | other similar amounts) | · . | 2,291,029. | | | 2291029. |
| | 4 | Income from investment of tax-exempt bond pro | | 2,252,023 |) | | |
| | 4 | | | | | | |
| | 5 | Royalties | | G | | | |
| | | (i) Real | (ii) Personal | | | | |
| | | Gross rents 6a | • | | | | |
| | ı | Less: rental expenses 6b | | | | | |
| | (| Rental income or (loss) | | <u> </u> | | | |
| | | Net rental income or (loss) | | | | | |
| | 7 : | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a 10,077,509. | 77 | | | | |
| | | Less: cost or other basis | | | | | |
| ø | | and sales expenses 7b 10,357,111. | J* | | | | |
| n | | Gain or (loss) 7c -279, 602. | | | | | |
| eve | | . , | | -279,602. | | | -279,602. |
| ther Revenue | | Net gain or (loss) | | 273,002. | | | 273,002. |
| the | 8 8 | Gross income from fundraising events (not | | | | | |
| 0 | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 | | | | | |
| | - | Less: direct expenses8b | | | | | |
| | • | Net income or (loss) from fundraising events | | | | | |
| | 9 a | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 9a | | | | | |
| | - | Less: direct expenses 9b | | | | | |
| | | Net income or (loss) from gaming activities | | | | | |
| | | Gross sales of inventory, less returns | | | | | |
| | 10 6 | | | | | | |
| | | and allowances 10a | | | | | |
| | | Less: cost of goods sold 10b | | | | | |
| \rightarrow | | : Net income or (loss) from sales of inventory | | | | | |
| S | | - | Business Code | | | | |
| o o | 11 : | MISC. REVENUE-RELATED-990 | 900099 | 133,979. | 133,979. | | |
| ane | - | NET ADMINISTRATIVE FEE INCOME | 900099 | 71,863. | 71,863. | | |
| Miscellaneous Revenue | (| • | | | | | |
| <u>is</u> | | All other revenue | | | | | |
| 2 | | Total. Add lines 11a-11d | | 205,842. | | | |
| | 12 | Total revenue. See instructions | | 6,329,494. | 205,842. | 0. | 2011427. |
| | | | | , , | , | | |

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| | 504(1/0) 1504(1/4) : :: | | | | |
|-------|--|-------------------------------|-----------------------------|---------------------------------|----------------------|
| Secti | ion 501(c)(3) and 501(c)(4) organizations must comp | | | nplete column (A). | |
| | Check if Schedule O contains a respon | se or note to any line in (A) | this Part IX(B) | (C) | (D) |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 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. 5,195. |
| 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): | | (/) | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 20,650. | | 20,650. | |
| d | | | | | |
| е | 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 0.) MEMBERSHIP DUES & SUBSC | 39,920. | | 39,920. | |
| a | DEVELOPMENT EXPENSE | 12,445. | 1,991. | 5,725. | 4,729. |
| b | COMMUNITY SUPPORT | 2,960. | 2,960. | 3,723. | 4,149. |
| c | STATE FILING FEE | 2,960. | 4,300. | 200. | |
| d | | Z00• | | 400. | |
| | · ———— | 5,432,392. | 5,027,170. | 268,762. | 136,460. |
| 25 | Total functional expenses. Add lines 1 through 24e | J, 4 J4, JJ4• | J, UZI, IIU• | 400,704. | 130,400. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | 000 |

Form 990 (2022)

Part X | Balance Sheet

| Par | rt X | Balance Sheet | | | | | |
|-----------------------------|------|---|------------|-----------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or no | te to ar | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 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 o | | | | | |
| | | trustee, key employee, creator or founder, subs | tantial | contributor, or 35% | | | |
| | | controlled entity or family member of any of the | se pers | ons | | 5 | |
| | 6 | Loans and other receivables from other disqual | | | | | |
| | | under section 4958(f)(1)), and persons describe | d in sec | ction 4958(c)(3)(B) | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Ä | 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. 46,675. | | | |
| | b | Less: accumulated depreciation | 10b | • | 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 | | | */0 | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | 0.000 0.00 | 14 | 452 454 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 272,878. | 15 | 453,174. |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 110,981,023. | 16 | 121,593,936. |
| | 17 | Accounts payable and accrued expenses | | Car | 848,390. | 17 | 002 070 |
| | 18 | Grants payable | 040,390. | 18 | 893,970. | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 14,014,181. | 20 | 15,068,558. |
| | 21 | Escrow or custodial account liability. Complete | 4 | | 14,014,101. | 21 | 13,000,330. |
| ies | 22 | Loans and other payables to any current or form | _ | | | | |
| Liabilities | | trustee, key employee, creator or founder, subs | | | | 22 | |
| Lia | 23 | controlled entity or family member of any of the Secured mortgages and notes payable to unrela | | | | 22 | |
| | 24 | Unsecured notes and loans payable to unrelate | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | 25 | parties, and other liabilities not included on line | - | | | | |
| | | of Schedule D | | | 61,473. | 25 | 58,634. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 14,924,044. | 26 | 16,021,162. |
| | | Organizations that follow FASB ASC 958, che | ck her | e X | | | |
| es | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | | | | 18,541,629. | 27 | 20,267,915. |
| Bala | 28 | | | | 77,515,350. | 28 | 85,304,859. |
| pu | | Organizations that do not follow FASB ASC 9 | | | | | |
| Fu | | and complete lines 29 through 33. | | | | | |
| o or | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| sets | 30 | Paid-in or capital surplus, or land, building, or e | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| Net Assets or Fund Balances | 32 | | | | 96,056,979. | 32 | 105,572,774. |
| _ | 33 | Total liabilities and net assets/fund balances | | | 110,981,023. | 33 | 121,593,936. |
| | | | | | | | Form 990 (2022) |

| Pa | rt 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 | | ,32 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5 | ,43 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | 02. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | ,05 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 8 | ,618 | 8,6 | <u>93.</u> |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 105 | <u>, 572</u> | 2,7 | <u>74.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | <u>X</u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on School | edule O. | | | | |
| 3а | 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? | | | 3a | | _X_ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audi | t | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | |
| | | | | Form | 990 | (2022) |
| | | | | | | |

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

ZUZZOpen to Public

Inspection

Name of the organization

WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number

34-1281026

| Pa | Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. | | | | | | | | |
|-----|---|--|-------------------------|--|-------------------------------------|------------------|---------------------------------|----------------------------|--|
| The | organ | ization is not a private found | ation because it is: (I | or lines 1 through 12, cl | neck only | one box.) | | | |
| 1 | \bigcap | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | |
| 2 | 一 | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | | |
| 3 | 一 | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | |
| 4 | Ħ | A medical research organiza | | | | | • | the hospital's name | |
| • | | city, and state: | a oporatoa oo. | , amonom man a moophan | | 000110 | | and noophan o name, | |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | or operate | ad by a go | vernmental unit describe | ad in | |
| 3 | ш | | | lege of university owned | or operati | ed by a go | verninental unit describe | 5 u II I | |
| _ | | section 170(b)(1)(A)(iv). (C | | and the second s | 4- | 70/L-\/4\/A\ | <i>(.</i>) | | |
| 6 | V | A federal, state, or local gov | _ | | | | • | 1.0 1 9 1 | |
| 7 | X | An organization that norma | - | ntial part of its support fr | om a gove | ernmentai | unit or from the general p | oublic described in | |
| _ | | section 170(b)(1)(A)(vi). (C | | | | | | | |
| 8 | \vdash | A community trust describe | | | · · | | | | |
| 9 | | An agricultural research org | | | | | | | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the i | name, city | , and state of the college | or | |
| | | university: | | | | | <u> </u> | | |
| 10 | | An organization that norma | | | | | | | |
| | | activities related to its exem | | | | | | | |
| | | income and unrelated busing | ness taxable income | (less section 511 tax) fro | m busines | ses acqui | red by the organization a | ıfter June 30, 1975. | |
| | | See section 509(a)(2). (Cor | | | Cax | | | | |
| 11 | Щ | An organization organized a | and operated exclusi | vely to test for public sat | ety. See | section 50 |)9(a)(4). | | |
| 12 | | An organization organized a | and operated exclusi | vely for the benefit of, to | perform tl | ne function | ns of, or to carry out the | purposes of one or | |
| | | more publicly supported or | ganizations describe | d in section 509(a)(1) o | r section : | 509(a)(2). | See section 509(a)(3). (| Check the box on | |
| | | lines 12a through 12d that | describes the type of | f supporting organizatior | and com | plete lines | 12e, 12f, and 12g. | | |
| a | ı 🗀 | Type I. A supporting orga | anization operated, s | upervised, or controlled | by its supp | orted org | anization(s), typically by | giving | |
| | | the supported organization | on(s) the power to req | gularly appoint or elect a | majority o | f the direc | tors or trustees of the su | pporting | |
| | | organization. You must o | complete Part IV, Se | ections A and B. | | | | | |
| k | , [| Type II. A supporting org | anization supervised | or controlled in connect | ion with its | s supporte | d organization(s), by hav | ring | |
| | | control or management o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manage the supp | ported | |
| | | organization(s). You mus | | | | | | | |
| c | , [| Type III functionally inte | | | in connect | ion with, a | and functionally integrate | ed with, | |
| | | its supported organization | | | | | | | |
| c | ı [| Type III non-functionally | | | | | | zation(s) | |
| | | that is not functionally int | | | | | | | |
| | | requirement (see instructi | | | | | | | |
| e | | Check this box if the orga | * * | • | • | | | | |
| • | | functionally integrated, or | | | | | Type i, Type ii, Type iii | | |
| 1 | Ent | er the number of supported o | * * | iany integrated supporting | ig organiz | ation. | | | |
| | | vide the following information | | d organization(s) | | | | | |
| | | (i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | inization listed | (v) Amount of monetary | (vi) Amount of other | |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) | |
| | | | | above (see instructions)) | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Tot | al | | | | | | | | |

(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 B. Total Support Subtract line 5 from line 4. 35776270 | Sec | ction A. Public Support | | | | | | |
|--|------|--|----------------------|---------------------|------------------------|---------------------|----------|------------------|
| membarship fees received. (Do not include any nursusal grants.) 2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf or expended on this behalf or expended on the that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, Subset line 5 tron line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines? It incush 10 25 First 5 years. If the Form 990 splic the organization of Computation of Public Support Percentage 8 Section C. Computation of Public Support Percentage 8 Section C. Computation of Public Support Percentage 9 Section C. Computation of Public Support Percentage 18 Public support percentage from 2021 Schedule A, Part II, line 14 19 Public support percentage from 2021 Schedule A, Part II, line 14 19 Support percentage from 2021 Schedule A, Part II, line 14 19 Support percentage from 2021 Schedule A, Part II, line 14 19 Support percentage from 2021 Schedule A, Part II, line 14 10 Schedule A, Part II, line 14 11 Total Schedule A, Part II, line 14 12 Schedule A, Par | Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| include any 'unusual grants.') Tax revenues levied for the organization is benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lims 1 through 3 The potition 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) 6 Public support. Service has from the 4 Section B. Total Support Calendar year (or fiscal year beigning in) 7 Amounts from line 4 6 Gross income from interest, dividends, payments received on securities loans, rotts, royalties, and income from similar sources 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) 11 Total support test 2022. If the organization of land to the check has box and stop here. The organization class from the sale of capital assets (Explain in Part VI) 14 Public support percartage for 2022 (line 6, column) (f), divided by line 11, column (fi) 8 Gross receipts from related activities, etc. (Re) instructions) 19 Public support percartage for 2022 (line 6, column) (f), divided by line 11, column (fi) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support test. 2022. If the organization of land to 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 in Part VI how the organization meets the facts and circumstances test. The organization of land to check the box on line 13, 16, or 17a, and line 14 is 10% or more, and if the organization meets the facts and circumstances test. The organization of land to the check abox on line 13 (line 15 is 10% or more, and if the organization meets the facts and circumstances test. The organ | 1 | Gifts, grants, contributions, and | | | | | | |
| 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 furnished by a governmental unit to the organization without charge and the services of the amount shown on line 11, column (f) 5 Public support. Servicines the services of the amount shown on line 11, column (f) 6 Public support services of the amounts shown on line 11, column (f) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, ents, royalties, and income from similar sources, or sources, and income from the sale of capital assists (Explain in Part VI). 10 Other income. Do not include gain or loss from the sale of capital assists (Explain in Part VI). 11 Total support, Add lines 7 through 10 Income from the sale of capital assists (Explain in Part VI). 12 Gross receipts from related activities, part (Rep principles) or sources, and support test - 2022. (line or ganizat | | membership fees received. (Do not | | | | | | |
| ization's benefit and either paid to or expended on its behalf 3. The value of services or facilities furnished by a governmental unit to the organization without change 4. Total. Add lines 1 through 3 5. The portion of total contributions by each person (ofther than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6. Public support, service the ormaline 4 8. Gross income from line 4 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on the business is regularly carried on the business is regula | | include any "unusual grants.") | 6527074. | 10611426. | 13543077. | 10070226. | 4411777. | <u>45163580.</u> |
| 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 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) 6. Public support, subtestine's from the 4 6. Public support, subtestine's from the 4 6. Public support, subtestine's from the 4 6. Gross income from ine 4 6. Gross income from ine 4 6. Gross income from ine 4 6. Scross income | 2 | Tax revenues levied for the organ- | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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) 6 Public support. Softward his 2 to me. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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) 11 Total support. Additions of the programization, check this box and stop here. The organization of Public Support percentage from 2021 Schedule A, Part II, line 14 14 Public support percentage from 2021 Schedule A, Part II, line 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 16 33 1/3% support test - 2022. If the organization did not check the box on line 13, 16a, or 16a, and line 14 is 30 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18 Private foundation. If the organization ind in ot check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | ization's benefit and either paid to | | | | | | |
| furnished by a governmental unit to the organization without charge of the organization without charge of the organization without charge of the organization 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) | | or expended on its behalf | | | | | | |
| the organization without charge 4 Total. Add lines 1 through 3 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, colored on line 2 that exceeds 2% of the amount shown on line 11, colored on line 2 that exceeds 2% of the amount shown on line 11, colored on line 3 that exceeds 2% of the amount shown on line 11, colored on line 4 that exceeds 2% of the amount shown on line 11, colored on line 2 that exceeds 2% of the amount shown on line 11, colored on line 4 that exceeds 2% of the amount shown on line 14, colored on line 4 that exceeds 2% of the amount shown on line 14, colored on line 4 that exceeds 2% of the amount shown on line 14, colored on line 4 that exceeds 2% of the amount shown on line 14, colored on line 4 that exceeds 2% of the amount shown on line 14, colored on line 4 that exceeds 2% of the amount shown on line 14, colored on line 4 that exceeds 2% of the amount shown on line 14, colored on line 4 that exceeds 2% of the amount shown on line 14, colored on line 4 that exceeds 2% of the amount shown on line 14, colored on line 4 that exceeds 2% of the amount shown on line 14, colored on line 14, colored on line 14, colored on line 14, colored on line 15, colored on line 15, and line 14 is 31, colored on line 15, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization meets the facts and circumstances test, dieck this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Exp | 3 | The value of services or facilities | | | | | | |
| 4 Total. Add lines 1 through 3 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) 6 Public support. Suchselline 5 from the 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from interest, dividends, payments received on securities, 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.) 11 Total support. Add lines 7 through 10 12 Gross recepts from related activities, specified activities, specified activities, specified activities, specified from Part VI.) 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 sfop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2013 Schodule A, Part II, line 14 15 Public support percentage from 2013 Schodule A, Part II, line 14 15 Sal 173% 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 meets the facts and circumstances test. Too 22. 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. The organization qualifies as a publicly supported organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization meets the facts and circumstances test. The organization qualifies as a publicly supporte | | furnished by a governmental unit to | | | | | | |
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| 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) 6 Public support. Subnotal the 5 from line 4 8 Cross Income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, see lege instructions) 13 First 5 years. If the Form 990 ighor the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization 8 Public support percentage from 2021 Schedule A, Part II, line 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 16 33 1/3% support test - 2022. If the organization did not check the box on line 13, fea, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the o | 4 | Total. Add lines 1 through 3 | 6527074. | 10611426. | 13543077. | 10070226. | 4411777. | <u>45163580.</u> |
| governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, Submactine 9 from line 4. 8 Carcition B. Total Support 2 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources and income from similar sources. 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.) 17 Total support. Add lines 7 through 10 | 5 | The portion of total contributions | | | | | | |
| supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 9 | | by each person (other than a | | | | | | |
| on line 1 that exceeds 2% of the amount shown on line 11, column (f) 9387310 6 Public support. Subsect line 5 from line 4. 35776270 Section B. Total Support Calledary year (or listaal year beginning in) 7 Amounts from line 4 6527074. 10611426. 13543877. 10070226. 4411777. 45163580 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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). 11 Total support. Add lines 7 through 10 99,818. 107,217. 79,368. 158,932. 205,842. 651,177 13 First 5 years. If the Form 990 is joff the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization 13 3 173% support test - 2022. If the organization did not check he 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 meets the facts-and-circumstances test. The organization in the organization meets the facts-and-circumstances test. The organization indid not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. | | governmental unit or publicly | | | | | | |
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| column (f) 9387310 6 Public support. Subwact line 5 from line 4. Secretion B. Total Support Gallendar year (or fiscal year beginning in) 7 Amounts from line 4 | | on line 1 that exceeds 2% of the | | | | • 0 | | |
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| and stop here. The organization qualifies as a publicly supported organization 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 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 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 | | | | | | | | |
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| 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 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | 47. | | | | | | | |
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| 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 | | | | | | - | | |
| | 12 | | | | | | | |
| | 10 | i iivate iounuation. Ii the organizatio | TO THE THE CITE OF A | DON OH IIIIE 13, 10 | a, 100, 17a, 01 17k | , oneon una dux al | | |

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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.)

| Sec | ction A. Public Support | | | | | | |
|------|--|----------------------|--------------------|---------------------------------------|---------------------|----------------------|------------|
| Cale | ndar 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 per- | | | | | | |
| | formed, or facilities furnished in | | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| Ŭ | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| 7 | ization'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 | | | | | | |
| | 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 | | | Cax | | | |
| | amount on line 13 for the year | | | 7 | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | ction B. Total Support | | \cdots | • | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 | 4 | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | NO. | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | J' | | | | |
| 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 | | | | | | |
| 13 | assets (Explain in Part VI.) | | | | | | |
| | First 5 years. If the Form 990 is for the | ne organization's fi | rst second third : | fourth or fifth tax v | vear as a section 5 |)1(c)(3) organizatio | n |
| • | - | - | | · · · · · · · · · · · · · · · · · · · | | | |
| Sed | ction C. Computation of Publ | | | | | | |
| | Public support percentage for 2022 (| | | column (f)) | | 15 | % |
| | Public support percentage from 2021 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | | <u>,,,</u> |
| | Investment income percentage for 20 | | | ne 13. column (f)) | | 17 | % |
| | Investment income percentage from | • | *** | | | 18 | % |
| | 33 1/3% support tests - 2022. If the | | | | | - | |
| | more than 33 1/3%, check this box a | | | | | | |
| h | 33 1/3% support tests - 2021. If the | | | | | | nd |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |
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232023 12-09-22

Schedule A (Form 990) 2022

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")?

 "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
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| Par | t IV Supporting Organizations (continued) | | | |
|------|---|-----------------|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sect | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer | s, | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sect | tion C. Type II Supporting Organizations | | • | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sect | tion D. All Type III Supporting Organizations | | 1 | |
| | | | Yes | No |
| | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| Caat | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| | 777 | | | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc | ions). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s | see instruction | 1 ' | N. |
| | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 20 | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | Oh | | |
| | these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3h helow. | 2b | | |
| | Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ja | | |
| | | | | |

of its supported organizations? *If* "Yes," describe in **Part VI** the role played by the organization in this regard.

3b | 232025 12-09-22 Schedule A (Form 990) 2022

| Sche | dule A | (Form 990) 2022 | WAYNE | COUNTY | COMMUNITY | FOUNDATION | 34-1 |
|------|--------|----------------------|----------------------|-----------------|------------------------|----------------------|---------------------------------|
| Par | t۷ | Type III Non-F | unctionally Inte | egrated 509 | (a)(3) Supporti | ng Organization | s |
| 1 | | Check here if the or | ganization satisfied | the Integral Pa | art Test as a qualifyi | ng trust on Nov. 20, | 1970 (explain in Part \ |
| | | | 9 | | | | · · · · · · · · · · · · · |

| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying All other Type III non-functionally integrated supporting organizations must | | · | Part VI). See instructions. |
|------|--|-----------|-------------------------------|--------------------------------|
| Sect | ion A - Adjusted Net Income | остріс | (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 | | |
| Sect | ion 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 | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | C | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 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 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| _1_ | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| _3_ | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionall | y integra | ated Type III supporting orga | nization (see |
| | instructions). | - | | |

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

4 Distributions for 2022 from Section D,

Part VI. See instructions.

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

7 Excess distributions carryover to 2023. Add lines 3j

line 7:

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

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

Name of the organization

WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number 34-1281026

| Par | | | or Accounts. Complete if the |
|--------|--|--|-------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, lin | Т | (In) Francis and otherwise accounts |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | 2,138,421. | |
| 2 | Aggregate value of contributions to (during year) | 1,880,749. | |
| 3 4 | Aggregate value of grants from (during year) | 4- 444 466 | |
| 5 | Aggregate value at end of year | | ed funde |
| 3 | are the organization's property, subject to the organization's | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| Ū | for charitable purposes and not for the benefit of the donor o | | |
| | | | |
| Par | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (for example, recrea | tion or education) Preservation of | a historically important land area |
| | Protection of natural habitat | Preservation of | a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied conservation contribution in the form o | |
| | day of the tax year. | _() | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | |
| С | Number of conservation easements on a certified historic stru | | 2c |
| d | Number of conservation easements included in (c) acquired a | | |
| _ | historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rel | eased, extinguished, or terminated by the | organization during the tax |
| | year | t is leasted | |
| 4 5 | Number of states where property subject to conservation eas Does the organization have a written policy regarding the per | | |
| 3 | violations, and enforcement of the conservation easements it | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| Ū | Start and volunteer ribare devoted to mornitaling, hepasting, | rialiting of violations, and officially cone | orvation ducemente during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservat | ion easements during the year |
| | | , , | Ç , |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170(h | n)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its revenue and expense | statement and |
| | balance sheet, and include, if applicable, the text of the footr | note to the organization's financial stateme | ents that describes the |
| | organization's accounting for conservation easements. | | |
| Par | | | ner Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | • | |
| | of art, historical treasures, or other similar assets held for pub | , , , | • |
| | service, provide in Part XIII the text of the footnote to its finar | | |
| D | If the organization elected, as permitted under FASB ASC 95 | • | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furth | erance of public service, |
| | provide the following amounts relating to these items: | | ¢ |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| 2 | (ii) Assets included in Form 990, Part X | asures or other similar assets for financial | · |
| ~ | the following amounts required to be reported under FASB A | | gairi, provide |
| а | Revenue included on Form 990, Part VIII, line 1 | _ | \$ |
| | Assets included in Form 990, Part X | | |
| | For Paperwork Reduction Act Notice, see the Instructions | | Schedule D (Form 990) 2022 |

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

| _ | t III Organizations Maintaining C | ollections of Art | , Historical Tre | asures, or Oth | er Similar | Assets | (contin | ued) | .gc – |
|--------|---|-------------------------------|-------------------------|---------------------|---|--------------|---------------|---|------------|
| 3 | Using the organization's acquisition, accession | | | | | | (OOTHER) | <u>uou, </u> | |
| • | collection items (check all that apply): | on, and ourse recered | ., | onoming that man | o engrimie di ric | 0 0, 110 | | | |
| а | Public exhibition | d | Loan or exc | hange program | | | | | |
| b | Scholarly research | e | | nange program | | | | | |
| c | Preservation for future generations | · | | | | | | | |
| _ | | alloctions and avaloin | how thou firsther th | a araoni-ation's a | commt numacca | in Dort V | /III | | |
| 4 | Provide a description of the organization's co | · | • | · · | | e III Part A | dii. | | |
| 5 | During the year, did the organization solicit o | | | | | | l v | | 1 |
| Dar | to be sold to raise funds rather than to be ma | | | | F 000 I | | Yes | | No |
| I ai | reported an amount on Form 990, Par | | ete if the organizatio | n answered "Yes" | on Form 990, i | Part IV, III | ne 9, or | | |
| | Is the organization an agent, trustee, custodi | | ary for contributions | s or other assets n | nt included | | | | |
| | on Form 990, Part X? | | | | | | Yes | X | No |
| h | If "Yes," explain the arrangement in Part XIII | | | | | — | 103 | | , 140 |
| b | ii res, explain the arrangement iii art Alli a | and complete the foil | owing table. | | | | Amount | | |
| • | Beginning balance | | | | 1c | | , | <u>'</u> | |
| | | | | | | | | | |
| a | Additions during the year | | | | | | | | |
| e | Distributions during the year | | | | | | | | |
| f | Ending balance | | | | 1f | 77 | 1 | | 1 |
| | Did the organization include an amount on Fo | | | | | [A | Yes | 37 | No |
| _ | If "Yes," explain the arrangement in Part XIII. | | | | | | | X | |
| Par | t V Endowment Funds. Complete i | | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years bac | | | (e) Four | | |
| 1a | Beginning of year balance | 96,056,979. | 109,095,754. | | | 5,466. | | 306,5 | |
| b | Contributions | 4,313,299. | 10,229,804. | 13,617,971 | . 18,714 | 4,351. | 10, | 799,6 | 506. |
| С | Net investment earnings, gains, and losses | 10,557,104. | -15,031,296. | 20,451,414 | 2,128 | 8,075. | 3, | 082,9 | 961. |
| d | Grants or scholarships | 4,780,422. | 7,599,991. | 11,056,127 | 6,55 | 7,985. | 5, | 905,0 | 058. |
| | Other expenditures for facilities | | 11 | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | 574,186. | 637,292. | 560,351 | . 488 | 8,050. | | 437,5 | 549. |
| g | End of year balance | 105,572,774. | 96,056,979. | | | | | 846,4 | |
| 2 | Provide the estimated percentage of the curr | | | | - , , , , , , , , , , , , , , , , , , , | , - | | | |
| a | Board designated or quasi-endowment | 19.1981 | % «(iine 19, column (a) | y ricid as. | | | | | |
| a L | Permanent endowment 52.9047 | | | | | | | | |
| D | 00.000 | % | | | | | | | |
| С | | 7 0 | | | | | | | |
| _ | The percentages on lines 2a, 2b, and 2c short | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organizat | tion that are held ar | nd administered fo | the | | Г | V T | N |
| | organization by: | • | | | | | $\overline{}$ | Yes | No |
| | (i) Unrelated organizations | | | | | | 3a(i) | | <u>X</u> |
| | | | | | | | 3a(ii) | | X |
| b | If "Yes" on line 3a(ii), are the related organiza | tions listed as require | ed on Schedule R? | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | vment funds. | | | | | | |
| Par | t VI Land, Buildings, and Equipm | ent. | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990, | , Part IV, line 11a. S | ee Form 990, Part | X, line 10. | | | | |
| | Description of property | (a) Cost or ot basis (investm | , , | |) Accumulated depreciation | | (d) Book | value | ; |
| 1a | Land | | | | | | | | |
| b | Buildings | | | | | | | | |
| С | Leasehold improvements | | | | | | | | |
| d | Equipment | | 5 | 0,401. | 46,67 | 5. | 3 | 3,72 | <u>26.</u> |
| | Other | | | | , | | | • | |
| | . Add lines 1a through 1e. (Column (d) must e | | X column (R) line 1 | 0c) | | | : | 3,72 | 26. |
| | a toolamii taj must e | | <u></u> | <i>,</i> | | | | _ | |

Schedule D (Form 990) 2022

| Julicadic D | (1 01111 000) 2022 | ********* | | |
|-------------|--------------------|---------------|--------|--|
| Part VII | Investments | - Other Secui | rities | |

| Part VII Investments - Other Securities. Complete if the organization answered "Yes" | on Form 990 Part IV line | 11h 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-d | of-vear market value |
| (4) =: | (b) Book value | (c) Method of Valuation. Cost of ond of | n your market value |
| (A) Observation and the first servation | | | |
| (2) Closely neid 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" | | | |
| (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 Y line 15 | |
| | Description | Tru. Gee Form 330, Fart X, line 13. | (b) Book value |
| | Description | | (b) Dook value |
| | M ' | | |
| | 1 | | |
| (3) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | e 15.) | | |
| 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 | e 25.) | | 58,634. |
| 2 Liability for uncertain tax positions. In Part XIII, provide | the text of the feetnete to | the organization's financial statements the | t raparta tha |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

| Fai | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | ii nevellue pei ne | turii. | |
|------------|--|--------|--------------------|--------|------------------------|
| 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: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 8,618,693. | | |
| b | Donated services and use of facilities | | | | |
| С | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | | | | |
| е | 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: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | 77,784. | | |
| С | Add lines 4a and 4b | | | 4c | 77,784. |
| 5 | | | | 5 | 77,784. |
| Pai | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statement | ents W | th Expenses per F | Retur | n. |
| | 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: | | | | |
| а | Donated services and use of facilities | 2a | . 0) | | |
| b | Prior year adjustments | | 110 | | |
| С | Other losses | | | | |
| d | Other (Describe in Part XIII.) | | -77,784. | | |
| е | Add lines 2a through 2d | | 1 | 2e | -77,784. |
| 3 | Subtract line 2e from line 1 | | | 3 | -77,784. 5,432,392. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | V | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4e and 4h | | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) | | | 5 | 5,432,392. |
| Pai | t XIII Supplemental Information. | | | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit | | | ; Part | X, line 2; Part XI, |
| PAF | RT IV, LINE 2B: | | | | |
| THE | FOUNDATION HOLDS FUNDS ON BEHALF OF OTHER | ARE | A TAX EXEMPT | СН | ARITABLE |
| ORG | ANIZATIONS. AT 6/30/2023, \$15,068,558 OF | ASSE | TS WERE HELD | FO | R OTHERS. |
| — | T X, LINE 2: | | | | |
| | and produced the transfer of t | | | | |
| <u>ACC</u> | COUNTING PRINCIPLES GENERALLY ACCEPTED IN T | HE U | NITED STATES | OF | AMERICA |
| REÇ | UIRE MANAGEMENT TO EVALUATE TAX POSITIONS | TAKE | N BY THE FOU | NDA | TION AND |
| REC | OGNIZE A TAX LIABILITY IF THE FOUNDATION H | IAS T | AKEN CERTAIN | ΤA | x |

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 | TNCOME TAY |
| | |
| EXPENSE, IF ANY. THE FOUNDATION DETERMINED THAT THERE ARE NO MA | TERIAL |
| 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. |
| ;(O' | |
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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.

2022
Open to Public

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 34-1281026 WAYNE COUNTY COMMUNITY FOUNDATION Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 1 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book. or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) A WHOLE COMMUNITY, INC. PO BOX 1078 38-4008306 501(C)(3) 26 100 GENERAL SUPPORT WOOSTER, OH 44691 ADAPTIVE SPORTS PROGRAM OF OHIO 2148 EAGLE PASS, SUITE C WOOSTER, OH 44691 27-1144442 501(C)(3) 0 GENERAL SUPPORT AKRON ART MUSEUM ONE SOUTH HIGH ST. 34-0813426 501(C)(3) AKRON, OH 44308 25,000 0 GENERAL SUPPORT AMERICAN HEART ASSOCIATION 1575 CORPORATE WOODS PARKWAY UNIONTOWN OH 44685 13-5613797 13 369 0. GENERAL SUPPORT AMERICAN RED CROSS 431 18TH STREET NW 53-0196605 501(C)(3) WASHINGTON DC 20006 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 90. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

| Part II Continuation of Grants and Other | Assistance to Dor | nestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | rt II.) | |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|---|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of 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. | ·. (C) | | GENERAL SUPPORT |
| APPLE CREEK VOLUNTEER FIRE | | | , - | - | X | | |
| 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 | | | | 5 | | | |
| P. O. BOX 532176 | 45 0005500 | E01/91/21 | 00.000 | | | | |
| LIVONIA, MI 48153 | 45-2885723 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |
| ASHLAND UNIVERSITY | | | | | | | |
| 401 COLLEGE AVENUE | | | 110 | | | | |
| ASHALND, OH 44805 | 34-0714626 | | 5,400. | 0. | | | GENERAL SUPPORT |
| | | | O · | - | | | |
| BACH FESTIVAL SOCIETY OF WINTER | | | | | | | |
| PARK - 1000 HOLT AVE. #2763 - | | | 1 | | | | |
| WINTER PARK, FL 32789 | 59-6015959 | 501(C)(3) | 12,000. | 0. | | | GENERAL SUPPORT |
| | | | | | | | |
| CAMPING & EDUCATION FOUNDATION | | 0, | | | | | |
| 3515 MICHIGAN AVE | 24 05505 | 504 (5) (0) | | | | | |
| 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 |
| | | | 25,550. | · · | | | |
| CARING CLOSET OF WOOSTER | | | | | | | |
| 5200 CLEVELAND ROAD, SUITE E | | | | | | | |
| WOOSTER, OH 44691 | 87-1686910 | 501(C)(3) | 20,000. | 0. | | | GENERAL SUPPORT |

| Part II Continuation of Grants and Other | Assistance to Dor | nestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | rt II.) | |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| (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. | :.O' | | GENERAL SUPPORT |
| CHARITY GLOBAL INC. | | | | | | | |
| P.O. BOX 5026 | | | | | | | |
| HAGERSTOWN, MD 21741 | 22-3936753 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| | | | | <i>-</i> O | | | |
| CHRIST CHURCH UNITED CHURCH OF | | | | S | | | |
| CHRIST - 301 N. MAIN STREET - | | | | | | | |
| ORRVILLE, OH 44667 | 34-0896589 | | 6,400. | 0. | | | GENERAL SUPPORT |
| CHRISTIAN CHILDREN'S HOME OF OHIO | | | | | | | |
| 2685 ARMSTRONG ROAD | | | 1,10 | | | | |
| WOOSTER, OH 44691 | 34-1056506 | 501(C)(3) | 7.903. | 0. | | | GENERAL SUPPORT |
| , | | | O | | | | |
| CHRISTIAN JEW FOUNDATION | | | | | | | |
| 611 BROADWAY ST. | | | 1 | | | | |
| SAN ANTONIO, TX 78215 | 87-0691389 | 501(C)(3) | 10,260. | 0. | | | GENERAL SUPPORT |
| CIMY OF ORDIVING | | | | | | | |
| CITY OF ORRVILLE 207 NORTH MAIN STREET | | O | | | | | |
| ORRVILLE, OH 44667 | 34-6002121 | | 50,250. | 0. | | | GENERAL SUPPORT |
| ORNVIBLE, OII 44007 | 34 0002121 | • | 30,230. | • | | | DENDRING BOTTORT |
| 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 |

| Part II Continuation of Grants and Other | Assistance to Dor | nestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | rt II.) | Ι |
|---|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| (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 |
| OMMUNITY 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 | | | | SY | | | |
| NEW YORK, NY 10006 | 13-3433452 | 501(C)(3) | 14,857. | 0. | | | GENERAL SUPPORT |
| EARLHAM COLLEGE 801 NATIONAL ROAD WEST, DRAWER 193 | | | ic) | | | | |
| RICHMOND, IN 47374 | 35-0868073 | | 9,273. | 0. | | | GENERAL SUPPORT |
| FIRST PRESBYTERIAN CHURCH 621 COLLEGE AVENUE | | 01 | | | | | |
| WOOSTER, OH 44691 | 34-0733148 | | 57,931. | 0. | | | GENERAL SUPPORT |
| FIRST UNITED METHODIST CHURCH | | .0 | | | | | |
| 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 - | | | | | | | |
| OOSTER, OH 44691 | 20-1370925 | 501(C)(3) | 64,169. | 0. | | | GENERAL SUPPORT |

| Part II Continuation of Grants and Other A | Assistance to Dor | nestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | rt II.) | |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|---|------------------------------------|
| (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. | 70: | | GENERAL SUPPORT |
| FRIENDS OF WOOSTER MEMORIAL PARK PO BOX 1776 WOOSTER, OH 44691 | 52-2294980 | | 25,832. | | | | GENERAL SUPPORT |
| FUND FOR OUR ECONOMIC FUTURE 4415 EUCLID AVE., SUITE 203 CLEVELAND, OH 44103 | 27-0606927 | 501(C)(3) | 10,000. | 5 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 | .01 | 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 |

| Part II Continuation of Grants and Other | Assistance to Dor | nestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | rt II.) | |
|---|-------------------|-------------------------------|--------------------------|----------------------------------|--|---|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of 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. | 70: | | GENERAL SUPPORT |
| HUMAN RIGHTS WATCH 350 5TH AVE., 34TH FLOOR NEW YORK, NY 10118 | 13-2875808 | 501(C)(3) | 10,000. | | | | GENERAL SUPPORT |
| INCLUDEABILITY 1350 WILDWOOD DR. WOOSTER, OH 44691 | 86-3972656 | 501(C)(3) | 10,500. | 58 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 |

| (-) Name and address of | (L) EIN | (a) IDO a satism | (-1) A | (-) A | (C) Madle and a C | (a) December of | (1) D |
|--|-----------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of 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 |
| NAMUDE CONCEDIANCY | | | | | | | |
| NATURE CONSERVANCY 4245 N. FAIRFAX DRIVE, SUITE 100 | | | | | | | |
| ARLINGTON, VA 22203 | 53-0242652 | 501(C)(3) | 14,057. | 0. | | | GENERAL SUPPORT |
| , | | | | | | | |
| NEW LEAF CENTER | | | . *. C 1 | | | | |
| 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 |
| 100BTBR, ON 44091 | 34 1332073 | 501(C)(3) | 132,000. | ٠. | | | CHARAI BOTTOKT |
| DHUDDLE | | | | | | | |
| 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 | | | | | | <u> </u> | |
|--|------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| (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 |
| DRRVILLE 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. | :.O' | | GENERAL SUPPORT |
| ORRVILLE HISTORICAL MUSEUM | | | | | | | |
| P. O. BOX 437 | | | | | | | |
| ORRVILLE, OH 44667 | 51-0136156 | 501(C)(3) | 35,539. | 0. | | | GENERAL SUPPORT |
| | | | | ~O | | | |
| PEOPLE TO PEOPLE MINISTRIES | | | | 5 | | | |
| 454 EAST BOWMAN STREET | 24 1064151 | F01/61/21 | 51 363 | | | | |
| WOOSTER, OH 44691 | 34-1264151 | 501(C)(3) | 51,363. | 0. | | | GENERAL SUPPORT |
| PERSOPHENEA'S GIVING PLATE | | | | | | | |
| 310 EAST NORTH STREET | | | 110 | | | | |
| WOOSTER, OH 44691 | 84-2126026 | 501(C)(3) | 25,000. | 0. | | | GENERAL SUPPORT |
| | | | O T | - | | | |
| PREGNANCY CARE CENTER OF WAYNE | | | | | | | |
| COUNTY - 331 W. LIBERTY ST | | () ~ | 1 | | | | |
| 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 |
| | 1 | | | • | | | |
| 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 Dor | nestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | rt II.) | |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|---|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of 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 | | | | | 700. | | |
| - 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. | % | | | GENERAL SUPPORT |
| SMITHVILLE COMMUNITY HISTORICAL SOCIETY - P.O. BOX 12 - SMITHVILLE, OH 44677 | 34-1646114 | 501(C)(3) | 9,674. | 5 | | | 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 | RU | 28,303. | 0. | | | GENERAL SUPPORT |
| ST. MARY OF THE IMMACULATE CONCEPTION CATHOLIC CHURCH - 527 BEALL AVENUE - WOOSTER, OH 44691 | 34-0718406 | O' | 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 |

| Part II Continuation of Grants and Other A | Assistance to Doi | nestic Organizations | and Domestic Go | veriments (oon | | | |
|---|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| (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 | 24 000000 | | 40.005 | | . (1) | | |
| 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 |
| | | | | 1 | | | |
| UNITED WAY OF WAYNE & HOLMES | | | | Cax | | | |
| 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 |
| | | | V | | | | |
| VILLAGE OF FREDERICKSBURG | | | | | | | |
| 206 NORTH MILL STREET | | | | _ | | | |
| FREDERICKSBURG, OH 44627 | 34-1413838 | | 5,151. | 0. | | | GENERAL SUPPORT |
| WILLIAGE OF MADQUALLWILLE | | | | | | | |
| VILLAGE OF MARSHALLVILLE | | () | | | | | |
| P.O. BOX 169, 7 NORTH MAIN STREET MARSHALLVILLE, OH 44645 | 34-6001814 | | 63,183. | 0. | | | GENERAL SUPPORT |
| MARSHALLVILLE, OH 44045 | 34-0001014 | | 03,103. | 0. | | | GENERAL SUFFORT |
| VILLAGE OF SMITHVILLE | | | | | | | |
| P.O. BOX 517 | | | | | | | |
| SMITHVILLE, OH 44677 | 34-0936521 | | 25,000. | 0. | | | GENERAL SUPPORT |
| | | | 1 20,000 | <u> </u> | | | |
| VIOLA STARTZMAN CLINIC | | | | | | | |
| 1874 CLEVELAND RD. | | | | | | | |
| WOOSTER, OH 44691 | 34-1758151 | 501(C)(3) | 84,274. | 0. | | | GENERAL SUPPORT |

| 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. | 70: | | GENERAL SUPPORT |
| WAYNE COUNTY CHILDRENS ADVOCACY CENTER, INC 1734 GASCHE ST WOOSTER, OH 44691 | 20-3035737 | 501(C)(3) | 20,250. | | | | GENERAL SUPPORT |
| WAYNE COUNTY CHILDRENS STEAM PLAYLAB INC 3979 BATDORF RD - WOOSTER, OH 44691 | 84-3521007 | 501(C)(3) | 105,500. | 5 | | | 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 |

| 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 | | | |
| | | | | 70 | | | | | | |
| WILLING HEARTS WORKSHOP | | | | 5 | | | | | | |
| 8311 FREASE RD. FREDERICKSBURG, OH 44627 | 83-3577063 | 501/C\/3\ | 10,000. | 0. | | | GENERAL SUPPORT | | | |
| FREDERICASBURG, On 44027 | 83-3377063 | 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 | | | |
| | | | V | | | | | | | |
| 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, | | | | | | | | | | |
| ОН 44691 | 46-4024506 | 501(C)(3) | 5,098. | 0. | | | GENERAL SUPPORT | | | |

| Part II Continuation of Grants and Other | Assistance to Dor | nestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | rt II.) | |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| (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 - | | | | | 70. | | |
| 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. | | | | GENERAL SUPPORT |
| YMCA OF WAYNE COUNTY 680 WOODLAND AVE. WOOSTER, OH 44691 | 34-0766172 | 501(C)(3) | 112,362. | 5 ° 0. | | | GENERAL SUPPORT |
| ZION LUTHERAN CHURCH ELCA 301 NORTH MARKET STREET WOOSTER, OH 44691 | 34-0931693 | | 26,000. | 0. | | | GENERAL SUPPORT |
| | 0.000000 | QU | V 20,000 | | | | |
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| Schedule I (Form 990) 2022 WAYNE COUNTY | COMMUNITY E | OUNDATION | | | 34-1281026 | Page 2 |
|--|----------------------------|--------------------------|---------------------------------------|--|----------------------------|--------------|
| Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is need | | organization answe | ered "Yes" on Form 9 | 990, Part IV, line 22. | | |
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash | n assistance |
| | | | | | | |
| SCHOLARSHIP GRANTS | 399 | 810,708. | 0. | | | |
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| | | | SP | | | |
| | | 1,10 | | | | |
| Part IV Supplemental Information. Provide the information | on required in Part I, lin | e 2; Part III, column | (b); and any other ac | dditional information. | | |
| PART I, LINE 2: | | | | | | |
| THE FOUNDATION REQUESTS REPORTS | WITH APPROP | RIATE DOCU | MENTATION | FROM EACH | | |
| COMPETITIVE GRANT AWARDEE. ALL | SCHOLARSHIP | FUNDS ARE | E DISBURSED | TO THE | | |
| SCHOOL, NOT DIRECTLY TO THE RECI | ,0 | | GRANTS ARE | | | |
| PAID FROM DONOR ADVISED FUNDS. | | | | | | |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection
Employer identification number

| | WAYNE COUNTY | COMMU. | NTLA LOOM | DAT TON | 34-1 | 78T070 | |
|-----|---|-------------------------------|---|---|---|-------------|------|
| Par | t I Types of Property | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of det noncash contribut | • | s |
| 1 | Art - Works of art | | | | | | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | X | 16 | 299,552. | FAIR MARKET | VALUE | |
| 10 | Securities - Closely held stock | | | + () | <u> </u> | | |
| 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 | | | 9) | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | 4 | | | | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | N |) • | | | | |
| 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 which the organization completed Form 828 | - | • | | | | |
| | | , , - | 9 | | | Yes | No |
| 30a | During the year, did the organization receive by | / contributio | n anv property rep | orted in Part I. lines 1 through | n 28. that it | | |
| | must hold for at least 3 years from the date of | | | | | | |
| | exempt purposes for the entire holding period? | | | | | 30a | х |
| b | If "Yes," describe the arrangement in Part II. | | | | | 333 | |
| 31 | Does the organization have a gift acceptance p | oolicy that re | equires the review o | of any nonstandard contributi | ons? | 31 X | |
| | Does the organization hire or use third parties of | - | · · | • | | | |
| J_U | | | • | , , | | 32a | x |
| h | contributions? If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization didn't report an amount in co | olumn (c) foi | r a type of property | for which column (a) is chec | ked. | | |
| | describe in Part II. | 2.3.1 (0) 101 | , po or property | | , | | |
| | For December 1. Declaration Act Matter | M I | | ` | 0-11-11 | /F 000 | 0000 |

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

Schedule M (Form 990) 2022

232142 09-09-22

Schedule M (Form 990) 2022

SCHEDULE 0 (Form 990)

Department of the Treasury

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 Open to Public Inspection

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

232211 10-28-22

Schedule O (Form 990) 2022

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.

| Scriedule O (Form 990) 2022 | Page 2 |
|--|---|
| 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 INCREA | SE IS |
| ESTABLISHED. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ORGANIZATION MAKES AVAILABLE FOR PUBLIC INSPECTION, UP | ON REQUEST, ALL |
| CURRENT DOCUMENTS AS REQUIRED BY FEDERAL, STATE AND LOCAL | LAW, INCLUDING |
| BUT NOT LIMITED TO THE IRS FORM 990, ANNUAL REPORT AND AUD | ITED FINANCIAL |
| STATEMENTS. | |
| | |
| FORM 990, PART XII, LINE 2C | |
| THE ORGANIZATION HAS NOT CHANGED THE METHODS IT USES TO SE | LECT OR |
| EVALUATE ITS INDEPENDENT AUDITOR FROM THE PRIOR YEARS. | |
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232212 10-28-22

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

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

| (a) | (b) | (c) | (d) | | (e) | | | (f) | |
|--|--|---|---|----------------|-------------------------------|-----------|---|---------------------|--|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state or foreign country) | Total inco | me | End-of-year | assets | | ontrolling ntity | g |
| CF HOLDINGS, LLC - 34-1281026 | | | | | | | | | |
| 7 N MARKET STREET | ACCEPTING GIFTS OF REAL | | | | | | | | |
| OSTER, OH 44691 | ESTATE | OHIO | | 40. | | 886. | | | |
| | | -8) | ' | | | | | | |
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| | • | . M | 1 | | | | | | |
| art II Identification of Related Tax-Exempt Orgorganizations during the tax year. | panizations. Complete if the organization | answered "Yes" on Form 990, | Part IV, line 34, I | pecause | it had one o | or more r | related tax-exe | mpt | |
| art II Identification of Related Tax-Exempt Orgorganizations during the tax year. (a) Name, address, and EIN of related organization | panizations. Complete if the organization (b) Primary activity | (c) Legal domicile (state or | Part IV, line 34, I (d) Exempt Code section | Publ | (e) ic charity (if section | | related tax-exer (f) et controlling entity | Section s | g) 512(b)(13 trolled tity? |
| organizations during the tax year. (a) Name, address, and EIN | (b) | (c) | (d) Exempt Code | Publ status | (e) | | (f) | Section cont | rolled |
| organizations during the tax year. (a) Name, address, and EIN | (b) | (c) Legal domicile (state or | (d) Exempt Code | Publ status | (e) ic charity it (if section | | (f) | Section s | tity? |
| organizations during the tax year. (a) Name, address, and EIN | (b) | (c) Legal domicile (state or | (d) Exempt Code | Publ status | (e) ic charity it (if section | | (f) | Section cont | tity? |
| organizations during the tax year. (a) Name, address, and EIN | (b) | (c) Legal domicile (state or | (d) Exempt Code | Publ status | (e) ic charity it (if section | | (f) | Section cont | trolled |

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

Schedule R (Form 990) 2022

| 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 o | ne or more related |
|----------|---|---------------------------------------|--------------------|--------------------------------------|--------------------|
| Partill | organizations treated as a partnership during the tax year. | | | | |

| (a) Name, address, and EIN | (b) Primary activity | (c) Legal domicile | (d) Direct controlling | (e) | (f) Share of total | (g) Share of | 1 | h) ortionate | (i) | (j) General o | (k) |
|----------------------------|----------------------|--------------------------|------------------------|--|------------------------------|-----------------------|----------|------------------------|--|-------------------|--|
| of related organization | 1 Timaly activity | (state or foreign | entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | income | end-of-year assets | alloca | itions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | managing partner? | Percentage ownership |
| | | country) | | Sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes No | |
| | | | | | | | | | | | |
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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 | CITA | |
|--|-------------------------|---|-------------------------------|---|--|--|--------------------------------|------|----|
| | | country | | | | | | Yes | No |
| | < | | | | | | | | |
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

| 1 | During the tax year, did the organization engage in any of the following transactions with | one or more rel | ated organizations listed in | Parts II-IV? | | |
|------------|---|---|------------------------------|---|---------|-----------|
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | |
| | | | | | 1b | |
| С | Gift, grant, or capital contribution from related organization(s) | | | | 1c | |
| | Loans or loan guarantees to or for related organization(s) | | | | 1d | |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | |
| | | | | | | |
| f | Dividends from related organization(s) | | <u> </u> | | 1f | |
| | Sale of assets to related organization(s) | | | | 1g | |
| | Purchase of assets from related organization(s) | | | | 1h | |
| i | Exchange of assets with related organization(s) | | | | 1i | |
| | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | |
| | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | 70 | | 1k | |
| 1 | Performance of services or membership or fundraising solicitations for related organization | | 4 1 | | 11 | |
| m | n Performance of services or membership or fundraising solicitations by related organization | | | | 1m | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | <i>J</i> | | 1n | |
| | Sharing of paid employees with related organization(s) | | • | | 10 | |
| | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | Ci | | | 1p | |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | |
| | | • | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | |
| s | | | | | 1s | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who mu | ust complete thi | s line, including covered re | lationships and transaction thresholds. | | |
| | | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount in | nvolved | |
| 1) | | | | | | |
| 2) | • | | | | | |
| 3) | | | | | | |
| 4) | | | | | | |
| 5 <u>)</u> | | | | | | |
| 6) | | | | | | |
| 016 | 22 00 14 00 | | • | Schodul | D /Form | 000/ 2022 |

Page 4

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

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) | (k) |
|------------------------|------------------|-------------------|----------------------|---|----------|-------------|------------------|---|----------------------|------------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income | Are all partners se 501(c)(3) orgs.? | Share of | Share of | Disproj tiona | or- Code V-UBI | General o | Percentage |
| of entity | | (state or foreign | (related, unrelated, | 501(c)(3) orgs.? | total | end-of-year | allocatio | amount in box 2 | managing partner? | ownership |
| | | country) | | Yes No | | assets | Yes | code V-UBI amount in box 2 of Schedule K-1 (Form 1065) | Yes No |] |
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232165 09-14-22 Schedule R (Form 990) 2022