

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

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		D Employer identification number 34-1281026	
	Doing business as		E Telephone number 330-262-3877	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 40,902,405.	
	517 N MARKET STREET		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code WOOSTER, OH 44691		H(b) Are all subordinates included? Yes No		
F Name and address of principal officer: MELANIE GARCIA SAME AS C ABOVE		If "No," attach a list. See instructions		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		H(c) Group exemption number ▶		
J Website: ▶ WWW.WAYNECOUNTYCOMMUNITYFOUNDATION.ORG		L Year of formation: 1978 M State of legal domicile: OH		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶				

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		
	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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	224
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,543,078.	10,070,226.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,496,437.	5,527,436.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,368.	158,932.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,118,883.	15,756,594.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,200,234.	7,691,340.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	243,395.	332,890.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 129,647.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	246,301.	297,605.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,689,930.	8,321,835.	
19 Revenue less expenses. Subtract line 18 from line 12	6,428,953.	7,434,759.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	126,248,009.	110,981,023.
	22 Net assets or fund balances. Subtract line 21 from line 20	17,152,255.	14,924,044.
		109,095,754.	96,056,979.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	MARY ALICE STREETER, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	ANDREA HOSTETLER, CPA	ANDREA HOSTETLER, CP	10/19/22	<input type="checkbox"/>	P00607721
	Firm's name ▶ REA & ASSOCIATES, INC.	Firm's EIN ▶ 34-1310124			
	Firm's address ▶ 230 N. MARKET ST. WOOSTER, OH 44691	Phone no. 330-264-0791			

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 7,869,983. including grants of \$ 7,691,340.) (Revenue \$ 158,932.) THE FOUNDATION IS A TAX-EXEMPT COMMUNITY FOUNDATION, FUNDED BY DONATIONS FROM INDIVIDUALS, BUSINESSES, OTHER NON-PROFITS, CHURCHES, CIVIC ENTITIES AND/OR BEQUESTS FROM THOSE WHO HAVE EXISTING OR PRIOR INTERESTS IN THE GREATER WAYNE COUNTY AREA OF OHIO. THESE MONETARY GIFTS ARE USED FOR GRANT MAKING FOR SCHOLARSHIPS, COMMUNITY PROJECTS, AND OTHER CHARITABLE PURPOSES THAT SERVE THE INTERESTS OF THE GREATER WAYNE COUNTY AREA OF OHIO.

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

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

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

4e Total program service expenses 7,869,983.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARA L PATTON FORMER EXECUTIVE DIRECTOR	40.00						X	60,000.	0.	0.
(2) MELANIE GARCIA EXECUTIVE DIRECTOR	40.00	X		X				14,133.	0.	0.
(3) MARK A AUBLE PRESIDENT	3.00	X		X				0.	0.	0.
(4) MARY ALICE STREETER TREASURER	2.00	X		X				0.	0.	0.
(5) BRENT R STEINER VICE PRESIDENT	1.00	X		X				0.	0.	0.
(6) DEANNA TROUTMAN SECRETARY	1.00	X		X				0.	0.	0.
(7) CYRIL OFORI TRUSTEE	1.00	X						0.	0.	0.
(8) MICHAEL D AGNONI TRUSTEE	1.00	X						0.	0.	0.
(9) MARIBETH BURNS ASST TREASURER	1.00	X		X				0.	0.	0.
(10) ROGER D PROPER JR ASST SECRETARY	1.00	X		X				0.	0.	0.
(11) CHERYL M KIRKBRIDE TRUSTEE	1.00	X						0.	0.	0.
(12) W. MICHAEL JARRETT TRUSTEE	1.00	X						0.	0.	0.
(13) GLENDA LEHMAN ERVIN TRUSTEE	1.00	X						0.	0.	0.
(14) DR LARRY MARKLEY TRUSTEE	1.00	X						0.	0.	0.
(15) STEVE MATTHEW TRUSTEE	1.00	X						0.	0.	0.
(16) MARLENE BARKHEIMER TRUSTEE	1.00	X						0.	0.	0.
(17) WILLIAM J ROBERTSON TRUSTEE	1.00	X						0.	0.	0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for ADAM A BRIGGS and BALA VENKATARAMAN.

Summary rows: 1b Subtotal, c Total from continuation sheets to Part VII, Section A, d Total (add lines 1b and 1c). Values: 74,133, 0, 0.

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 0

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 shows 'NONE'.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,070,226.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,514,365.				
	h Total. Add lines 1a-1f			10,070,226.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,817,386.		1817386.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	28,855,861.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	25,145,811.				
c Gain or (loss)	7c	3,710,050.					
d Net gain or (loss)			3,710,050.		3710050.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a NET ADMINISTRATIVE FEE INCOME	900099	79,996.	79,996.			
	b MISC. REVENUE-RELATED-990	900099	78,936.	78,936.			
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			158,932.			
12 Total revenue. See instructions			15,756,594.	158,932.	0.	5527436.	

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	6,970,778.	6,970,778.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	720,562.	720,562.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	120,831.	57,999.	35,041.	27,791.
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	159,282.	76,455.	46,192.	36,635.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,760.	4,950.	3,120.	2,690.
9 Other employee benefits	21,589.	9,931.	6,261.	5,397.
10 Payroll taxes	20,428.	7,558.	4,086.	8,784.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	20,100.		20,100.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	84,552.		84,552.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	20,013.		5,604.	14,409.
13 Office expenses	46,303.	5,093.	27,322.	13,888.
14 Information technology	22,050.		22,050.	
15 Royalties				
16 Occupancy	35,447.	7,089.	17,724.	10,634.
17 Travel	7,648.	3,824.		3,824.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,310.	1,178.	1,109.	23.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,639.		1,639.	
23 Insurance	17,151.		17,151.	
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 AND SUBSCRIPTIONS	23,310.		23,310.	
b DEVELOPMENT EXPENSE	14,662.	2,346.	6,744.	5,572.
c COMMUNITY SUPPORT	2,220.	2,220.		
d STATE FILING FEE	200.		200.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,321,835.	7,869,983.	322,205.	129,647.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	30,746.	1	19,159.
	2 Savings and temporary cash investments	3,526,956.	2	778,272.
	3 Pledges and grants receivable, net	981,967.	3	680,125.
	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 50,401.		
	b Less: accumulated depreciation	10b 44,841.	5,681.	10c 5,560.
	11 Investments - publicly traded securities	121,438,301.	11	109,225,029.
	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	264,358.	15	272,878.
16 Total assets. Add lines 1 through 15 (must equal line 33)	126,248,009.	16	110,981,023.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	855,000.	18	848,390.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	16,227,529.	21	14,014,181.
	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	69,726.	25	61,473.
	26 Total liabilities. Add lines 17 through 25	17,152,255.	26	14,924,044.
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	17,946,700.	27	18,541,629.
	28 Net assets with donor restrictions	91,149,054.	28	77,515,350.
	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	109,095,754.	32	96,056,979.
	33 Total liabilities and net assets/fund balances	126,248,009.	33	110,981,023.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,756,594.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,321,835.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,434,759.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	109,095,754.
5	Net unrealized gains (losses) on investments	5	-20,473,534.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	96,056,979.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis <input checked="" type="checkbox"/> Consolidated basis Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)

For Public Inspection

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number

34-1281026

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

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5942630.	6527074.	10611426.	13543077.	10070226.	46694433.
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	5942630.	6527074.	10611426.	13543077.	10070226.	46694433.
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)						23761414.
6 Public support. Subtract line 5 from line 4.						22933019.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	5942630.	6527074.	10611426.	13543077.	10070226.	46694433.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1515087.	1435765.	1532028.	1451251.	1817386.	7751517.
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.)	106,945.	99,818.	107,217.	79,368.	158,932.	552,280.
11 Total support. Add lines 7 through 10						54998230.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	41.70 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	65.70 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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.)

For Public Inspection

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	132	
2 Aggregate value of contributions to (during year)	4,961,804.	
3 Aggregate value of grants from (during year)	2,469,358.	
4 Aggregate value at end of year	15,306,605.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	109,095,754.	86,642,857.	72,846,466.	65,306,506.	54,301,966.
b Contributions	10,229,804.	13,617,971.	18,714,351.	10,799,606.	13,314,303.
c Net investment earnings, gains, and losses	-15,031,296.	20,451,414.	2,128,075.	3,082,961.	3,568,418.
d Grants or scholarships	7,599,991.	11,056,127.	6,557,985.	5,905,058.	5,387,226.
e Other expenditures for facilities and programs					
f Administrative expenses	637,292.	560,361.	488,050.	437,549.	490,955.
g End of year balance	96,056,979.	109,095,754.	86,642,857.	72,846,466.	65,306,506.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 19.3030 %
 - b Permanent endowment 57.1239 %
 - c Term endowment 23.5733 %
- 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		50,401.	44,841.	5,560.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,560.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) GIFT ANNUITY OBLIGATIONS	61,473.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	-4,801,492.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-20,473,534.	
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	-20,473,534.	
3	Subtract line 2e from line 1	3	15,672,042.	
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	84,552.	
c	Add lines 4a and 4b	4c	84,552.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,756,594.	

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	8,237,283.
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	-84,552.	
e	Add lines 2a through 2d	2e	-84,552.	
3	Subtract line 2e from line 1	3	8,321,835.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,321,835.	

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THE FOUNDATION HOLDS FUNDS ON BEHALF OF OTHER AREA TAX EXEMPT CHARITABLE ORGANIZATIONS. AT 6/30/22, \$14,014,181 OF ASSETS WERE HELD FOR OTHERS.

PART V, LINE 4:

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, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

Part XIII Supplemental Information (continued)

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET ADMINISTRATIVE FEE REVENUE AND EXPENSES	84,552.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

NET ADMINISTRATIVE FEE REVENUE AND EXPENSES	-84,552.
---	----------

For Public Inspection

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
STIRRUP COURAGE INC. 645 SOUTH KOHLER RD ORRVILLE, OH 44667	86-2771772	501C3	21,500.	0.			GENERAL SUPPORT
ST. MARY SCHOOL 515 BOWMAN ST. WOOSTER, OH 44691	34-0718406	501C3	9,013.	0.			GENERAL SUPPORT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE. MONTGOMERY, AL 36104	63-0598743	501C3	5,750.	0.			GENERAL SUPPORT
SMITHVILLE COMMUNITY HISTORICAL SOCIETY - P.O. BOX 12 - SMITHVILLE, OH 44677	34-1646114	501C3	23,908.	0.			GENERAL SUPPORT
SERVING WOMEN IN GHANA P.O. BOX 127 WOOSTER, OH 44691	45-4230683	501C3	13,600.	0.			GENERAL SUPPORT
SALVATION ARMY 437 SOUTH MARKET STREET; P.O. BOX 7 WOOSTER, OH 44691	13-5562351	501C3	62,618.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **96.**

3 Enter total number of other organizations listed in the line 1 table **29.**

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAILROAD HERITAGE SOCIETY P.O. BOX 11 ORRVILLE, OH 44667	34-1319120	501C3	10,000.	0.			GENERAL SUPPORT
PREGNANCY CARE CENTER OF WAYNE COUNTY - 331 W. LIBERTY ST - WOOSTER, OH 44691	34-1443269	501C3	5,700.	0.			GENERAL SUPPORT
PEOPLE TO PEOPLE MINISTRIES 454 EAST BOWMAN STREET WOOSTER, OH 44691	34-1264151	501C3	33,501.	0.			GENERAL SUPPORT
PATCHWORKS HOUSE 42 MADISON ST TIFFIN, OH 44883	34-1769005	501C3	10,000.	0.			GENERAL SUPPORT
PARENT TO PARENT ORGANIZATION, INC. - 1700 SUITE B OLD MANSFIELD RD. - WOOSTER, OH 44691	34-1409303	501C3	25,000.	0.			GENERAL SUPPORT
OXFAM-AMERICA INC. 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114	23-7069110	501C3	10,200.	0.			GENERAL SUPPORT
ORRVILLE PUBLIC LIBRARY 230 N. MAIN ST ORRVILLE, OH 44667	34-6002120	501C3	26,122.	0.			GENERAL SUPPORT
ORRVILLE HISTORICAL MUSEUM P. O. BOX 437 ORRVILLE, OH 44667	51-0136156	501C3	10,145.	0.			GENERAL SUPPORT
ORRVILLE CAMPUS FOUNDATION P.O. BOX 674 ORRVILLE, OH 44667	23-7080629	501C3	6,600.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORRVILLE AREA BOYS & GIRLS CLUB 820 N. ELLA STREET; P.O. BOX 17 ORRVILLE, OH 44667	34-1003436	501C3	238,417.	0.			GENERAL SUPPORT
ONEEIGHTY, INC. 104 SPINK STREET WOOSTER, OH 44691	34-1269314	501C3	58,746.	0.			GENERAL SUPPORT
YMCA OF WAYNE COUNTY 680 WOODLAND AVENUE WOOSTER, OH 44691	34-0766172	501C3	74,472.	0.			GENERAL SUPPORT
OHIO'S HOSPICE LIFECARE 1900 AKRON ROAD WOOSTER, OH 44691	34-1352875	501C3	701,550.	0.			GENERAL SUPPORT
NUHOP CENTER FOR EXPERIENTIAL LEARNING DBA CAMP NUHOP - 1077 TOWNSHIP ROAD 2916 - PERRYSVILLE, OH 44864	23-7438600	501C3	7,000.	0.			GENERAL SUPPORT
NICK AMSTER SHELTERED WORKSHOP, INC. - 266 OLDMAN RD - WOOSTER, OH 44691	34-0973901	501C3	13,029.	0.			GENERAL SUPPORT
NEW LEAF CENTER P.O. BOX 336 MOUNT EATON, OH 44659	45-5347271	501C3	25,200.	0.			GENERAL SUPPORT
NEW DESTINY TREATMENT CENTER 6694 TAYLOR RD CLINTON, OH 44216	23-7029330	501C3	15,000.	0.			GENERAL SUPPORT
THE CLEVELAND ORCHESTRA 11001 EUCLID AVE CLEVELAND, OH 44106	34-0714468	501C3	12,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COUNSELING CENTER OF WAYNE AND HOLMES COUNTIES - 2285 BENDEN DRIVE - WOOSTER, OH 44691	34-6003994	501C3	6,676.	0.			GENERAL SUPPORT
THE NORMAN ROCKWELL MUSEUM AT STOCKBRIDGE, INC. - P. O. BOX 308 - STOCKBRIDGE, MA 01262	04-2450813	501C3	30,000.	0.			GENERAL SUPPORT
THE OAK CLINIC 10058 E. PLEASANT HOME RD STERLING, OH 44276	34-1930683	501C3	10,000.	0.			GENERAL SUPPORT
WOOSTER-ORRVILLE NAACP P.O. BOX 434 WOOSTER, OH 44691	13-1084135	501C3	8,925.	0.			GENERAL SUPPORT
WOOSTER YOUTH HOCKEY ASSOCIATION 851 OLDMAN RD. WOOSTER, OH 44691	83-1088288	501C3	22,260.	0.			GENERAL SUPPORT
WOOSTER YOUTH BASEBALL LITTLE LEAGUE, INC. - 243 N. MARKET ST. - WOOSTER, OH 44691	34-1593271	501C3	244,000.	0.			GENERAL SUPPORT
WOOSTER TOWNSHIP FIRE AND RESCUE ASSOCIATION - 1917 MILLERSBURG - WOOSTER, OH 44691	34-1429670	501C3	14,044.	0.			GENERAL SUPPORT
WOOSTER SPEECH AND DEBATE PARENTS, INC. - 515 OLDMAN RD. - WOOSTER, OH 44691	46-4024506	501C3	6,343.	0.			GENERAL SUPPORT
WOOSTER ROTARY FOUNDATION 505 N. MARKET ST WOOSTER, OH 44691	34-1299884	501C3	9,215.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOOSTER HOPE CENTER P. O. BOX 1204 WOOSTER, OH 44691	34-1660106	501C3	10,000.	0.			GENERAL SUPPORT
WOOSTER HIGH SCHOOL MUSIC PARENTS ASSOCIATION - 515 OLDMAN RD. - WOOSTER, OH 44691	34-1324347	501C3	9,700.	0.			GENERAL SUPPORT
WOOSTER COMMUNITY HOSPITAL FOUNDATION - 1761 BEALL AVENUE - WOOSTER, OH 44691	34-1785051	501C3	6,700.	0.			GENERAL SUPPORT
WOMEN'S COMMITTEE OF THE WOOSTER SYMPHONY ORCHESTRA - 352 ALISSA LN - CANAL FULTON, OH 44614	23-7216109	501C3	5,900.	0.			GENERAL SUPPORT
WESTERN RESERVE LAND CONSERVANCY 3850 CHAGRIN RIVER RD MORELAND HILLS, OH 44022	34-1571233	501C3	26,000.	0.			GENERAL SUPPORT
WEST VIEW MANOR INC. 1715 MECHANICSBURG RD. WOOSTER, OH 44691	34-0878993	501C3	160,000.	0.			GENERAL SUPPORT
NEW BEGINNINGS CROSSROADS FELLOWSHIP - 99 E. BUCKEYE ST - WEST SALEM, OH 44287	81-2525820	501C3	14,498.	0.			GENERAL SUPPORT
WAYNE GROWTH PARTNERSHIP 542 E. LIBERTY ST. WOOSTER, OH 44691	20-8423110	501C3	10,250.	0.			GENERAL SUPPORT
WAYNE COUNTY REGIONAL TRAINING FACILITY - 2725 S. MILLBORNE RD. - APPLE CREEK, OH 44606	34-1451281	501C3	280,750.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYNE COUNTY HUMANE SOCIETY, INC. 1161 MECHANICSBURG RD. WOOSTER, OH 44691	38-2016098	501C3	34,995.	0.			GENERAL SUPPORT
WAYNE COUNTY HISTORICAL SOCIETY OF OHIO - 546 EAST BOWMAN ST. - WOOSTER, OH 44691	34-0961709	501C3	28,577.	0.			GENERAL SUPPORT
WAYNE COUNTY FIRE & RESCUE ASSOCIATION - 2725 SOUTH MILLBORNE ROAD - APPLE CREEK, OH 44606	34-1451281	501C3	65,843.	0.			GENERAL SUPPORT
WAYNE COUNTY CHILDRENS STEAM PLAYLAB INC. - 3979 BATDORF RD - WOOSTER, OH 44691	84-3521007	501C3	6,000.	0.			GENERAL SUPPORT
WAYNE CENTER FOR THE ARTS 237 SOUTH WALNUT STREET WOOSTER, OH 44691	34-2016097	501C3	177,421.	0.			GENERAL SUPPORT
VIOLA STARTZMAN CLINIC 1874 CLEVELAND RD. WOOSTER, OH 44691	34-1758151	501C3	238,425.	0.			GENERAL SUPPORT
UNITED WAY OF WAYNE & HOLMES COUNTIES, INC. - 215 SOUTH WALNUT STREET - WOOSTER, OH 44691	34-0946973	501C3	268,302.	0.			GENERAL SUPPORT
TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BLVD. STATEN ISLAND, NY 10306	02-0554654	501C3	8,000.	0.			GENERAL SUPPORT
THE WILDERNESS CENTER, INC. P.O. BOX 202 WILMOT, OH 44689	34-0943581	501C3	23,327.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE VILLAGE NETWORK 2000 NOBLE DRIVE WOOSTER, OH 44691	34-0768857	501C3	86,989.	0.			GENERAL SUPPORT
WAYNE COUNTY SCHOOLS CAREER CENTER 518 W. PROSPECT ST. SMITHVILLE, OH 44677	34-1000350	501C3	21,702.	0.			GENERAL SUPPORT
OHUDDLE 969 1/2 BLACHLEYVILLE RD. WOOSTER, OH 44691	47-5165461	501C3	15,122.	0.			GENERAL SUPPORT
NAMI WAYNE AND HOLMES COUNTIES 2525 BACK ORRVILLE ROAD WOOSTER, OH 44691	34-1933278	501C3	16,573.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY IN WAYNE COUNTY - 2700 AKRON RD - WOOSTER, OH 44691	58-1735548	501C3	961,275.	0.			GENERAL SUPPORT
COLUMBUS FOUNDATION 1234 E. BROAD ST COLUMBUS, OH 43205	31-6044264	501C3	249,946.	0.			GENERAL SUPPORT
GOODWILL INDUSTRIES OF WAYNE AND HOLMES COUNTIES INC. - 524 PALMER ST.; P.O. BOX 1188 - WOOSTER, OH 44691	34-1272032	501C3	46,678.	0.			GENERAL SUPPORT
FRIENDS OF WAYNE COUNTY FAIR P. O. BOX 3 WOOSTER, OH 44691	45-5461827	501C3	140,000.	0.			GENERAL SUPPORT
FOUNDATION FOR PRADER - WILLI RESEARCH - 340 S. LEMAN AVE - WALNUT , CA 91789	31-1763110	501C3	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORGET-ME-NOT BASKETS INC. 127 E. LIBERTY ST WOOSTER, OH 44691	27-1172295	501C3	10,750.	0.			GENERAL SUPPORT
APOSTOLIC CHRISTIAN LIFE POINTS 2125 VETERANS RD. MORTON, IL 61550	23-7033585	501C3	115,000.	0.			GENERAL SUPPORT
ASHES TO GLORY FOUNDATION P. O. BOX 532176 LIVONIA, MI 48153	45-2885723	501C3	15,000.	0.			GENERAL SUPPORT
AULTMAN ORRVILLE HOSPITAL 832 SOUTH MAIN STREET ORRVILLE, OH 44667	34-0733138	501C3	38,100.	0.			GENERAL SUPPORT
BACH FESTIVAL SOCIETY OF WINTER PARK - 1000 HOLT AVE #2763 - WINTER PARK, FL 32789	59-6015959	501C3	10,000.	0.			GENERAL SUPPORT
BATTLEZONE WRESTLING, INC. 461 VAL DOSTA CIRCLE WADSWORTH, OH 44281	84-3682175	501C3	7,500.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUBS OF WOOSTER PMB 149, 3540 BURBANK RD WOOSTER, OH 44691	46-3469624	501C3	6,621.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA 40 RECTOR ST. 16TH FLOOR NEW YORK, NY 10006	13-3433452	501C3	24,475.	0.			GENERAL SUPPORT
NATIONAL INVENTORS HALL OF FAME, INC. - 3701 HIGHLAND PARK NW - NORTH CANTON, OH 44270	34-1580038	501C3	12,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUSINESS VOLUNTEER UNLIMITED 1300 E. 9TH ST. # CLEVELAND, OH 44114	34-1724581	501C3	6,000.	0.			GENERAL SUPPORT
CENTRAL AMERICAN MEDICAL OUTREACH INC. - 322 WESTWOOD AVE - ORRVILLE, OH 44667	34-1740695	501C3	8,000.	0.			GENERAL SUPPORT
CORNERSTONE ELEMENTARY SCHOOL PTO 101 WEST BOWMAN ST WOOSTER, OH 44691	34-1843637	501C3	13,000.	0.			GENERAL SUPPORT
HENRY M. HALSTEAD FIELD OF OPPORTUNITY - THE WALNUT GROVE - P.O. BOX 674 - CANFIELD, OH 44406	46-1173535	501C3	10,000.	0.			GENERAL SUPPORT
AMERICAN ACADEMY OF OPHTHALMOLOGY FOUNDATION - P.O. BOX 51119 - LOS ANGELES, CA 90051-5419	94-2682387	501C3	20,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS-WAYNE COUNTY 244 W. SOUTH STREET WOOSTER, OH 44691	53-0196605	501C3	12,339.	0.			GENERAL SUPPORT
HISPANIC MINISTRIES OF TUSCARAWAS COUNTY, INC. - 701 WALNUT AVENUE NE - CANTON, OH 44702	31-1555846	501C3	25,500.	0.			GENERAL SUPPORT
MONTESSORI SCHOOL OF WOOSTER 1170 AKRON ROAD WOOSTER, OH 44691	34-1905304	501C3	14,100.	0.			GENERAL SUPPORT
MATTHEW 25 OUTREACH CENTER 2572 JANE STREET WOOSTER, OH 44691	81-4836782	501C3	21,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOVING SHEPARD INTERNATIONAL SERVICES AND FOUNDATION, INC. - P. O. BOX 375 - BLUFFTON, IN 46714	36-4495623	501C3	10,500.	0.			GENERAL SUPPORT
LEAGUE OF WOMEN VOTERS US EDUCATION FUND - 2059 MYRTA DR - WOOSTER, OH 44691	53-0239013	501C3	7,500.	0.			GENERAL SUPPORT
ADAPTIVE SPORTS PROGRAM OF OHIO 2148 EAGLE PASS, SUITE C WOOSTER, OH 44691	27-1144442	501C3	13,050.	0.			GENERAL SUPPORT
AKRON CHILDREN'S HOSPITAL FOUNDATION - ONE PERKINS SQUARE - AKRON, OH 44308	23-7114013	501C3	7,350.	0.			GENERAL SUPPORT
LAKESIDE CHAUTAUQUA FOUNDATION 236 WALNUT AVENUE LAKESIDE, OH 43440	20-4072755	501C3	26,000.	0.			GENERAL SUPPORT
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307	34-1369388	501C3	14,000.	0.			GENERAL SUPPORT
KILLBUCK WATERSHED LAND TRUST 131 S. MARKET ST WOOSTER, OH 44691	34-1938076	501C3	24,000.	0.			GENERAL SUPPORT
CHRISTIAN CHILDREN'S HOME OF OHIO 2685 ARMSTRONG RD WOOSTER, OH 44691	34-1056506	501C3	20,322.	0.			GENERAL SUPPORT
KIDRON VOLUNTEER FIRE DEPARTMENT P. O. BOX 155 KIDRON, OH 44636	34-6606759	501C3	19,658.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL RESCUE COMMITTEE, INC. - P. O. BOX 6068 - ALBERT LEA, MN 56007-9847	13-5660870	501C3	15,000.	0.			GENERAL SUPPORT
INCLUDEABILITY 1350 WILDWOOD DR WOOSTER, OH 44691	86-3972656	501C3	28,000.	0.			GENERAL SUPPORT
HUMAN RIGHTS WATCH 350 5TH AVE, 34TH FLOOR NEW YORK, NY 10118	13-2875808	501C3	10,000.	0.			GENERAL SUPPORT
HOLMES COUNTY EDUCATION AND COMMUNITY FOUNDATION - 114 N. CLAY STREET - MILLERSBURG, OH 44654	34-1631041	501C3	37,020.	0.			GENERAL SUPPORT
APOSTOLIC CHRISTIAN CHURCH 1560 COUNTY ROAD NORTH SWANTON, OH 43558	23-7196697	CHURCH	25,000.	0.			NEW BUILDING PROJECT
BROOMFIELD UNITED METHODIST CHURCH 545 W. 10TH AVE BROOMFIELD, CO 80020	84-6067150	CHURCH	12,000.	0.			GENERAL SUPPORT
RITTMAN APOSTOLIC CHRISTIAN CHURCH 10699 STEINER RD. RITTMAN, OH 44270	34-1507224	CHURCH	33,000.	0.			GENERAL SUPPORT
CANAAAN LUTHERAN CHURCH 10851 FRIENDSVILLE RD CRESTON, OH 44217	34-6560149	CHURCH	13,250.	0.			GENERAL SUPPORT
CHRIST CHURCH UNITED CHURCH OF CHRIST - 301 N. MAIN STREET - ORRVILLE, OH 44667	34-0896589	CHURCH	7,150.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APOSTOLIC CHRISTIAN VILLAGE, INC 10680 STEINER RD RITTMAN, OH 44270	34-1155210	CHURCH	11,150.	0.			GENERAL SUPPORT
WOOSTER UNITED METHODIST CHURCH 243 NORTH MARKET STREET WOOSTER, OH 44691	34-0718417	CHURCH	102,422.	0.			GENERAL SUPPORT
ZION LUTHERAN CHURCH ELCA 301 NORTH MARKET STREET WOOSTER, OH 44691	34-0931693	CHURCH	35,000.	0.			GENERAL SUPPORT
THE CHURCH OF ST. JOHN THE EVANGELIST - 61 POPLAR ST. - NEWPORT, RI 02840	05-6008874	CHURCH	10,000.	0.			GENERAL SUPPORT
ST. MARY OF THE IMMACULATE CONCEPTION CATHOLIC CHURCH - 527 BEALL AVENUE - WOOSTER, OH 44691	34-0718406	CHURCH	12,000.	0.			GENERAL SUPPORT
PLEASANT HILL BAPTIST CHURCH P. O. BOX 426 SMITHVILLE, OH 44677	34-1863411	CHURCH	25,000.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 533 NORTH GRANT LOVELAND, CO 80537	84-0456558	CHURCH	12,000.	0.			GENERAL SUPPORT
ST. PAUL LUTHERAN CHURCH 777 SOUTH SUMMIT ST. SMITHVILLE, OH 44677	34-1330810	CHURCH	6,829.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 621 COLLEGE AVENUE WOOSTER, OH 44691	34-0733148	CHURCH	57,760.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN'S CHURCH OF MILLERSBURG 8670 STATE ROUTE 39 MILLERSBURG, OH 44654	20-0869501	CHURCH	24,680.	0.			GENERAL SUPPORT
KNESSETH ISRAEL TEMPLE P.O. BOX 972 WOOSTER, OH 44691	31-6243980	CHURCH	30,000.	0.			GENERAL SUPPORT
GRACE CHURCH 4599A BURBANK RD. WOOSTER, OH 44691	34-0922948	CHURCH	22,309.	0.			GENERAL SUPPORT
CRESTON PRESBYTERIAN CHURCH 13070 CLEVELAND ROAD CRESTON, OH 44217	23-7418409	CHURCH	12,579.	0.			GENERAL SUPPORT
TRINITY UNITED CHURCH OF CHRIST 150 E. NORTH STREET WOOSTER, OH 44691	34-0777657	CHURCH	57,300.	0.			GENERAL SUPPORT
UNITARIAN UNIVERSALIST FELLOWSHIP OF WAYNE COUNTY - 3186 BURBANK ROAD - WOOSTER, OH 44691	34-1192124	CHURCH	100,000.	0.			GENERAL SUPPORT
STATE OF OHIO OHIO DEPT. OF NATURAL RESOURCES; 2045 MORSE RD. - COLUMBUS, OH 43229	31-1334820	GOVERNMENT	523,550.	0.			GENERAL SUPPORT
CITY OF RITTMAN 30 N. MAIN ST. RITTMAN, OH 22470	34-6002308	GOVERNMENT	78,449.	0.			GENERAL SUPPORT
VILLAGE OF DOYLESTOWN 24 S. PORTAGE ST DOYLESTOWN, OH 44230	34-6000873	GOVERNMENT	21,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF ORRVILLE 207 NORTH MAIN STREET ORRVILLE, OH 44667	34-6002121	GOVERNMENT	12,000.	0.			GENERAL SUPPORT
WOOSTER COMMUNITY HOSPITAL HEALTH SYSTEM - 1761 BEALL AVENUE - WOOSTER, OH 44691	34-6003129	GOVERNMENT	65,000.	0.			GENERAL SUPPORT
NORTHWESTERN LOCAL SCHOOL DISTRICT 7571 N. ELYRIA ROAD WEST SALEM, OH 44287	34-1892348	SCHOOL	5,100.	0.			GENERAL SUPPORT
ORRVILLE CITY SCHOOLS 815 NORTH ELLA ORRVILLE, OH 44667	34-6002118	SCHOOL	9,350.	0.			GENERAL SUPPORT
NORWAYNE HIGH SCHOOL 350 S. MAIN STREET CRESTON, OH 44217	34-6003249	SCHOOL	17,543.	0.			GENERAL SUPPORT
UNIVERSITY OF MOUNT UNION 1972 CLARK AVE. ALLIANCE, OH 44601	34-0714687	SCHOOL	50,000.	0.			GENERAL SUPPORT
WOOSTER CITY SCHOOLS 144 N. MARKET ST. WOOSTER, OH 44691	34-6003127	SCHOOL	67,930.	0.			GENERAL SUPPORT
EARLHAM COLLEGE 801 NATIONAL ROAD WEST, DRAWER 193 RICHMOND, IN 47374	35-0868073	SCHOOL	8,460.	0.			GENERAL SUPPORT
THE COLLEGE OF WOOSTER 1189 BEALL AVE. WOOSTER, OH 44691	34-0714654	SCHOOL	74,041.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALTON LOCAL SCHOOL DISTRICT 177 N. MILL ST DALTON, OH 44618	34-6000825	SCHOOL	34,134.	0.			GENERAL SUPPORT
GREEN LOCAL SCHOOLS 200 SMITHIE DRIVE; P. O. BOX 438 SMITHVILLE, OH 44677	34-6001306	SCHOOL	34,000.	0.			GENERAL SUPPORT

For Public Inspection

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP GRANTS	356	720,562.	0.		

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SARA L PATTON FORMER EXECUTIVE DIRECTOR	(i)	60,000.	0.	0.	0.	0.	60,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

For Public Inspection

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17	2,514,365	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

For Public Inspection

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Multiple horizontal lines for supplemental information.

For Public Inspection

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number

34-1281026

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

GRANT MAKING ACTIVITIES.

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

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

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BASED ON A STUDY
OF SIMILAR POSITIONS WITHIN OTHER NON-PROFIT ORGANIZATIONS. MERIT INCREASES
ARE DETERMINED FROM SEVERAL SOURCES, INCLUDING AN ANNUAL COMPENSATION
SURVEY PERFORMED BY PHILANTHROPY OHIO.

COMPENSATION PROCESS FOR OFFICER COMPENSATION AND FOR OTHER POSITIONS IS
DETERMINED THROUGH RESEARCH CONDUCTED PERTAINING TO SIMILAR JOB DESCRIPTION

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

Schedule O (Form 990) 2021

Name of the organization WAYNE COUNTY COMMUNITY FOUNDATION	Employer identification number 34-1281026
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WITHIN THE NON-PROFIT SECTOR IN THE STATE OF OHIO. WHEN COMBINED WITH A PERFORMANCE REVIEW, AN ANNUAL MERIT INCREASE IS ESTABLISHED.

FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED THE METHODS IT USES TO SELECT OR EVALUATE IT'S INDEPENDENT AUDITOR FROM THE PRIOR YEARS.

For Public Inspection

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WCCF HOLDINGS, LLC - 34-1281026 517 N. MARKET STREET WOOSTER, OH 44691	SEE VII	OHIO	40.	846.	

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

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

Schedule R (Form 990) 2021

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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	

For Public Inspection

Part VII Supplemental Information

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

FORM 990, SCHEDULE R, PART I

ACCEPTING GIFTS OF REAL ESTATE

For Public Inspection