

Form **990**
 (Rev. January 2020)
 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
2019
 Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **07/01/19**, and ending **06/30/20**

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

D Employer identification number
**** - ***1026**

E Telephone number
330-262-3877

G Gross receipts \$ **28,313,186**

F Name and address of principal officer:
SARA L PATTON
517 NORTH MARKET STREET
WOOSTER OH 44691

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)

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

J Website: **WWW.WAYNECOUNTYCOMMUNITYFOUNDATION.ORG**

H(c) Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u**

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 WAYNE COUNTY, OHIO, AREA THROUGH FUND DEVELOPMENT AND GRANT MAKING ACTIVITIES.		
	2 Check this box <input type="checkbox"/> 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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	192
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	10,741,331	18,624,001
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,706,551	2,199,949
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	99,818	107,217
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,547,700	20,931,167
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,905,058	6,557,985
	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)	255,249	301,683
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) u 121,137		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	245,843	255,087
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,406,150	7,114,755
19 Revenue less expenses. Subtract line 18 from line 12	6,141,550	13,816,412	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	84,933,263	99,641,698
	21 Total liabilities (Part X, line 26)	12,086,797	12,998,840
	22 Net assets or fund balances. Subtract line 21 from line 20	72,846,466	86,642,858

Part II Signature Block

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

Sign Here

Signature of officer: **MARY ALICE STREETER** Date: _____
 Type or print name and title: **TREASURER**

Paid Preparer Use Only

Print/Type preparer's name: **ANDREA L. HOSTETLER** Preparer's signature: **ANDREA L. HOSTETLER** Date: **11/10/20** Check if PTIN self-employed *********

Firm's name: **REA & ASSOCIATES, INC.** Firm's EIN: **** - ***0124**
 Firm's address: **P.O. BOX 696**
WOOSTER, OH 44691 Phone no. **330-262-0061**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes 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 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 \$ 6,729,334 including grants of \$ 6,557,985 (Revenue \$)

THE FOUNDATION IS A TAX-EXEMPT COMMUNITY FOUNDATION, FUNDED BY DONATIONS FROM INDIVIDUALS, BUSINESSES, OTHER NON-PROFITS, CHURCHES, CIVIC ENTITIES AND/OR BEQUESTS FROM THOSE WHO HAVE EXISTING OR PRIOR INTERESTS IN THE GREATER WAYNE COUNTY AREA OF OHIO. THESE MONETARY GIFTS ARE USED FOR GRANT MAKING FOR SCHOLARSHIPS, COMMUNITY PROJECTS, AND OTHER CHARITABLE PURPOSES THAT SERVE THE INTERESTS OF THE GREATER WAYNE COUNTY AREA OF OHIO.

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

N/A

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

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ (Revenue \$)

4e Total program service expenses u 6,729,334

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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	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	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	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		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		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		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		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)		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		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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
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)?		X
b	If "Yes," enter the name of the foreign country u 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
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?		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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 instructions and file Form 4720, Schedule N.		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.		X

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

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 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u** **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.
 Own website Another's website 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 **u**

SARA L. PATTON
WOOSTER

517 N MARKET STREET

OH 44691

330-262-3877

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVE MATTHEW	3.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) MARK A. AUBLE	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(3) MARY ALICE STREETER	2.00									
TREASURER	0.00	X		X			0	0	0	
(4) BRENT R. STEINER	1.00									
SECRETARY	0.00	X		X			0	0	0	
(5) J.C. JOHNSTON III	1.00									
TRUSTEE	0.00	X					0	0	0	
(6) HOWARD J. WENGER	1.00									
TRUSTEE	0.00	X					0	0	0	
(7) MICHAEL D. AGNONI	1.00									
TRUSTEE	0.00	X					0	0	0	
(8) MARIBETH BURNS	1.00									
TRUSTEE	0.00	X					0	0	0	
(9) ROGER D PROPER JR	1.00									
TRUSTEE	0.00	X					0	0	0	
(10) CHERYL M. KIRKBRIDE	1.00									
TRUSTEE	0.00	X					0	0	0	
(11) W. MICHAEL JARRETT	1.00									
TRUSTEE	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) GLEND A LEHMAN ERVIN	1.00									
TRUSTEE	0.00	X					0	0	0	
(13) DR LARRY MARKLEY	1.00									
TRUSTEE	0.00	X					0	0	0	
(14) DEANNA TROUTMAN	1.00									
TRUSTEE	0.00	X					0	0	0	
(15) MARLENE BARKHEIMER	1.00									
TRUSTEE	0.00	X					0	0	0	
(16) WILLIAM J. ROBERTSON	1.00									
TRUSTEE	0.00	X					0	0	0	
(17) ADAM A BRIGGS	1.00									
TRUSTEE	0.00	X					0	0	0	
(18) BALA VENKATARAMAN	1.00									
TRUSTEE	0.00	X					0	0	0	
(19) SARA L PATTON	40.00									
EXECUTIVE DIRECTOR	0.00	X		X			95,150	0	5,000	
1b Subtotal							95,150		5,000	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							95,150		5,000	

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 **u 0**

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

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 **u 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	18,624,001				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,260,097				
	h Total. Add lines 1a-1f	u	18,624,001				
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	1,532,028			1,532,028	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	8,049,940			
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b	7,382,019				
	c Gain or (loss)	7c	667,921				
d Net gain or (loss)	u	667,921			667,921		
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	u						
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	u						
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	u						
Miscellaneous Revenue	11a NET ADMINISTRATIVE FEE INCOME	Business Code	900099	58,647	58,647		
	b MISCELLANEOUS INCOME		900099	27,860	27,860		
	c ANNUAL DINNER		900099	20,710	20,710		
	d All other revenue						
	e Total. Add lines 11a-11d	u		107,217			
12 Total revenue. See instructions	u		20,931,167	107,217	0	2,199,949	

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	5,387,664	5,387,664		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,170,321	1,170,321		
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	95,150	48,527	21,885	24,738
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	168,270	85,818	38,702	43,750
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,410	5,819	2,624	2,967
9 Other employee benefits	8,516	4,343	1,959	2,214
10 Payroll taxes	18,337	9,352	4,217	4,768
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	13,500		13,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	64,521		64,521	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,200		4,200	
12 Advertising and promotion	20,172		5,648	14,524
13 Office expenses	37,955	4,175	29,984	3,796
14 Information technology	20,263		20,263	
15 Royalties				
16 Occupancy	31,587	6,317	9,476	15,794
17 Travel	5,049	2,525		2,524
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	922	101	544	277
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,272	854	1,282	2,136
23 Insurance	16,962		16,962	
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 DUES & SUBSCRIPTIONS	21,142		21,142	
b DEVELOPMENT EXPENSE	12,162	1,338	7,175	3,649
c COMMUNITY SUPPORT	2,180	2,180		
d STATE FILING FEE	200		200	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,114,755	6,729,334	264,284	121,137
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	10,680	1	13,137
	2 Savings and temporary cash investments	3,577,110	2	5,554,132
	3 Pledges and grants receivable, net	1,363,424	3	839,858
	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		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 49,543		
	b Less: accumulated depreciation	10b 42,199	5,567	10c 7,344
	11 Investments—publicly traded securities	79,457,390	11	92,946,766
	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	519,092	15	280,461
16 Total assets. Add lines 1 through 15 (must equal line 33)	84,933,263	16	99,641,698	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	575,515	18	790,600
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	11,444,317	21	12,135,382
	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	66,965	25	72,858
	26 Total liabilities. Add lines 17 through 25	12,086,797	26	12,998,840
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,775,283	27	10,077,573
	28 Net assets with donor restrictions	61,071,183	28	76,565,285
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	72,846,466	32	86,642,858
33 Total liabilities and net assets/fund balances	84,933,263	33	99,641,698	

Part XI Reconciliation of Net Assets		Check if Schedule O contains a response or note to any line in this Part XI <input checked="" type="checkbox"/>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,931,167
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,114,755
3	Revenue less expenses. Subtract line 2 from line 1	3	13,816,412
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	72,846,466
5	Net unrealized gains (losses) on investments	5	-20,020
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	86,642,858

Part XII Financial Statements and Reporting		Check if Schedule O contains a response or note to any line in this Part XII <input type="checkbox"/>	
		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

For Public Inspection

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization WAYNE COUNTY COMMUNITY FOUNDATION	Employer identification number **-***1026
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,744,704	6,319,352	5,942,630	6,527,074	10,611,426	33,145,186
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	3,744,704	6,319,352	5,942,630	6,527,074	10,611,426	33,145,186
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)						4,898,949
6 Public support. Subtract line 5 from line 4.						28,246,237

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	3,744,704	6,319,352	5,942,630	6,527,074	10,611,426	33,145,186
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	838,425	979,212	1,515,087	1,435,765	1,532,028	6,300,517
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.)	88,446	78,520	106,945	99,818	107,217	480,946
11 Total support. Add lines 7 through 10						39,926,649
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	70.75 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	73.70 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

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).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
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.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

NET ADMINISTRATIVE FEE	\$ 252,412
MISCELLANEOUS INCOME	\$ 145,356
ANNUAL DINNER	\$ 83,178

For Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

WAYNE COUNTY COMMUNITY FOUNDATION

** - *** 1026

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions, grants, and total value.

- 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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).
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.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include Total number of conservation easements, Total acreage restricted, etc.

- 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?
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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

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:
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:

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	72,846,466	65,306,506	54,301,966	46,400,036	49,549,399
b Contributions	18,714,351	10,799,606	13,314,303	6,348,348	3,790,780
c Net investment earnings, gains, and losses	2,128,075	3,082,961	3,568,418	5,543,227	-541,498
d Grants or scholarships	6,557,985	5,905,058	5,387,226	3,484,931	5,887,571
e Other expenditures for facilities and programs					
f Administrative expenses	488,050	437,549	490,955	504,714	511,073
g End of year balance	86,642,857	72,846,466	65,306,506	54,301,966	46,400,037

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u 11.63 %**
 - b Permanent endowment **u 54.63 %**
 - c Term endowment **u 33.74 %**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		49,543	42,199	7,344
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u 7,344**

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) GIFT ANNUITY OBLIGATIONS	72,858
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 72,858

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	20,842,426
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-20,020	
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	-20,020	
3	Subtract line 2e from line 1	3	20,862,446	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	68,721	
c	Add lines 4a and 4b	4c	68,721	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	20,931,167	

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	7,046,034
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	-68,721	
e	Add lines 2a through 2d	2e	-68,721	
3	Subtract line 2e from line 1	3	7,114,755	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,114,755	

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 - ESCROW LIABILITY ARRANGEMENT EXPLANATION

THE FOUNDATION HOLDS FUNDS ON BEHALF OF OTHER AREA TAX EXEMPT CHARITABLE ORGANIZATIONS. AT 6/30/20, \$12,135,382 OF ASSETS WERE HELD FOR OTHERS.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

PART X - FIN 48 FOOTNOTE

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

Part XIII Supplemental Information (continued)

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

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER
NET ADMINISTRATIVE FEE REVENUE AND EXPENSES \$ 68,721

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER
NET ADMINISTRATIVE FEE REVENUE AND EXPENSES \$ -68,721

For Public Inspection

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

u Attach to Form 990.

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

Name of the organization

WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number

**** - *** 1026**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	A WHOLE COMMUNITY, INC. PO BOX 1078 WOOSTER OH 44691	** - *** 8306	501C3	5,050				DONATION
(2)	AAC INSTITUTE 1100 WASHINGTON AVE, STE 317 CARNEGIE PA 15106	** - *** 2674	501C3	12,500				ADMIN. SUPPORT
(3)	ADAPTIVE SPORTS PROGRAM OF OHIO 2148 EAGLE PASS, SUITE C WOOSTER OH 44691	** - *** 4442	501C3	22,000				DONATION
(4)	AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON OH 44307	** - *** 9388	501C3	7,000				CONTRIBUTION
(5)	APOSTOLIC CHRISTIAN CHURCH 10699 STEINER ROAD RITTMAN OH 44270	** - *** 7224		11,500				CONTRIBUTION
(6)	APPLE CREEK HISTORICAL SOCIETY P.O. BOX 6 APPLE CREEK OH 44606	** - *** 2705	501C3	12,000				CONTRIBUTION
(7)	ASHLAND UNIVERSITY 401 COLLEGE AVE ASHLAND OH 44805	** - *** 4626		42,396				DONATION
(8)	AULTMAN ORRVILLE HOSPITAL 832 SOUTH MAIN STREET ORRVILLE OH 44667	** - *** 3138	501C3	22,000				CONTRIBUTION
(9)	BEAUTY AND THE BOLD 11201 CEDAR AVE. CLEVELAND OH 44106	** - *** 5775	501C3	5,500				DONATION

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

u Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number

**** - *** 1026**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BOSTON LYRIC OPERA PO BOX 847897 BOSTON MA 02284	** - *** 9627	501C3	6,000				DONATION
(2)	BOWLING GREEN STATE UNIVERISTY FOUN MILETI ALUMNI CENTER BOWLING GREEN OH 43403	** - *** 7199	501C3	20,400				DONATION
(3)	BOYS AND GIRLS CLUB OF WOOSTER 3540 BURBANK ROAD WOOSTER OH 44691	** - *** 9624	501C3	22,837				CONTRIBUTION
(4)	BRIDGEWAY ACADEMY 2500 MEDARY AVE. COLUMBUS OH 43202	** - *** 6242	501C3	35,000				DONATION
(5)	BUCKEYE AUTHORS' BOOK FAIR COMMITTE 527 N MARKET ST. SUITE 2 WOOSTER OH 44691	** - *** 4089	501C2	8,500				BUCKEYE BOOK FAIR
(6)	BUDDHIST FILM FOUNDATION ZAENTZ MEDIA CENTER BERKELEY CA 94710	** - *** 2911	501C3	10,000				DONATION
(7)	CANAAN LUTHERAN CHURCH 10851 FRIENDSVILLE RD CRESTON OH 44217	** - *** 0149		7,000				REPAIR AND DONATION
(8)	CENTRAL AMERICAN MEDICAL OUTREACH 322 WESTWOOD AVE ORRVILLE OH 44667	** - *** 0695	501C3	10,784				DONATION
(9)	CENTRAL CHRISTIAN SCHOOLS P.O. BOX 9 KIDRON OH 44636	** - *** 7071		9,892				CONTRIBUTION

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

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

u Attach to Form 990.

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OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number

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(1)	CHRIST CHURCH UNITED CHURCH OF CHRI 301 N MAIN STREET ORRVILLE OH 44667	** - *** 6589	501C3	7,500				DONATION
(2)	CHRISTIAN CHILDREN'S HOME OF OHIO 2685 ARMSTRONG WOOSTER OH 44691	** - *** 6506	501C3	13,900				CONTRIBUTION
(3)	CITY OF RITTMAN 30 NORTH MAIN STREET RITTMAN OH 44270	** - *** 2308	GOV	37,655				ANNUAL DISBURSEMENT
(4)	CITY OF WOOSTER 538 NORTH MARKET STREET WOOSTER OH 44691	** - *** 3129	GOV	11,700				VARIOUS PROJECTS
(5)	CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND OH 44195	** - *** 4585	501C3	17,700				CARDIAC RESEARCH
(6)	CLEVELAND INTERNATIONAL FILM FESTIV 2510 MARKET AVE CLEVELAND OH 44113	** - *** 2368	501C3	10,000				DONATION
(7)	THE CLEVELAND ORCHESTRA 11001 EUCLID AVENUE CLEVELAND OH 44106	** - *** 4468	501C3	6,500				DONATION
(8)	COLLEGE OF WOOSTER 1189 BEALL AVENUE WOOSTER OH 44691	** - *** 4654	501C3	59,369				VARIOUS PROJECTS
(9)	COMMUNITY ACTION WAYNE MEDINA 905 PITTSBURGH AVENUE WOOSTER OH 44691	** - *** 9210	501C3	25,250				LINCOLN WAY PROJECT

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Department of the Treasury
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(1)	COMMUNITY OF CHRIST CHURCH, INC 834 GRANT ST. AKRON OH 44311	** - *** 7728		5,566				DONATION
(2)	COUNSELING CENTER OF WAYNE & HOLMES 2285 BENDEN DRIVE WOOSTER OH 44691	** - *** 3994	501C3	5,300				ENERGY UPGRADE
(3)	CROHN'S AND COLITIS FOUNDATION 4700 ROCKSIDE RD #425 INDEPENDANCE OH 44131	** - *** 3105	501C3	19,100				DONATION FOR RESEARC
(4)	DALTON LOCAL SCHOOL DISTRICT 177 N. MILL ST. DALTON OH 44618	** - *** 0825		86,185				DONATION
(5)	DOCTORS WITHOUT BORDERS USA, INC. 40 RECTOR ST. 16TH FLOOR NEW YORK NY 10006	** - *** 3452	501C3	14,000				DONATION
(6)	EARLHAM COLLEGE 801 NATIONAL ROAD WEST RICHMOND IN 47374	** - *** 8073	501C3	8,397				ANNUAL DISBURSEMENT
(7)	FIRST PRESBYTERIAN CHURCH 621 COLLEGE AVENUE WOOSTER OH 44691	** - *** 3148	501C3	90,750				CONTRIBUTION
(8)	FIRST UNITED METHODIST CHURCH 533 NORTH GRANT LOVELAND CO 80537	** - *** 6559		9,000				DONATION
(9)	FRIENDS OF HOSPICE WAYNE COUNTY 223 WEST LIBERTY STREET WOOSTER OH 44691	** - *** 0925	501C3	40,000				UPGRADE HVAC

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Department of the Treasury
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(1)	FRIENDS OF WAYNE COUNTY FAIR P.O. BOX 3 WOOSTER OH 44691	** - *** 1827	501C3	403,392				AGRICULTURE MUSEUM
(2)	GHANA BEYOND SUBSISTENCE 1948 WEST HUTTON ROAD WOOSTER OH 44691	** - *** 8735	501C3	20,000				DONATION
(3)	GOODWILL OF WAYNE & HOLMES COUNTIES 1034 NOLD EVENUE WOOSTER OH 44691	** - *** 2032	501C3	27,846				CONTRIBUTION
(4)	GRACE CHURCH 4599A BURBANK ROAD WOOSTER OH 44691	** - *** 2948		25,290				CONTRIBUTION
(5)	GREEN LOCAL SCHOOL DISTRICT 200 SMITHIE DRIVE SMITHVILLE OH 44677	** - *** 1306		41,500				WALL MURAL
(6)	HABITAT FOR HUMANITY WAYNE COUNTY 2700 AKRON RD WOOSTER OH 44691	** - *** 5548	501C3	17,439				DONATION
(7)	HEALING CARE MINISTRIES, LLC PO BOX 96 ASHLAND OH 44805	** - *** 6218	501C3	10,000				DONATION
(8)	HEARTLAND EDUCATION COMMUNITY, INC. 200 N. MAIN STREET ORRVILLE OH 44667	** - *** 6042	501C3	17,501				VARIOUS
(9)	HERITAGE PRIVATE SCHOOL 9060 YODER ROAD STERLING OH 44276	** - *** 7482	501C3	352,500				GENERAL FUND

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Schedule I (Form 990) (2019)

**SCHEDULE I
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(1)	HOLMES COUNTY EDUCATION FOUNDATION 114 NORTH CLAY STREET MILLERSBURG OH 44654	** - *** 1041	501C3	39,800				SCHOLARSHIPS
(2)	HUMAN RIGHTS WATCH 350 5TH AVE., 34TH FLOOR NEW YORK NY 10118	** - *** 5808	501C3	10,000				DONATION
(3)	INTERNATIONAL RESCUE COMMITTEE, INC PO BOX 6068 ALBERT LEA MN 56007	** - *** 0870	501C3	15,000				ASSIST REFUGEES
(4)	JOYFUL ENTERPRISES, INC 3690 MECHANICSBURG RD WOOSTER OH 44691	** - *** 5929	501C3	12,870				DONATION
(5)	KNESSETH ISRAEL TEMPLE PO BOX 972 WOOSTER OH 44691	** - *** 3980		20,000				CONTRIBUTION
(6)	LAKESIDE CHAUTAUQUA FOUNDATION 236 WALNUT AVENUE LAKESIDE OH 43440	** - *** 2755	501C3	6,000				CONTRIBUTION
(7)	LEARN 'N PLAY OF WOOSTER 243 SOUTH BEVER STREET WOOSTER OH 44691	** - *** 2821	501C3	13,000				CONTRIBUTION
(8)	MAIN STREET WOOSTER 377 W LIBERTY STREET WOOSTER OH 44691	** - *** 5787	501C3	8,275				DONATION
(9)	MONTESSORI SCHOOL OF WOOSTER 1170 AKRON ROAD WOOSTER OH 44691	** - *** 5304	501C3	8,500				VARIOUS PROJECTS

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(1)	MORELAND COMMUNITY HIST. SOCIETY 1661 KIMBER RD WOOSTER OH 44691	** - *** 8237	501C3	21,500				RESTORATION
(2)	MUSICAL THEATER PROJECT 5755 GRANGER ROAD, SUITE 830 INDEPENDANCE OH 44131	** - *** 0084	501C3	6,000				DONATION
(3)	NAMI WAYNE AND HOLMES COUNTIES 2525 BACK ORRVILLE ROAD WOOSTER OH 44691	** - *** 3278	501C3	5,240				CONTRIBUTION
(4)	NEW BEGINNINGS CROSSROADS FELLOWSHI 99 E BUCKEYE ST WEST SALEM OH 44287	** - *** 5820	501C3	5,780				CONTRIBUTION
(5)	NORMAN ROCKWELL MUSEUM AT STOCKBRID P.O. BOX 308 STOCKBRIDGE MA 01262	** - *** 0813	501C3	16,000				DONATION
(6)	NORTHWESTERN LOCAL SCHOOL DISTRICT 7473 NORTH ELYRIA ROAD WEST SALEM OH 44287	** - *** 2348		13,600				VARIOUS PROGRAMS
(7)	NORWAYNE LOCAL SCHOOL DISTRICT 350 SOUTH MAIN STREET CRESTON OH 44217	** - *** 3249		90,492				VARIOUS
(8)	NUHOP CENTER FOR EXPERIENTIAL LEARN 1077 TOWNSHIP ROAD 2916 PERRYSVILLE OH 44864	** - *** 8600	501C3	66,407				CONTRIBUTION
(9)	OHIO MENNONITE CAMP ASSOCIATION 152 KIDRON ROAD ORRVILLE OH 44667	** - *** 8128	501C3	10,000				

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(1)	OHIO REGIONAL TRAINING CENTER 684 IRVING SCHOTTENSTEIN DR COLUMBUS OH 43210	** - *** 8223	501C3	50,200				DONATION
(2)	OHIO'S HOSPICE LIFECARE 1900 AKRON ROAD WOOSTER OH 44691	** - *** 2875	501C3	20,384				CONTRIBUTION
(3)	OHUDDLE PO BOX 1296 WOOSTER OH 44691	** - *** 5461	501C3	12,895				CONTRIBUTION
(4)	ONEEIGHTY, INC. GAULT LIBERTY CENTER WOOSTER OH 44691	** - *** 9314	501C3	275,815				VARIOUS
(5)	ORRVILLE AREA BOYS & GIRLS CLUB 820 NORTH ELLA STREET ORRVILLE OH 44667	** - *** 3436	501C3	207,909				VARIOUS
(6)	ORRVILLE CITY SCHOOLS 841 NORTH ELLA ORRVILLE OH 44667	** - *** 2118		26,000				EQUIPMENT/DONATION
(7)	ORRVILLE HISTORICAL MUSEUM PO BOX 437 ORRVILLE OH 44667	** - *** 6156	501C3	9,791				DONATION
(8)	OXFAM INTERNATIONAL 226 CAUSEWAY ST. BOSTON MA 02114	** - *** 9110	501C3	8,000				CONTRIBUTION
(9)	PARADISE CHURCH OF THE BRETHREN PO BOX 126 SMITHVILLE OH 44677	** - *** 7026		16,193				CONTRIBUTION

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(1)	PEOPLE TO PEOPLE MINISTRIES 454 EAST BOWMAN STREET WOOSTER OH 44691	** - *** 4151	501C3	60,021				CONTRIBUTION
(2)	QUOTA INTERNATIONAL OF WOOSER CHARI PO BOX 1384 WOOSTER OH 44691	** - *** 5942	501C3	17,100				CONTRIBUTION
(3)	RAILS TO TRAILS OF WAYNE COUNTY P.O. BOX 1566 WOOSTER OH 44691	** - *** 3726	501C3	5,460				DONATION
(4)	ST AUGUSTINE ROMAN CATHOLIC CHURCH 2486 W 14TH STREET CLEVELAND OH 44113	** - *** 4490	501C3	10,000				DONATIONS
(5)	ST JOHN LUTHERAN CHURCH (MCZENA) 50 COUNTY ROAD 2575 LAKEVILLE OH 44638	** - *** 7582		6,500				PERMITS
(6)	ST JOHN'S CHURCH OF MILLERSBURG 8670 STATE ROUTE 39 MILLERSBURG OH 44654	** - *** 9501		26,000				ENDOWMENT FUND
(7)	ST MARY OF THE IMMACULATE CONCEPTIO 527 BEALL AVENUE WOOSTER OH 44691	** - *** 8406		17,100				CONTRIBUTION
(8)	ST MARY SCHOOL 515 BOWMAN ST WOOSTER OH 44691	** - *** 8406	501C3	5,050				DONATION
(9)	SALVATION ARMY 437 SOUTH MARKET STREET WOOSTER OH 44691	** - *** 2351	501C3	71,419				CONTRIBUTION

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(1)	SCHANTZ MAKERSPACE, INC PO BOX 156 ORRVILLE OH 44667	** - *** 6408	501C3	32,750				CONTRIBUTION
(2)	SMITHVILLE COMMUNITY HIST. SOCIETY PO BOX 12 SMITHVILLE OH 44677	** - *** 6114	501C3	5,928				CONTRIBUTION
(3)	TRINITY UNITED CHURCH OF CHRIST 150 E. NORTH STREET WOOSTER OH 44691	** - *** 7657		42,550				DONATION
(4)	TRIWAY HIGH SCHOOL 3205 SHREVE ROAD WOOSTER OH 44691	** - *** 4925		12,900				EQUIPMENT
(5)	UNITARIAN UNIVERSALIST FELLOWSHIP 3186 BURBANK ROAD WOOSTER OH 44691	** - *** 2124	501C	50,000				BUILDING EXPANSION F
(6)	UNITED WAY WAYNE & HOLMES COUNTIES 215 SOUTH WALNUT STREET WOOSTER OH 44691	** - *** 6973	501C3	233,340				CONTRIBUTION
(7)	UNIVERSITY OF MOUNT UNION 1972 CLARK AVE ALLIANCE OH 44601	** - *** 4687		20,000				
(8)	VANTAGE AGING 2279 ROMING RD AKRON OH 44320	** - *** 1952	501C3	5,500				DONTATIONS
(9)	THE VILLAGE NETWORK 2000 NOBLE DR WOOSTER OH 44691	** - *** 8857	501C3	68,155				CONTRIBUTION

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	VIOLA STARTZMAN FREE CLINIC 1874 CLEVELAND ROAD WOOSTER OH 44691	** - *** 8151	501C3	150,316				CONTRIBUTION
(2)	WADSWORTH CITY SCHOOLS 625 BROAD STREET WADSWORTH OH 44281	** - *** 2962		10,000				SPORTS BOOSTERS
(3)	WAYNE CENTER FOR THE ARTS 237 SOUTH WALNUT STREET WOOSTER OH 44691	** - *** 6097	501C3	108,346				CONTRIBUTIONS
(4)	WAYNE COLLEGE - UNIVERSITY OF AKRON 1901 SMUCKER ROAD ORRVILLE OH 44667	** - *** 2924		27,500				EQUIPMENT
(5)	WAYNE COUNTY AGRICULTURAL SOCIETY 199 VANOVER STREET WOOSTER OH 44691	** - *** 4821	501C3	25,000				VARIOUS PROJECTS
(6)	WAYNE CNTY COM FOR CRIPPLED CHILDRE P.O. BOX 406 WOOSTER OH 44691	** - *** 9524	501C3	20,000				CONTRIBUTION
(7)	WAYNE COUNTY FIRE & RESCUE ASSOC P.O. BOX 336 APPLE CREEK OH 44606	** - *** 1281	501C3	60,814				DONATION
(8)	WAYNE CNTY HISTORICAL SOCIETY OHIO 546 EAST BOWMAN STREET WOOSTER OH 44691	** - *** 1709	501C3	19,333				CONTRIBUTION
(9)	WAYNE COUNTY HUMANE SOCIETY 1161 MECHANICSBURG ROAD WOOSTER OH 44691	** - *** 6098	501C3	27,845				FACILITIES

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number

**** - *** 1026**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WAYNE COUNTY REG TRAINING CENTER PO BOX 336 APPLE CREEK OH 44606	** - *** 1281	501C3	1,032,039				VARIOUS PROJECTS
(2)	WAYNE COUNTY SCHOOLS CAREER CENTER 518 WEST PROSPECT STREET SMITHVILLE OH 44677	** - *** 0350		6,466				EQUIPMENT
(3)	WESTMINSTER PRESBYTERIAN CHURCH 353 EAST PINE STREET WOOSTER OH 44691	** - *** 1124		15,000				CONTRIBUTION
(4)	THE WILDERNESS CENTER, INC. PO BOX 202 WILMOT OH 44689	** - *** 3581	501C3	20,865				QTRLY DISBURSEMENT
(5)	WITTENBURG UNIVERSITY PO BOX 720 SPRINGFIELD OH 45501	** - *** 7177		11,050				CONTRIBUTION
(6)	WOOSTER CMTY HOSPITAL FOUNDATION 1761 BEALL AVE WOOSTER OH 44691	** - *** 5051	501C3	79,363				CANCER CENTER
(7)	WOOSTER FRIENDS OF THE WAYNE COUNTY 224 OAKLEY ROAD WOOSTER OH 44691	** - *** 1123	501C3	61,000				STATUE PROJECT
(8)	WOOSTER HOPE CENTER PO BOX 1204 WOOSTER OH 44691	** - *** 0106	501C3	116,500				DONATION
(9)	WOOSTER MASONIC FOUNDATION INC 140 N MARKET STREET WOOSTER OH 44691	** - *** 7395	501C3	10,000				MASONRY RESTORATION

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number

**** - *** 1026**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WOOSTER SPEECH AND DEBATE PARENTS 899 WOODS EDGE CT WOOSTER OH 44691	** - *** 4506	501C3	9,489				CONTRIBUTION
(2)	WOOSTER UNITED METHODIST CHURCH 243 NORTH MARKET STREET WOOSTER OH 44691	** - *** 8417		95,800				CONTRIBUTION
(3)	WORLD HELP, INC PO BOX 501 FOREST VA 24551	** - *** 5454	501C3	5,565				DONATION
(4)	YMCA OF WOOSTER 680 WOODLAND AVENUE WOOSTER OH 44691	** - *** 6172	501C3	61,250				CONTRIBUTION
(5)	ZION LUTHERAN CHURCH 301 NORTH MARKET STREET WOOSTER OH 44691	** - *** 1693		20,000				MAINTENANCE
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2019)

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS		1,170,321			
2					
3					
4					
5					
6					
7					

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 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

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.

For Public Inspection

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Noncash Contributions

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

OMB No. 1545-0047

2019

**Open To Public
Inspection**

WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number
**** - ***1026**

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	21	2,260,097	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 u ()				
26 Other u ()				
27 Other u ()				
28 Other u ()				

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

29

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

	Yes	No
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.

For Public Inspection

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number

-*1026

FORM 990 - 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 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, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
AN AUDIT COMMITTEE COMPRISED OF TWO TRUSTEES AND TWO NON-TRUSTEES WHO ALL
HAVE FINANCIAL EXPERTISE EVALUATE THE COMPLETED TAX RETURN AND REPORT THEIR
RECOMMENDATIONS TO THE BOARD FOR REVIEW AND APPROVAL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
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, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
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

Name of the organization

Employer identification number

WAYNE COUNTY COMMUNITY FOUNDATION

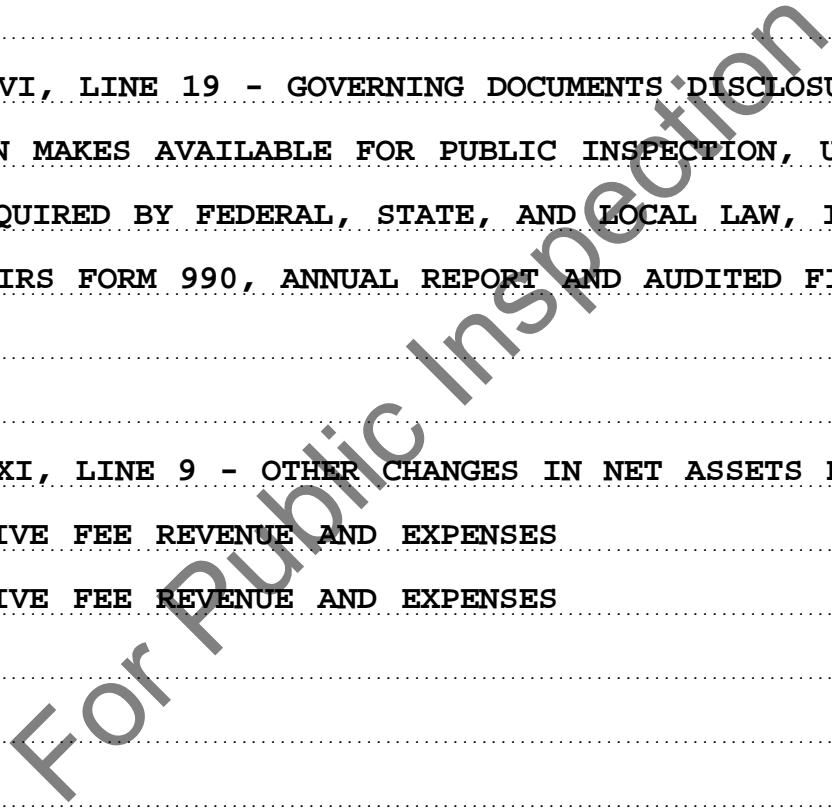
-*1026

SURVEY PERFORMED BY PHILANTHROPY OHIO.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
COMPENSATION PROCESS FOR OFFICER COMPENSATION AND FOR OTHER POSITIONS IS
DETERMINED THROUGH RESEARCH CONDUCTED PERTAINING TO SIMILAR JOB
DESCRIPTION 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, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES AVAILABLE FOR PUBLIC INSPECTION, UPON REQUEST, ALL
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 XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION	
NET ADMINISTRATIVE FEE REVENUE AND EXPENSES	\$ -68,721
NET ADMINISTRATIVE FEE REVENUE AND EXPENSES	\$ 68,721



**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

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

u Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number

**** - ***1026**

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
(1) WCCF HOLDINGS, LLC 517 N. MARKET STREET ** - ***1026 WOOSTER OH 44691	SEE VII	OH	50,086	766	N/A
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

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 alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

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

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

	Yes	No
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 section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

For Public Inspection

Part VII Supplemental Information.

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

SCHEDULE R - ADDITIONAL INFORMATION

ACCEPTING GIFTS OF REAL ESTATE

For Public Inspection