Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 **and ending** JUN 30, 2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
WAYNE COUNTY COMMUNITY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
517 NORTH MARKET STREET

City or town, state or province, country, and ZIP or foreign postal code
WOOSTER, OH 44691

F Name and address of principal officer: MELANIE GARCIA
SAME AS C ABOVE

D Employer identification number
34-1281026

E Telephone number
(330) 262-3877

G Gross receipts $ 56,862,326.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.WAYNECOUNTYCOMMUNITYFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1978 **M** State of legal domicile: OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE PHILANTHROPIC LEADERSHIP TO THE WAYNE COUNTY, OHIO AREA THROUGH FUND DEVELOPMENT

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	4
6	Total number of volunteers (estimate if necessary)	6	238
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,746,021.	8,638,135.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,363,351.	10,078,483.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	163,394.	156,528.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,272,766.	18,873,146.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,319,527.	9,094,405.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	344,278.	377,507.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 141,449.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	318,418.	342,423.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,982,223.	9,814,335.
19	Revenue less expenses. Subtract line 18 from line 12	3,290,543.	9,058,811.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	136,879,144.	156,431,193.
21	Total liabilities (Part X, line 26)	18,908,496.	24,539,600.
22	Net assets or fund balances. Subtract line 21 from line 20	117,970,648.	131,891,593.

Part II Signature Block

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

Sign Here

Signature of officer — Date

MARLENE BARKHEIMER, CURRENT TREASURER
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
KAREN B. COONEY	KAREN B. COONEY	11/13/25	☐	P00285983

Firm's name MEADEN & MOORE, LTD. — Firm's EIN 34-1818258

Firm's address 2363 EAGLE PASS, SUITE A
WOOSTER, OH 44691-5344 — Phone no. 330-264-7307

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses $ 9,291,844. including grants of $ 9,094,405.) (Revenue $ 156,528.)
THE FOUNDATION IS A TAX-EXEMPT COMMUNITY FOUNDATION, FUNDED BY DONATIONS FROM INDIVIDUALS, BUSINESSES, OTHER NON-PROFITS, CHURCHES, CIVIC ENTITIES AND/OR BEQUESTS FROM THOSE WHO HAVE EXISTING OR PRIOR INTERESTS IN THE GREATER WAYNE COUNTY AREA OF OHIO. THESE MONETARY GIFTS ARE USED FOR GRANT MAKING FOR SCHOLARSHIPS, COMMUNITY PROJECTS, AND OTHER CHARITABLE PURPOSES THAT SERVE THE INTERESTS OF THE GREATER WAYNE COUNTY AREA OF OHIO.

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

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

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

4e Total program service expenses 9,291,844.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *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? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 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.			
a	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
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	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	X	
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *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 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," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See 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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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 noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
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 and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

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

			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** 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		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	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 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).			
5a	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
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		X
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).**			
a	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		
c	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 **7d**			
e	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 organizations maintaining donor advised funds.**			
a	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:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	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.) **11b**			
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 **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
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 **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	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 excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
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? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16		
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			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	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
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
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 organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe 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	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed OH

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website ☐ Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

MELANIE GARCIA - 330-262-3877

517 NORTH MARKET STREET, WOOSTER, OH 44691

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MELANIE GARCIA EXECUTIVE DIRECTOR	40.00			X				118,771.	0.	26,872.
(2) BRENT R STEINER PRESIDENT	3.00	X		X				0.	0.	0.
(3) MARLENE BARKHEIMER TREASURER	2.00	X		X				0.	0.	0.
(4) DEANNA TROUTMAN VICE PRESIDENT	1.00	X		X				0.	0.	0.
(5) ADAM A. BRIGGS SECRETARY	1.00	X		X				0.	0.	0.
(6) MARIBETH BURNS ASST TREASURER	1.00	X		X				0.	0.	0.
(7) ROGER D PROPER, JR ASST SECRETARY	1.00	X		X				0.	0.	0.
(8) MICHAEL D. AGNONI TRUSTEE	1.00	X						0.	0.	0.
(9) W. MICHAEL JARRETT TRUSTEE	1.00	X						0.	0.	0.
(10) CHERYL M. KIRKBRIDE TRUSTEE	1.00	X						0.	0.	0.
(11) GLENDA LEHMAN ERVIN TRUSTEE	1.00	X						0.	0.	0.
(12) CYRIL OFORI TRUSTEE	1.00	X						0.	0.	0.
(13) WILLIAM J. ROBERTSON TRUSTEE	1.00	X						0.	0.	0.
(14) SCOTT BOYES TRUSTEE	1.00	X						0.	0.	0.
(15) LYNN MOOMAW TRUSTEE	1.00	X						0.	0.	0.
(16) CINDY VAUGHN TRUSTEE	1.00	X						0.	0.	0.
(17) MARK AUBLE TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								118,771.	0.	26,872.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								118,771.	0.	26,872.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 1

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,638,135.				
	g Noncash contributions included in lines 1a-1f	1g	$ 1,107,354.				
	h **Total.** Add lines 1a-1f			8,638,135.			
Program Service Revenue			**Business Code**				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,857,397.			3857397.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	44,210,266.				
	b Less: cost or other basis and sales expenses	7b	37,989,180.				
	c Gain or (loss)	7c	6,221,086.				
	d Net gain or (loss)			6,221,086.			6221086.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			**Business Code**				
	11a NET ADMINISTRATIVE FEE INCOME		900099	97,328.	97,328.		
	b MISC. REVENUE-RELATED-990		900099	59,200.	59,200.		
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			156,528.			
	12 **Total revenue.** See instructions			18,873,146.	156,528.	0.	10078483.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,143,533.	8,143,533.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	950,872.	950,872.		
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	120,578.	57,877.	34,968.	27,733.
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	196,273.	94,211.	56,919.	45,143.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,344.	6,138.	3,870.	3,336.
9 Other employee benefits	24,559.	11,297.	7,122.	6,140.
10 Payroll taxes	22,753.	8,419.	4,550.	9,784.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	33,300.		33,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	106,572.		106,572.	
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	30,745.		8,609.	22,136.
13 Office expenses	32,140.	3,536.	18,961.	9,643.
14 Information technology	1,808.		1,808.	
15 Royalties				
16 Occupancy	36,964.	7,393.	18,482.	11,089.
17 Travel	3,742.	1,871.		1,871.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,286.	1,166.	1,097.	23.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,050.		1,050.	
23 Insurance	13,372.		13,372.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP DUES & SUBSC	46,411.		46,411.	
b PROFESSIONAL SERVICES	18,243.		18,243.	
c DEVELOPMENT EXPENSE	11,975.	1,916.	5,508.	4,551.
d COMMUNITY SUPPORT	3,615.	3,615.		
e All other expenses	200.		200.	
25 **Total functional expenses.** Add lines 1 through 24e	9,814,335.	9,291,844.	381,042.	141,449.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	36,274.	1	32,362.
	2	Savings and temporary cash investments	1,097,886.	2	2,108,062.
	3	Pledges and grants receivable, net	221,745.	3	165,143.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	24,048.	9	25,252.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 703,312.			
	b	Less: accumulated depreciation — 10b: 49,559.	1,892.	10c	653,753.
	11	Investments - publicly traded securities	134,943,358.	11	153,051,428.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	553,941.	15	395,193.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	136,879,144.	16	156,431,193.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable	1,005,198.	18	1,110,234.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	17,824,094.	21	23,360,962.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	79,204.	25	68,404.
	26	**Total liabilities.** Add lines 17 through 25	18,908,496.	26	24,539,600.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	22,565,843.	27	28,192,470.
	28	Net assets with donor restrictions	95,404,805.	28	103,699,123.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	117,970,648.	32	131,891,593.
	33	Total liabilities and net assets/fund balances	136,879,144.	33	156,431,193.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,873,146.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,814,335.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,058,811.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	117,970,648.
5	Net unrealized gains (losses) on investments	5	4,862,134.
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	131,891,593.

Part XII Financial Statements and Reporting

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

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number
34-1281026

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13543077.	10070226.	4411777.	6746021.	8638135.	43409236.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	13543077.	10070226.	4411777.	6746021.	8638135.	43409236.
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)						148,737.
6 **Public support.** Subtract line 5 from line 4.						43260499.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	13543077.	10070226.	4411777.	6746021.	8638135.	43409236.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1451251.	1817386.	2291029.	2896389.	3857397.	12313452.
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.)	79,368.	158,932.	205,842.	163,394.	156,528.	764,064.
11 **Total support.** Add lines 7 through 10						56486752.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	76.59 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	69.94 %

16a **33 1/3% support test - 2024.** 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 ☒

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** 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 - 2023.** 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 ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
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).*	7		
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).*	8		
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.**	9a		
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.**	9b		
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.**	9c		
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.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described 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**		
c	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**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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**		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	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 these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**3b**		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6	Other distributions (describe in **Part VI**). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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

Schedule A — Identification of Excess Contributions Included on Part II, Line 5

2024

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
	1,278,472.	148,737.

Total Excess Contributions to Schedule A, Part II, Line 5 ..... 148,737.

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number
34-1281026

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	152	
2	Aggregate value of contributions to (during year)	10,593,378.	
3	Aggregate value of grants from (during year)	3,781,345.	
4	Aggregate value at end of year	23,688,130.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- [ ] Preservation of land for public use (for example, recreation 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements 2a	
b	Total acreage restricted by conservation easements 2b	
c	Number of conservation easements on a certified historic structure included on line 2a 2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	117,970,648.	105,572,774.	96,056,979.	109,095,754.	86,642,857.
b Contributions	8,794,931.	6,878,710.	4,313,299.	10,229,804.	13,617,971.
c Net investment earnings, gains, and losses	14,833,777.	12,414,864.	10,557,104.	-15,031,296.	20,451,414.
d Grants or scholarships	9,006,426.	6,262,026.	4,780,422.	7,599,991.	11,056,127.
e Other expenditures for facilities and programs					
f Administrative expenses	701,337.	633,674.	574,186.	637,292.	560,351.
g End of year balance	131,891,593.	117,970,648.	105,572,774.	96,056,979.	109,095,754.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 21.3800 %
b Permanent endowment 44.7700 %
c Term endowment 33.8500 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations? 3a(i)		X
(ii) Related organizations? 3a(ii)		X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		65,737.		65,737.
b Buildings		587,174.		587,174.
c Leasehold improvements				
d Equipment		50,401.	49,559.	842.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				653,753.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) GIFT ANNUITY PAYABLE	68,404.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	68,404.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	23,628,708.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	4,862,134.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	4,862,134.
3	Subtract line 2e from line 1			3	18,766,574.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	106,572.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	106,572.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	18,873,146.

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

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

1	Total expenses and losses per audited financial statements			1	9,707,763.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	9,707,763.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	106,572.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	106,572.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	9,814,335.

Part XIII Supplemental Information

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

PART IV, LINE 2B:
THE FOUNDATION HOLDS FUNDS ON BEHALF OF OTHER AREA TAX EXEMPT CHARITABLE ORGANIZATIONS. AT 6/30/2025, $23,360,962 OF ASSETS WERE HELD FOR OTHERS.

PART X, LINE 2:
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN CERTAIN TAX POSITIONS THAT MORE-LIKELY-THAN-NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY APPLICABLE TAXING AUTHORITIES. THE AMOUNT RECOGNIZED IS MEASURED AS THE AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE FOUNDATION RECOGNIZES INTEREST AND PENALTIES ACCRUED RELATED TO UNRECOGNIZED TAX UNCERTAINTIES IN INCOME TAX EXPENSE, IF ANY. THE FOUNDATION DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS.

Part XIII Supplemental Information *(continued)*

SCHEDULE I (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number
34-1281026

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADAPTIVE SPORTS PROGRAM OF OHIO 1720 ENTERPRISE PKWY WOOSTER, OH 44691	27-1144442	501(C)3	8,600.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION MIDWEST - ACCTS. REC. BOONE, IA 50950	13-5613797	501(C)3	5,100.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION, INC. 1575 CORPORATE WOODS PARKWAY UNIONTOWN, OH 44685	13-5613797	501(C)3	23,075.	0.			GENERAL SUPPORT
AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	53-0196605	501(C)3	7,519.	0.			GENERAL SUPPORT
AMERICAN RED CROSS-WAYNE COUNTY 244 W. SOUTH STREET WOOSTER, OH 44691	53-0196605	501(C)3	10,500.	0.			GENERAL SUPPORT
ANIA ICE INC. 851 OLDMAN ROAD WOOSTER, OH 44691	93-3101735	501(C)3	51,750.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 104.

3 Enter total number of other organizations listed in the line 1 table ..... 37.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APOSTOLIC CHRISTIAN CHURCH OF AMERICA - CAANAN - 2800 PLEASANT HOME RD. - CRESTON, OH 44217	99-3491386	CHURCH	9,000.	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
APOSTOLIC CHRISTIAN HARVEST CALL P. O. BOX 3797 WEST LAFAYTTE, IN 47996	20-3279241	501(C)3	13,000.	0.			GENERAL SUPPORT
APOSTOLIC CHRISTIAN HOME, INC. 10680 STEINER RD. RITTMAN, OH 44270	34-1155210	501(C)3	76,000.	0.			GENERAL SUPPORT
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	21,250.	0.			GENERAL SUPPORT
ASHLAND UNIVERSITY 401 COLLEGE AVE ASHLAND, OH 44805	34-0714626	SCHOOL	12,200.	0.			GENERAL SUPPORT
AULTMAN ORRVILLE HOSPITAL 832 SOUTH MAIN STREET ORRVILLE, OH 44667	34-0733138	501(C)3	16,000.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF WOOSTER 124 NORTH WALNUT STREET WOOSTER, OH 44691	46-3469624	501(C)3	17,625.	0.			GENERAL SUPPORT

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

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CAMPING & EDUCATION FOUNDATION 3515 MICHIGAN AVE CINCINNATI, OH 45208	31-0650653	501(C)3	20,000.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES 521 BEALL AVE WOOSTER, OH 44691	34-1318541	501(C)3	14,500.	0.			GENERAL SUPPORT
CITY OF ORRVILLE 207 NORTH MAIN STREET ORRVILLE, OH 44667	34-6002121	GOVERNMENT	25,000.	0.			GENERAL SUPPORT
CITY OF RITTMAN 30 N. MAIN ST. RITTMAN, OH 44270	34-6002308	GOVERNMENT	31,032.	0.			GENERAL SUPPORT
CITY OF WOOSTER 538 N. MARKET STREET WOOSTER, OH 44691	34-6003129	GOVERNMENT	37,500.	0.			GENERAL SUPPORT
CLEVELAND CLINIC FOUNDATION P.O. BOX 931517 CLEVELAND, OH 44193	34-0714585	501(C)3	35,800.	0.			GENERAL SUPPORT
COMMUNITY ACTION WAYNE / MEDINA 905 PITTSBURGH AVENUE WOOSTER, OH 44691	34-0979210	501(C)3	10,300.	0.			GENERAL SUPPORT
CORNERSTONE ELEMENTARY SCHOOL PTO 101 WEST BOWMAN STREET WOOSTER, OH 44691	34-1843637	501(C)3	12,056.	0.			GENERAL SUPPORT
COUNSELING CENTER OF WAYNE & HOLMES COUNTIES - 2285 BENDEN DRIVE - WOOSTER, OH 44691	34-6003994	501(C)3	64,409.	0.			GENERAL SUPPORT

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CRISTO REY CHARLESTON HIGH SCHOOL INC - 701 EAST BAY STREET - CHARLESTON, SC 29403	84-3785382	SCHOOL	10,000.	0.			GENERAL SUPPORT
CROWN HILL MANOR 9552 AKRON ROAD RITTMAN, OH 44270	34-1680229	501(C)3	21,532.	0.			GENERAL SUPPORT
DENISON UNIVERSITY STUDENT ACCOUNT OFFICE GRANVILLE, OH 43023	31-4379459	SCHOOL	15,105.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)3	16,300.	0.			GENERAL SUPPORT
DOWNTOWN ARTS THEATER INC. P.O. BOX 1717 WOOSTER, OH 44691	84-2317346	501(C)3	1,056,391.	0.			GENERAL SUPPORT
EARLHAM COLLEGE 801 NATIONAL ROAD WEST RICHMOND, IN 47374	35-0868073	SCHOOL	8,848.	0.			GENERAL SUPPORT
FAIRLAWN MENNONITE CHURCH 8520 EMERSON RD. APPLE CREEK, OH 44606	34-1527201	CHURCH	12,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 621 COLLEGE AVENUE WOOSTER, OH 44691	34-0733148	CHURCH	71,278.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 533 NORTH GRANT LOVELAND, CO 80537	84-0456559	CHURCH	16,000.	0.			GENERAL SUPPORT

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FORGET-ME-NOT BASKETS INC. 127 E LIBERTY ST., SUITE 390 WOOSTER, OH 44691	27-1172295	501(C)3	8,400.	0.			GENERAL SUPPORT
FREEDOM WATERS FOUNDATION 895 10TH ST. SOUTH NAPLES, FL 34102	20-4513735	501(C)3	50,000.	0.			GENERAL SUPPORT
FRIENDS OF KENYAN ORPHANS 18640 MACK AVE. #1294 GROSSE POINTE, MI 48236	26-4047939	501(C)3	6,000.	0.			GENERAL SUPPORT
GOODWILL INDUSTRIES OF WAYNE AND HOLMES COUNTIES INC. - 524 PALMER ST. - WOOSTER, OH 44691	34-1272032	501(C)3	43,210.	0.			GENERAL SUPPORT
GRACE CHURCH 4599A BURBANK RD. WOOSTER, OH 44691	34-0922948	CHURCH	290,915.	0.			GENERAL SUPPORT
GREEN LOCAL SCHOOLS 100 SMITHIE DRIVE SMITHVILLE, OH 44677	34-6001306	SCHOOL	22,400.	0.			GENERAL SUPPORT
HEALTHCARE 2000 DBA THE VIOLA STARTZMAN CLINIC - 1739 CLEVELAND ROAD - WOOSTER, OH 44691	34-1758151	501(C)3	289,016.	0.			GENERAL SUPPORT
HEARTLAND EDUCATION COMMUNITY, INC. - 1347 NORTH MAIN STREET - ORRVILLE, OH 44667	34-1726042	501(C)3	29,353.	0.			GENERAL SUPPORT
HENRY M. HALSTEAD FIELD OF OPPORTUNITY - THE WALNUT GROVE - P. O. BOX 674 - CANFIELD, OH 44406	46-1173535	501(C)3	20,000.	0.			GENERAL SUPPORT

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HERITAGE PRIVATE SCHOOL 9060 YODER RD. STERLING, OH 44276	34-1777482	501(C)3	25,000.	0.			GENERAL SUPPORT
HOLMES COUNTY EDUCATION AND COMMUNITY FOUNDATION - 114 N. CLAY STREET - MILLERSBURG, OH 44654	34-1631041	501(C)3	68,682.	0.			GENERAL SUPPORT
HOMEWARD BOUND OF WOOSTER AND WAYNE COUNTY INC - 751 BEECHWOOD AVE - WOOSTER, OH 44691	99-1074156	501(C)3	22,500.	0.			GENERAL SUPPORT
HONOR FLIGHT CLEVELAND P.O. BOX 119 ELYRIA, OH 44035	32-0275599	501(C)3	11,000.	0.			GENERAL SUPPORT
HUMAN RIGHTS WATCH 350 5TH AVE., 34TH FLOOR NEW YORK, NY 10118	13-2875808	501(C)3	15,000.	0.			GENERAL SUPPORT
INCLUDEABILITY 1350 WILDWOOD DR. WOOSTER, OH 44691	86-3972656	501(C)3	33,650.	0.			GENERAL SUPPORT
INTERLINK MINISTRIES INC P.O. BOX 460 APPLE CREEK, OH 44606	34-1700949	501(C)3	24,000.	0.			GENERAL SUPPORT
INTERNATIONAL RESCUE COMMITTEE, INC. - P. O. BOX 6068 - ALBERT LEA, MN 56007	13-5660870	501(C)3	15,800.	0.			GENERAL SUPPORT
IZAAK WALTON LEAGUE OF AMERICA, WAYNE COUNTY CHAPTER - 6928 CEDAR VALLEY RD - WEST SALEM, OH 44287	34-5640476	501(C)3	51,280.	0.			GENERAL SUPPORT

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KIDRON COMMUNITY HISTORICAL SOCIETY - 13153 EMERSON ROAD - KIDRON, OH 44636	34-1264051	501(C)3	62,233.	0.			GENERAL SUPPORT
KNESSETH ISRAEL TEMPLE P. O. BOX 972 WOOSTER, OH 44691	31-6243980	CHURCH	15,000.	0.			GENERAL SUPPORT
LAKESIDE CHAUTAUQUA FOUNDATION 236 WALNUT AVENUE LAKESIDE, OH 43440	20-4072755	501(C)3	18,689.	0.			GENERAL SUPPORT
MILTON TOWNSHIP/WAYNE COUNTY P.O. BOX 205 STERLING, OH 44276	34-6001901	GOVERNMENT	16,003.	0.			GENERAL SUPPORT
NAMI WAYNE AND HOLMES COUNTIES 2525 BACK ORRVILLE ROAD WOOSTER, OH 44691	34-1933278	501(C)3	94,714.	0.			GENERAL SUPPORT
NATIONAL CONSERVATION FOUNDATION 509 CAPITOL CT NE WASHINGTON, DC 20002	90-0136120	501(C)3	15,000.	0.			GENERAL SUPPORT
NATIONAL INVENTORS HALL OF FAME, INC. - 3701 HIGHLAND PARK NW - NORTH CANTON, OH 44720	34-1580038	501(C)3	10,000.	0.			GENERAL SUPPORT
NEWBRIDGE PLACE 645 WOOSTER ST LODI, OH 44254	51-0598275	501(C)3	20,000.	0.			GENERAL SUPPORT
NEW DESTINY TREATMENT CENTER 6694 TAYLOR ROAD CLINTON, OH 44216	23-7029330	501(C)3	25,000.	0.			GENERAL SUPPORT

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NORTHWESTERN LOCAL SCHOOL DISTRICT 7571 N. ELYRIA ROAD WEST SALEM, OH 44287	34-1892348	SCHOOL	10,500.	0.			GENERAL SUPPORT
NORWAYNE HIGH SCHOOL 350 S. MAIN STREET CRESTON, OH 44217	34-6003249	SCHOOL	7,000.	0.			GENERAL SUPPORT
NUHOP CENTER FOR EXPERIENTIAL LEARNING DBA CAMP NUHOP - 1077 TOWNSHIP ROAD 2916 - PERRYSVILLE, OH 44864	23-7438600	501(C)3	13,100.	0.			GENERAL SUPPORT
OAKS CHURCH 1859 BURBANK RD. WOOSTER, OH 44691	84-3097956	CHURCH	7,500.	0.			GENERAL SUPPORT
OHIO'S HOSPICE LIFECARE 1900 AKRON ROAD WOOSTER, OH 44691	34-1352875	501(C)3	55,003.	0.			GENERAL SUPPORT
OHIO WESLEYAN UNIVERSITY 018 UNIVERSITY HALL DELAWARE, OH 43015	31-4379585	SCHOOL	88,443.	0.			GENERAL SUPPORT
OHUDDLE 969 1/2 BLACHLEYVILLE RD. WOOSTER, OH 44691	47-5165461	501(C)3	60,184.	0.			GENERAL SUPPORT
ONEEIGHTY, INC. GAULT LIBERTY CENTER WOOSTER, OH 44691	34-1269314	501(C)3	70,750.	0.			GENERAL SUPPORT
ORRVILLE AREA BOYS & GIRLS CLUB 820 N. ELLA STREET ORRVILLE, OH 44667	34-1003436	501(C)3	196,256.	0.			GENERAL SUPPORT

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ORRVILLE AREA UNITED WAY 135 N. MAIN STREET ORRVILLE, OH 44667	34-1017865	501(C)3	7,500.	0.			GENERAL SUPPORT
ORRVILLE HISTORICAL MUSEUM P. O. BOX 437 ORRVILLE, OH 44667	51-0136156	501(C)3	10,319.	0.			GENERAL SUPPORT
OSPREY VILLAGE, INC. BOX 6125 HILTON HEAD, SC 29938	26-2967726	501(C)3	20,000.	0.			GENERAL SUPPORT
PEE WEE HOLLOW, INC. P.O. BOX 599 WOOSTER, OH 44691	23-7185821	501(C)3	10,000.	0.			GENERAL SUPPORT
PEOPLE TO PEOPLE MINISTRIES 454 EAST BOWMAN STREET WOOSTER, OH 44691	34-1264151	501(C)3	386,452.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD OF GREATER OHIO PO BOX 933233 CLEVELAND, OH 44193	34-1015976	501(C)3	51,200.	0.			GENERAL SUPPORT
PLAYHOUSE SQUARE FOUNDATION 1501 EUCLID AVE., SUITE 200 CLEVELAND, OH 44115	23-7304942	501(C)3	6,000.	0.			GENERAL SUPPORT
PLEASANT HILL BAPTIST CHURCH P. O. BOX 426 SMITHVILLE, OH 44677	34-1863411	CHURCH	25,000.	0.			GENERAL SUPPORT
PREGNANCY CARE CENTER OF WAYNE COUNTY - 331 W. LIBERTY ST. - WOOSTER, OH 44691	34-1443269	501(C)3	11,500.	0.			GENERAL SUPPORT

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PROGRESS WITH CHESS 12200 FAIRHILL ROAD, SUITE D230 CLEVELAND, OH 44120	34-1961748	501(C)3	6,000.	0.			GENERAL SUPPORT
RITTMAN APOSTOLIC CHRISTIAN CHURCH 10699 STEINER RD. RITTMAN, OH 44270	34-1507224	CHURCH	102,500.	0.			GENERAL SUPPORT
RITTMAN HISTORICAL SOCIETY PO BOX 583 RITTMAN, OH 44270	80-0308675	501(C)3	5,607.	0.			GENERAL SUPPORT
SACRED GROUND PO BOX 321 MOUNT EATON, OH 44659	85-3496016	501(C)3	10,000.	0.			GENERAL SUPPORT
SALVATION ARMY LOVELAND 840 N. LINCOLN AVE. LOVELAND, CO 80537	13-5562351	501(C)3	10,000.	0.			GENERAL SUPPORT
SAMARITANS PURSE P. O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)3	7,700.	0.			GENERAL SUPPORT
SERVING WOMEN IN GHANA P. O. BOX 127 WOOSTER, OH 44691	45-4230683	501(C)3	9,300.	0.			GENERAL SUPPORT
SHREVE COMMUNITY CHURCH P.O. BOX 525 SHREVE, OH 44676	34-6537268	CHURCH	135,000.	0.			GENERAL SUPPORT
SHREVE PRESBYTERIAN CHURCH 343 NORTH MARKET STREET SHREVE, OH 44676	34-6537156	CHURCH	7,000.	0.			GENERAL SUPPORT

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SMITHVILLE BRETHREN CHURCH 193 E MAIN ST SMITHVILLE, OH 44677	34-1138915	CHURCH	7,800.	0.			GENERAL SUPPORT
SMITHVILLE COMMUNITY HISTORICAL SOCIETY - PO BOX 12 - SMITHVILLE, OH 44677	34-1646114	501(C)3	15,076.	0.			GENERAL SUPPORT
SMITHVILLE MENNONITE CHURCH P.O. BOX 455 SMITHVILLE, OH 44677	34-1167098	CHURCH	40,000.	0.			GENERAL SUPPORT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE. MONTGOMERY, AL 36104	63-0598743	501(C)3	5,950.	0.			GENERAL SUPPORT
STIRRUP COURAGE INC 823 SOUTH KOHLER ROAD ORRVILLE, OH 44667	86-2771772	501(C)3	8,884.	0.			GENERAL SUPPORT
ST. JOHN'S CHURCH OF MILLERSBURG 8670 STATE ROUTE 39 MILLERSBURG, OH 44654	20-0869501	CHURCH	45,788.	0.			GENERAL SUPPORT
ST THOMAS CHURCH IN THE CITY AND COUNTY OF NEW YORK - 1 W 53RD ST - NEW YORK CITY, NY 10019	13-1655276	CHURCH	25,000.	0.			GENERAL SUPPORT
THE CLEVELAND ORCHESTRA SEVERENCE HALL CLEVELAND, OH 44106	34-0714468	501(C)3	8,500.	0.			GENERAL SUPPORT
THE COLLEGE OF WOOSTER 1189 BEALL AVE. WOOSTER, OH 44691	34-0714654	SCHOOL	94,486.	0.			GENERAL SUPPORT

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THE COUNSELING CENTER OF WAYNE AND HOLMES COUNTIES - 2285 BENDEN DRIVE - WOOSTER, OH 44691	34-6003994	501(C)3	23,999.	0.			GENERAL SUPPORT
THE NORMAN ROCKWELL MUSEUM AT STOCKBRIDGE, INC. - P. O. BOX 308 - STOCKBRIDGE, MA 01262	04-2450813	501(C)3	30,000.	0.			GENERAL SUPPORT
THE SALVATION ARMY 437 SOUTH MARKET STREET WOOSTER, OH 44691	13-5562351	501(C)3	254,240.	0.			GENERAL SUPPORT
THE SALVATION ARMY -- ORRVILLE MAIWURM SERVICE CENTER - 401 W. HIGH STREET - ORRVILLE, OH 44667	13-5562351	501(C)3	5,684.	0.			GENERAL SUPPORT
THE VILLAGE NETWORK 2000 NOBLE DRIVE WOOSTER, OH 44691	34-0768857	501(C)3	102,592.	0.			GENERAL SUPPORT
TRINITY UNITED CHURCH OF CHRIST 150 E. NORTH STREET WOOSTER, OH 44691	34-0777657	CHURCH	50,250.	0.			GENERAL SUPPORT
TRIWAY ATHLETIC BOOSTER CLUB 3205 SHREVE RD. WOOSTER, OH 44691	34-1351588	501(C)3	96,179.	0.			GENERAL SUPPORT
UNITED WAY OF WAYNE & HOLMES COUNTIES, INC. - 215 SOUTH WALNUT STREET - WOOSTER, OH 44691	34-0946973	501(C)3	113,040.	0.			GENERAL SUPPORT
UNIVERSITY HOSPITALS HEALTH SYSTEM INSTITUTIONAL RELATIONS & DEVELOPME CLEVELAND, OH 44106	34-0714775	501(C)3	20,000.	0.			GENERAL SUPPORT

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UNIVERSITY OF AKRON - WAYNE COLLEGE - 1901 SMUCKER ROAD - ORRVILLE, OH 44667	34-6002924	SCHOOL	26,000.	0.			GENERAL SUPPORT
VANDERBILT UNIVERSITY MEDICAL CENTER - GIFT AND DONOR SERVICES - NASHVILLE, TN 37203	35-2528741	SCHOOL	20,000.	0.			GENERAL SUPPORT
VANTAGE AGING 388 SOUTH MAIN STREET AKRON, OH 44311	51-0148544	501(C)3	5,850.	0.			GENERAL SUPPORT
VILLAGE OF CRESTON P. O. BOX 194 CRESTON, OH 44217	34-6000800	GOVERNMENT	50,000.	0.			GENERAL SUPPORT
VILLAGE OF FREDERICKSBURG 206 NORTH MILL STREET FREDERICKSBURG, OH 44627	34-1413838	GOVERNMENT	5,041.	0.			GENERAL SUPPORT
VILLAGE OF MT. EATON P.O. BOX 287 MT. EATON, OH 44659	31-6177642	GOVERNMENT	6,239.	0.			GENERAL SUPPORT
VILLAGE OF SMITHVILLE P.O. BOX 517 SMITHVILLE, OH 44677	34-0936521	GOVERNMENT	50,000.	0.			GENERAL SUPPORT
VIOLA STARTZMAN CLINIC 1874 CLEVELAND RD. WOOSTER, OH 44691	34-1758151	501(C)3	104,272.	0.			GENERAL SUPPORT
WABASH COLLEGE 301 W. WABASH AVE. CRAWFORDSVILLE, IN 47933	35-0868202	SCHOOL	11,000.	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	271,700.	0.			GENERAL SUPPORT
WAYNE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES - 266 OLDMAN ROAD - WOOSTER, OH 44691	34-6003005	GOVERNMENT	5,333.	0.			GENERAL SUPPORT
WAYNE COUNTY HISTORICAL SOCIETY OF OHIO - 546 EAST BOWMAN STREET - WOOSTER, OH 44691	34-0961709	501(C)3	44,734.	0.			GENERAL SUPPORT
WAYNE COUNTY HUMANE SOCIETY 1161 MECHANICSBURG RD WOOSTER, OH 44691	38-2016098	501(C)3	194,492.	0.			GENERAL SUPPORT
WAYNE COUNTY PUBLIC LIBRARY 304 N. MARKET ST. WOOSTER, OH 44691	34-6003134	501(C)3	78,000.	0.			GENERAL SUPPORT
WAYNE COUNTY REGIONAL TRAINING FACILITY - 2725 S. MILLBORNE RD. - APPLE CREEK, OH 44606	34-1451281	501(C)3	300,000.	0.			GENERAL SUPPORT
WAYNE COUNTY SCHOOLS CAREER CENTER 518 W. PROSPECT ST. SMITHVILLE, OH 44677	34-1000350	SCHOOL	6,814.	0.			GENERAL SUPPORT
WAYNE GROWTH PARTNERSHIP 542 E. LIBERTY ST. WOOSTER, OH 44691	20-8423110	501(C)3	7,500.	0.			GENERAL SUPPORT
WESTERN RESERVE LAND CONSERVANCY 3850 CHAGRIN RIVER ROAD MORELAND HILLS, OH 44022	34-1571233	501(C)3	10,500.	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
WEST VIEW HEALTHY LIVING 1715 MECHANICSBURG RD. WOOSTER, OH 44691	34-0878993	501(C)3	5,813.	0.			GENERAL SUPPORT
WNC COMMUNITIES 594 BREVARD RD ASHEVILLE, NC 28806	56-0797766	501(C)3	20,000.	0.			GENERAL SUPPORT
WOMEN'S ADVISORY BOARD COLLEGE OF WOOSTER - 230 N. MARKET ST. - WOOSTER, OH 44691	34-6537113	501(C)3	6,700.	0.			GENERAL SUPPORT
WOOSTER CITY SCHOOLS 144 N. MARKET STREET WOOSTER, OH 44691	34-6003127	SCHOOL	459,838.	0.			GENERAL SUPPORT
WOOSTER COMMUNITY HOSPITAL FOUNDATION - 1761 BEALL AVENUE - WOOSTER, OH 44691	34-1785051	501(C)3	106,550.	0.			GENERAL SUPPORT
WOOSTER HOPE CENTER P. O. BOX 1204 WOOSTER, OH 44691	34-1660106	501(C)3	12,500.	0.			GENERAL SUPPORT
WOOSTER SPEECH & DEBATE PARENTS, INC. - P.O. BOX 713 - WOOSTER, OH 44691	46-4024506	501(C)3	22,532.	0.			GENERAL SUPPORT
WOOSTER TOWNSHIP FIRE & RESCUE ASSOCIATION - 1917 MILLERSBURG ROAD - WOOSTER, OH 44691	34-1429670	501(C)3	5,100.	0.			GENERAL SUPPORT
WOOSTER UNITED METHODIST CHURCH 243 N. MARKET STREET WOOSTER, OH 44691	34-0718417	CHURCH	24,200.	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
WOOSTER YOUTH BASEBALL LITTLE LEAGUE, INC. - P. O. BOX 1134 - WOOSTER, OH 44691	34-1593271	501(C)3	148,548.	0.			GENERAL SUPPORT
WOOSTER YOUTH INSTRUCTIONAL FOOTBALL - 1724 BEALL AVE. - WOOSTER, OH 44691	34-1778372	501(C)3	8,000.	0.			GENERAL SUPPORT
YMCA OF WAYNE COUNTY 680 WOODLAND AVENUE WOOSTER, OH 44691	34-0766172	501(C)3	104,037.	0.			GENERAL SUPPORT
YOUTH SAILING FOUNDATION OF INDIAN RIVER COUNTY - P.O. BOX 612 - VERO BEACH, FL 32961	27-0952942	501(C)3	250,000.	0.			GENERAL SUPPORT
ZION LUTHERAN CHURCH ELCA 301 NORTH MARKET STREET WOOSTER, OH 44691	34-0931693	CHURCH	30,000.	0.			GENERAL SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP GRANTS	409	950,872.	0.		

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

PART I, LINE 2:
THE FOUNDATION REQUESTS REPORTS WITH APPROPRIATE DOCUMENTATION FROM EACH COMPETITIVE GRANT AWARDEE. ALL SCHOLARSHIP FUNDS ARE DISBURSED TO THE SCHOOL, NOT DIRECTLY TO THE RECIPIENT. OUT OF STATE GRANTS ARE GENERALLY PAID FROM DONOR ADVISED FUNDS.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number

34-1281026

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	36	1,107,354.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number
34-1281026

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND GRANT MAKING ACTIVITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GOOD OF THE COMMUNITY. 2. TO ASSIST COMMUNITY CHARITABLE ORGANIZATIONS IN THE CREATION AND MANAGEMENT OF ENDOWMENTS. 3. TO PROVIDE OVERSIGHT OF INVESTMENT AND DISBURSEMENT OF FUNDS DEVOTED TO CHARITABLE PURPOSES.

FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 TAX RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. AN AUDIT COMMITTEE COMPRISED OF TWO TRUSTEES AND TWO NON-TRUSTEES WHO ALL HAVE FINANCIAL EXPERTISE REVIEW AND MAKE RECOMMENDATIONS PRIOR TO FINALIZING THE TAX RETURN. THEY PRESENT THE FINALIZED TAX RETURN TO THE BOARD FOR APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUIRES ITS EMPLOYEES AND BOARD OF TRUSTEES TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY. ANY POTENTIAL CONFLICTS ARE DISCLOSED AS THEY ARISE.

FORM 990, PART VI, SECTION B, LINE 15:
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BASED ON A STUDY OF SIMILAR POSITIONS WITHIN OTHER NON-PROFIT ORGANIZATIONS. MERIT INCREASES ARE DETERMINED FROM SEVERAL SOURCES, INCLUDING AN ANNUAL COMPENSATION SURVEY PERFORMED BY PHILANTHROPY OHIO.
COMPENSATION PROCESS FOR OFFICER COMPENSATION AND FOR OTHER POSITIONS IS DETERMINED THROUGH RESEARCH CONDUCTED PERTAINING TO SIMILAR JOB DESCRIPTIONS WITHIN THE NON-PROFIT SECTOR IN THE STATE OF OHIO. WHEN COMBINED WITH A PERFORMANCE REVIEW, AN ANNUAL MERIT INCREASE IS ESTABLISHED.

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

FORM 990, PART XII, LINE 2C
THE ORGANIZATION HAS CHANGED THE AUDITOR ROTATION LENGTH FROM 3 YEARS TO 5 YEARS WITH UNANIMOUS APPROVAL FROM THE BOARD.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number
34-1281026

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WCCF HOLDINGS, LLC - 34-1281026 517 N MARKET STREET WOOSTER, OH 44691	ACCEPTING GIFTS OF REAL ESTATE	OHIO	30.	556.	
WCCF PROPERTIES, LLC - 39-3189613 517 N MARKET STREET WOOSTER, OH 44691	MANAGE REAL ESTATE	OHIO	652,911.	652,911.	

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

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

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

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

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

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

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

			Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**			
b Gift, grant, or capital contribution to related organization(s)	**1b**			
c Gift, grant, or capital contribution from related organization(s)	**1c**			
d Loans or loan guarantees to or for related organization(s)	**1d**			
e Loans or loan guarantees by related organization(s)	**1e**			
f Dividends from related organization(s)	**1f**			
g Sale of assets to related organization(s)	**1g**			
h Purchase of assets from related organization(s)	**1h**			
i Exchange of assets with related organization(s)	**1i**			
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**			
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**			
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**			
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**			
o Sharing of paid employees with related organization(s)	**1o**			
p Reimbursement paid to related organization(s) for expenses	**1p**			
q Reimbursement paid by related organization(s) for expenses	**1q**			
r Other transfer of cash or property to related organization(s)	**1r**			
s Other transfer of cash or property from related organization(s)	**1s**			

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

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

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

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

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

Part VII **Supplemental Information**

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