Form	<u> </u>	90		Organizatio	-				OMB No. 1545-0	0047
			Under section 501(c), 52	ations)	2022	2				
Department of the Treasury				social security numb		-	-		Open to Pub	
		enue Service		v.irs.gov/Form990 fo					Inspection	
A B			dar year, or tax year beginning C Name of organization	· · ·		06/30/202		mployorido	ntification num	hor
			Doing business as	YNE COUNTY	COMMUNITY	FOUNDATI				ber
X		ess change	Number and street (or P.O. b	ox if mail is not delivered	to street address)	Room/suite		-26568 elephone nun		
Ц		e change						•		
Ц	Initial return       918       CHURCH       STREET       SUITE F       (570)         Final return/terminated       City or town, state or province, country, and ZIP or foreign postal code       City or town, state or province, country, and ZIP or foreign postal code       City or town, state or province, country, and ZIP or foreign postal code									
Ц	Amended return Honesdale, PA 18431 G Gross recei									
Ш	Applica		F Name and address of princip			~ -			bordinates? Yes	=
			214 NINTH STRE						icluded? Yes	No No
			<b>X</b> 501(c)(3) 501(		b.) 4947(a)(1) or	527	4	' attach a list. Se		
	Vebsit		EFOUNDATION.OF					exemption num		
		f organization:	Corporation Trust	Association Othe	er <b>L</b> Y	ear of formation: <b>1</b>	.991	M State of	legal domicile:	PA
P	art I		•							
	1	•	ibe the organization's missior	-						
Governance			UNDATION'S MIS			ENHANCE	THE (	QUALIT	X OF. LT	<u>. F.F.</u>
naı			L PEOPLE IN WA							
vel	2		ox 🔲 if the organization dis				1			~ 1
	3		oting members of the governi				1	3		21
Activities &	4		ndependent voting members of				1	4		21
itie	5		r of individuals employed in c				Г	5		2
ž	6		r of volunteers (estimate if ne				r i i i i i i i i i i i i i i i i i i i	6		1
¥			ed business revenue from Pa					7a		0.
	b	Net unrelate	d business taxable income fro	om Form 990-T, Part I,	line 11	<u></u>		7b		0.
							rYear		Current Yea	
-	8		s and grants (Part VIII, line 1				82,39	6.	2,628,4	44.
Revenue	9	-	Program service revenue (Part VIII, line 2g)							
SVe	10			(Part VIII, column (A), lines 3, 4, and 7d)						<u>343.</u>
Å	11		ue (Part VIII, column (A), lines							
	12		e – add lines 8 through 11 (m				202,89		<u>2,993,7</u>	
	13		similar amounts paid (Part IX,				83,84	4.	1,109,7	<u>/85.</u>
	14		d to or for members (Part IX, o							
S	15		er compensation, employee b		( )		92,83	6.	188,8	<u>302.</u>
nse			fundraising fees (Part IX, col							
Expenses	b		sing expenses (Part IX, colur		111,921					
ш	17		ses (Part IX, column (A), line				.83,57		242,7	
	18		es. Add lines 13-17 (must ec				860,25		1,541,2	
	19	Revenue les	s expenses. Subtract line 18	from line 12			342,63		1,452,4	
Net Assets or Fund Balances						Beginning of			End of Year	
ssets Balar	20		(Part X, line 16)			-	89,15		2,099,9	
et As Ind E	21		es (Part X, line 26)....				42,34		98,2	
			r fund balances. Subtract line	e 21 from line 20		. 9,9	946,80	8. 1	2,001,7	/06.
	art II	- 5								
			ry, I declare that I have examined					of my knowled	dge and belief, it	t is
true	e, corr	ect, and comple	ete. Declaration of preparer (oth	er than officer) is based o	on all information of which	ch preparer has any	knowledge.			
_	L		-							
Si	gn∣⁼	Signature of off	icer				Date			
He				IDENT/CEO						
		Type or print na								
Pa	aid		be preparer's name	Preparer's signa	ature	Date		heck 🔀 if	PTIN	
	epa	rer <u>Bra</u> d	ly T Murray	Bradly	T Murray	12/19/	<u>2023</u>	elf-employed	P01405	<u>5951</u>
			ame BRADLY T. MU				Firm's El	N 86-1	936291	
	-		ddress 363 WATTS F			A 18431	Phone n	<u>(570)</u>	470-291	5

	Firm's address 363	WATTS	HILL R	ND HONESDA	LE, PA	18431	Phone no. (570) 470	)-2915		
May the IRS discuss this return with the preparer shown above? See instructions										
For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										
UYA										

	990 (2022) WAYNE COUNTY COMMUN		1	23-2656896 Page 2
Par	t III Statement of Program Service			_
	Check if Schedule O contains a response o	r note to any line in this Part I	1	· · · · · · · · · · · · · · · · []
1	Briefly describe the organization's mission:			
	THE FOUNDATION INVESTS I			
	ENCOURAGING PHILANTHROPY			
	ACTIVITIES, AND ASSESSIN	G & ADDRESSING	G COMMUNITY NEEDS	•
2	Did the organization undertake any significant prog			
	prior Form 990 or 990-EZ?			Yes 🔀 No
	If "Yes," describe these new services on Schedule			
3	Did the organization cease conducting, or make si	• •		
	services?			🗌 Yes 🔀 No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accor			-
	expenses. Section 501(c)(3) and 501(c)(4) organized		the amount of grants and allocations	to others,
	the total expenses, and revenue, if any, for each p	*	000 045	
4a			930,245.)(Revenue \$_	)
	THE FOUNDATION SUPPORTS			INITIATIVES IN
	THE COMMUNITY THROUGH GF	ANTS AND AWARL	DS.	
4b			<b>179,540.</b> )(Revenue \$	)
	STUDENTS WERE AIDED IN I			
	EDUCATION THROUGH THE FO	UNDATION'S VAR	RIOUS SCHOLARSHIP	PROGRAMS.
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
			, , ,	,
4d	Other program services (Describe on Schedule O			
	(Expenses \$ including grants of	f\$	) (Revenue \$	)
4e	Total program service expenses			1,109,785.
UYA				Form <b>990</b> (2022)

# Form 990 (2022) WAYNE COUNTY COMMUNITY FOUNDATION Part IV Checklist of Required Schedules

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

# Form 990 (2022) WAYNE COUNTY COMMUNITY FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
• •	employees? If "Yes," complete Schedule J.	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		~
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or			
	founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		~
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?			
	If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			
	If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,			••
22		32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		~
54	or IV, and Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes,", complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
De	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	t 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	· · · ·		
1 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling)			
-	winnings to prize winners?	1c		

Form 99	0 (2022) WAYNE COUNTY COMMUNITY FOUNDATION 23-26	568	<b>96</b> P	vage 5
Part V			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>x</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<b> </b>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-		
	and services provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├───
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c	_	<u> </u>
d		7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0	sponsoring organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	4-		v
	or excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
		. /		

### Form 990 (2022) WAYNE COUNTY COMMUNITY FOUNDATION

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.

Sect	ion A. Governing Body and Management					
			Yes	No		
1 a	Enter the number of voting members of the governing body at the end of the tax year					
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?					
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6		Х		
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?	7a		x		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?	7b		x		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:					
а	The governing body?	8a	х			
b	Each committee with authority to act on behalf of the governing body?	8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x		
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
10 a	Did the organization have local chapters, branches, or affiliates?	10a		х		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х			
12 a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	х			
b		12b	X			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
•	describe on Schedule O how this was done.	12c	x			
13	Did the organization have a written whistleblower policy?	13	X			
14	Did the organization have a written document retention and destruction policy?	14	X			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official.	15a	х			
b	Other officers or key employees of the organization	15b	x			
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16 a						
	with a taxable entity during the year?	16a		x		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint					
	venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with					
	respect to such arrangements?	16b				
Sect	ion C. Disclosure		1	1		
17	List the states with which a copy of this Form 990 is required to be filed <b>PA</b>					
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 of the section 501(	nlv)				
	available for public inspection. Indicate how you made these available. Check all that apply.	///y/				
	Own website Another's website X Upon request Other ( <i>explain on Schedule O</i> )					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and					

20

financial statements available to the public during the tax year.

### Form 990 (2022) WAYNE COUNTY COMMUNITY FOUNDATION

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 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.

		(C)								
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	(do n	(do not check more than one				ne	Reportable	Reportable	Estimated amount
	hours	box, ı	box, unless person is both an			an	compensation	compensation	of other	
	per week (list any	office	er and	d a d	irecto	or/truste	ee)	from the organization (W-2/	from related organization (W-2/	compensation from the
	hours for	or d	Inst	Office Institu		Fol em Ke		1099-MISC/	1099-MISC/	organization and
	related	Individual trustee or director	Institutional trustee	Cer	Key employee	ploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	l ă l t	ona		oldt	ee co				
	below dotted line)	uste	trus		/ee	npe				
		ě	stee			Highest compensated employee				
						d				
(1) RYANNE JENNINGS	40.00									
PRESIDENT/CEO				x				77,689.		
(2) WARREN SCHLOESSER	00.50									
DIRECTOR		x								
(3) JAY STARNES	01.00									
FIRST VICE PRESIDENT		X		x						
(4) JOHN CARMODY	01.00									
SECOND VICE PRESIDENT		X		x						
(5) VICKY BOTJER	00.50									
DIRECTOR		X								
(6) PETER BOCHNOVICH	00.50									
DIRECTOR		X								
(7) WILLIAM GERSHEY	00.50									
DIRECTOR		X								
(8) SHARON HERZOG	00.50									
DIRECTOR		X								
(9) MARK JAMES	00.50	-								
DIRECTOR		X								
(10) JAMES B KILGORE	00.50									
DIRECTOR		X								
(11) PAUL M MEAGHER	00.50									
DIRECTOR		X								
(12) KIM MODROVSKY	00.50									
DIRECTOR		X								
(13) PATRICIA K MOHN	00.50									
DIRECTOR		X		<u> </u>						
(14) SANDRA RICKARD	00.50									
DIRECTOR		X								

#### Form 990 (2022) WAYNE COUNTY COMMUNITY FOUNDATION Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

#### 23-2656896 Page 8

		(C)										
(A)	(B)	(B) Position Average (do not check more than on hours per box, unless person is both a				(D)	<b>(E)</b> Reportable		(	F)		
Name and title	Average				ne	Reportable			Estimate	ed amount		
	hours per				is both	an	compensation	compensation			other	
	week (list any hours for	office	r and	a di	recto	or/truste	e)	e) from the from related organization (W-2/ organization (W-			•	ensation n the
	related	Ind or a	Ins	Off	Ke	Hig em	Fo	1099-MISC/	1099-MISC/			ation and
	organizations	Individual or director	titut	Officer	y en	ploy	Former	1099-NEC)				ganizations
	below dotted	ual t ctor	iona		Key employee	t co/	-					
	line)	Individual trustee or director	f		yee	mpe						
		ee	Institutional trustee			Highest compensated employee						
						Ited						
(15) RONALD ROWE	01.00											
BOARD CHAIR		Х		x								
(16) ALYCIA SCHWARTZ	01.00											
TREASURER		Х		x								
(17) GENE SHULTZ	00.50											
DIRECTOR		х										
(18) MEG WELKER	01.00											
SECRETARY		х		x								
(19) SARAH DRAIDFORT	00.50											
DIRECTOR		х										
(20) KATHERINE BRYANT	00.50											
DIRECTOR		х										
(21) JONATHON KLINE	00.50											
DIRECTOR		х										
	00.50											
DIRECTOR		х										
(23) KIMBERLY OXHOLM	00.50											
DIRECTOR		х										
(24)												
(25)												
1b Subtotal								77,689.				
c Total from continuation sheets to Pa	•											
d Total (add lines 1b and 1c)								77,689.				
2 Total number of individuals (including b	out not limit	ed to	thos	se li	iste	d abo	ve)	who received m	ore than \$1	00,00	)0 of	
reportable compensation from the orga	nization											
												Yes No
3 Did the organization list any former offic	er, director	, trust	ee, ł	key	em	ploye	e, c	or highest compe	ensated			
employee on line 1a? If "Yes," complete	Schedule J	for su	ıch i	indi	ividı	ial					3	X
<b>4</b> For any individual listed on line 1a, is the	sum of rep	oortab	le co	om	pen	satior	n ar	nd other compen	sation from	the		
organization and related organizations gr	eater than	\$150,	000'	? If	Υe	es," co	omp	olete Schedule J	for such			
individual											4	X
5 Did any person listed on line 1a receive of												
for services rendered to the organization	? If "Yes," (	compl	lete .	Sch	hedi	ule J f	for s	such person .			5	X
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest of compensation from the organization. Rep tax year</li> </ol>												n's
tax year. (A)								(B)			(C)	
Name and business address								Description of se	ervices	(	Compens	ation

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

# Form 990 (2022) WAYNE COUNTY COMMUNITY FOUNDATION

### Part VIII Statement of Revenue

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

				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	( <b>C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512-514
ທູ່ ທ	1a	Federated campaigns 1a					
ant	b	Membership dues					
ອີຣິ							
ţŝ,	C	Fundraising events					
ilar İlar	d	Related organizations					
Sim's,	е	Government grants (contributions) 1e					
Contributions, Gifts, Grants, and Other Similar Amounts	f	All other contributions, gifts, grants,					
the bu		and similar amounts not included above 1f	2,628,444.				
d T	g	Noncash contributions included in lines 1a-1f 1g	\$300,716.				
a O	h	<b>Total.</b> Add lines 1a–1f		2,628,444.			
			Business Code				
nuə	2a						
Reve	b						
e E	-						
ž	C .						
ъ С	d						
grar	e						
Program Service Revenue	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest	3				
		and other similar amounts)		280,841.	280,841.		
	4	Income from investment of tax-exempt bond proc	ceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
	י א						
	_ a	Net rental income or (loss)					
	/ a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a 998,397</b> .					
	b	Less: cost or other basis					
		and sales expenses 7b 913,895.					
	C	Gain or (loss) 7c 84,502.					
	d	Net gain or (loss)		84,502.			
đ							
nu	8a	Gross income from fundraising					
eve		events (not including \$					
Other Revenu		of contributions reported on line 1c).					
ihei		See Part IV, line 18					
ō	Ь	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities.					
	58						
	Ι.						
		Less: direct expenses					
			 I				
	10 a	Gross sales of inventory, less					
		returns and allowances					
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory					
			Business Code				
€	11 a						
nuć	b						
scellaneo Revenue	c						
Miscellaneous Revenue	ы Б	All other revenue					
Σ							
		Total. Add lines 11a-11d          Total revenue.       See instructions		2 002 707	280 941		
	12	I Utal revenue. See Instructions		<u>, 101, 101.</u>	200,041.		1

#### Form 990 (2022) WAYNE COUNTY COMMUNITY FOUNDATION 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).

Do r	ot include amounts reported on lines 6b, 7b, 8b, 9b,	(A)	(B)	(C)	(D)
	10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	930,245.	930,245.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	179,540.	179,540.		
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	84,843.	50,905.	8,485.	25,45
6	Compensation not included above to disqualified persons	04,043.		0,400.	20,40
Ŭ	(as defined under section 4958(f)(1)) and persons				
	described in section 4958(c)(3)(B)				
7	Other salaries and wages	78,514.	52,032.	12,395.	14,08
, 8	Pension plan accruals and contributions (include section	10,014.	52,032.	12,395.	14,00
5					
9	401(k) and 403(b) employer contributions).	11,216.	7 105	1 200	0 70
	Other employee benefits		7,125.	1,389.	<u> </u>
0	Payroll taxes	14,229.	8,945.	1,837.	3,44
1	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting	15,450.		15,450.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	84,069.	84,069.		
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	26,660.		6,000.	20,66
2	Advertising and promotion	14,733.			14,73
3	Office expenses	18,105.		18,105.	
4	Information technology.	16,520.	6,000.	6,390.	4,130
5	Royalties				
6	Occupancy	10,830.		10,830.	
7	Travel				
8	Payments of travel or entertainment expenses for any				
	federal, state, or local public officials				
9	Conferences, conventions, and meetings	8,113.			8,11
0					• / = = •
1	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,921.		5,921.	
3		2,010.		2,010.	
4	Other expenses. Itemize expenses not covered above.	2,010.		2,010.	
•	(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.)	10.000			10.00
	ANNUAL DINNER	18,269.		17 200	18,26
	PROFESSIONAL DEVELOPMENT	17,322.		17,322.	
C		1,984.		1,984.	
	MISCELLANEOUS	2,722.		2,395.	32
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,541,295.	1,318,861.	110,513.	111,92
6	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)				

### Form 990 (2022) WAYNE COUNTY COMMUNITY FOUNDATION Part X Balance Sheet

-	Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
		(A)		(B)
		Beginning of year		End of year
1	Cash — non-interest-bearing.		1	209,054
2	Savings and temporary cash investments	· · · · · · · · · · · · · · · · · · ·	2	1,471,05
3	Pledges and grants receivable, net		3	
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	20,000.	7	18,47
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges.		9	
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation		10c	
11	Investments — publicly traded securities	9,066,570.	11	10,374,19
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		15	
16	Total assets. Add lines 1 through 15 (must equal line 33).		16	12,099,95
17	Accounts payable and accrued expenses	16,142.	17	22
18	Grants payable	26,206.	18	17,29
19	Deferred revenue		19	80,72
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
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 person	s	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		25	
26	Total liabilities. Add lines 17 through 25	42,348.	26	98,248
	Organizations that follow FASB ASC 958, check here			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	699,155.	27	872,16
28	Net assets with donor restrictions.			
		9,247,653.	28	11,129,54
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances.	9,946,808.	32	12,001,70
33	Total liabilities and net assets/fund balances.		33	12,099,95

Form 9	90 (2022) WAYNE COUNTY COMMUNITY FOUNDATION	23-265	6896	Pa	ge <b>12</b>
Par	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)	2	,993	3,7	<u>87.</u>
2	Total expenses (must equal Part IX, column (A), line 25).         2	1	,541	.,2	<u>95.</u>
3	Revenue less expenses. Subtract line 2 from line 1	1	,452	2,4	92.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	9	,946	5,8	08.
5	Net unrealized gains (losses) on investments		602	2,4	06.
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	12	,001	.,7	06.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII.				
			N	/es	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🕱 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a s		-		
	basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	x	
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis	t i i i i i i i i i i i i i i i i i i i			
	basis, or both:	, conconduced			
	Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
, i	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on		20	<u> </u>	
	Schedule O.				
3 9	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
54	theUniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ja		Δ
L	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
UYA	$\sim$			990	(2022)
UTA			FOIM	330	(2022)

SCHEDULE A	Pub	Iblic Charity Status and Public Support					OMB No. 1545-0047
(Form 990)	Complete if the organiza		-	2022			
Department of the Treasury		Atta		Open to Public			
Internal Revenue Service	Go t	to www.irs.gov/F	orm990 for instructions ar	nd the latest	t informatio	on.	Inspection
Name of the organization WAYNE COUNTY	COMMINITY	FOINDATT	ON			Employer identification	
			l organizations mus	t comple	te this p		
The organization is no							
1 🗌 A church, co	nvention of churche	s, or associati	on of churches descri	bed in <b>se</b>	ction 17	0(b)(1)(A)(i).	
			. (Attach Schedule E				
			anization described i				
	•	operated in co	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A	A)(III). Enter the
	me, city, and state:	benefit of a co	ollege or university ow	ned or or	perated b	v a governmental i	init described in
	(b)(1)(A)(iv). (Comp					y a govorninontar t	
		•	mental unit described		•		
<b>—</b> •	ion that normally realised in that normally realised in the section 170(b)(1)(A		antial part of its supp ete Part II)	ort from a	a governn	nental unit or from	the general public
			)(1)(A)(vi). (Complete	e Part II.)			
	-		d in <b>section 170(b)(1</b> )			-	
•	or a non-land-grant	college of agr	iculture (see instruction	ons). Ente	er the nar	ne, city, and state	of the college or
university:	ion that normally ro	coives (1) mor	o than 33 1/3% of its	support f	rom cont	ributions mombors	hip foos and gross
receipts from	activities related to	its exempt fur	e than 33 1/3% of its nctions, subject to cer related business taxal	tain exce	ptions; a	nd (2) no more that	n 33 1/3% of its
support from acquired by	l gross investment in the organization afte	r June 30, 19	related business taxal 75. See <b>section 509(</b>	ble incom (a)(2). (Co	e (less se mplete F	ection 511 tax) from Part III.)	n businesses
			sively to test for public				
			vely for the benefit of,	•		•	• •
		-	escribed in section 5				
		-	scribes the type of sup supervised, or control		-	-	-
		•	gularly appoint or ele			•	
••	on. You must comp	•	• • • • •				
		•	d or controlled in conr		•		
	-		anization vested in th , Sections A and C.	e same p	ersons th	nat control or mana	ge the supported
-		-	ng organization opera	ted in cor	nnection	with, and functiona	lly integrated with,
• • •			s).You must comple				
	-	•	porting organization of	•			<b>e</b> ( )
			zation generally must				d an attentiveness
-	,		mplete Part IV, Secti written determination				II Type III
			onally integrated supp				, n, rype ni
					-		
<b>g</b> Provide the fol	lowing information a	about the supp	orted organization(s)				
(i) Name of supporte	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))	docur		instructions)	instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							

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

(E)

Schedu	le A (Form 990) 2022 <b>WAYNE COU</b>	NTY COMM	UNITY FO	UNDATION	r	23-265	56896 Page 2
Part						d 170(b)(1)(A	.)(vi)
	(Complete only if you checked the						
	Part III. If the organization fails t	o qualify und	er the tests li	isted below, p	lease comple	ete Part III.)	-
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.").	943,585.	1,170,827.	2,056,046.	3,878,999.	2,628,444.	10,677,901.
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	943,585.	1,170,827.	2,056,046.	3,878,999.	2,628,444.	10,677,901.
5	The portion of total contributions by						
	each person (other than a governmental						
	unit or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						10,677,901.
	on B. Total Support	1	1	1	1	1	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7		<u>943,585.</u>	1,170,827.	2,056,046.	3,878,999.	2,628,444.	10,677,901.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
•		143,167.	131,989.	119,950.	171,448	.280,841.	847,395.
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
44							
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.		l ions)			12	11,525,296.
13	<b>First 5 years.</b> If the Form 990 is for the o						(2)(2)
15	organization, check this box and <b>stop he</b>						
Secti	on C. Computation of Public Suppo	ort Percentar	<u></u>		<u></u>		
14	Public support percentage for 2022 (line			11 column (f	))	14	92.65%
15	Public support percentage from 2021 Scl	. ,	•	• •			56.48%
16a	<b>33 1/3 % support test–2022.</b> If the organ						
···u	box and <b>stop here.</b> The organization qua						
b	33 1/3 % support test–2021. If the organ		• • • •	•			
	check this box and <b>stop here.</b> The organ						
17a	10%-facts-and-circumstances test-202				-		
	10% or more, and if the organization me	•					
	Part VI how the organization meets the fa						
	organization.			-			 [_
b	10%-facts-and-circumstances test-202						
-	15 is 10% or more, and if the organizatio	•					
	Explain in Part VI how the organization m					-	
	supported organization				-	-	· · · · · · · · [
18	Private foundation. If the organization d						d see
	instructions						

Schedu	le A (Form 990) 2022 WAYNE COU	NTY COMM	UNITY FO	UNDATION	ſ	23-26	56896 Page 3
Part	III Support Schedule for Organiza	ations Desc	ribed in Sect	tion 509(a)(2	)		
	(Complete only if you checked th	ne box on line	e 10 of Part I	or if the orga	nization faile	d to qualify	under Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	l.)	
Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ŭ	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
5							
	furnished by a governmental unit to the						
•	organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
-	on B. Total Support		1		I	I	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the o	rganization's fi	irst, second, th	ird, fourth, or t	fifth tax year as	a section 5	01(c)(3)
	organization, check this box and stop her	e					
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2022 (lin	ne 8, column	(f), divided b	y line 13, col	umn (f)).	. 15	%
16	Public support percentage from 2021						%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2022	(line 10c, colu	mn (f), divided	by line 13, co	lumn (f))	. 17	%
18	Investment income percentage from 202	•	.,	•			%
19a	33 <sup>1</sup> /3 % support tests-2022. If the organ						3 <sup>1</sup> /3%, and
	line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this						
b	331/3 % support tests-2021. If the organize	-	-				-
	line 18 is not more than 331/3%, check this h						
20	Private foundation. If the organization di	-	-	-		• •	-

Schedul	WAYNE COUNTY COMMUNITY FOUNDATION 23-26	5689	96 P	Page <b>4</b>
Part	V Supporting Organizations			
	(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, comple			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part			te
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part	V.)	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
•	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	_	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported	2		
3a	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		
Ja	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
Ň	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
-	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
	designated in the organization's organizing document?	5b		
с	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
-	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?			
0-	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described	0.0		
<b>۲</b>	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," <i>provide detail in <b>Part VI.</b></i>	9b		
~	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	30		
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	50		
.04	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
~	determine whether the organization had excess business holdings.)	10b		

# Schedule A (Form 990) 2022 WAYNE COUNTY COMMUNITY FOUNDATION Part IV Supporting Organizations (continued) FOUNDATION 
- Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 а A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a A family member of a person described on line 11a above? b 11b A 35% controlled entity of a person described on line 11a or 11b above?/f "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c С Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization. describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part **VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how
  - the organization maintained a close and continuous working relationship with the supported organization(s).
    By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organization.

## Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b**  $\square$  The organization is the parent of each of its supported organizations. *Complete* **line 3** below.
- c U The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** *those supported organizations and explain* how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2

3

<ul> <li>Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C</li> <li>1 Check here if the organization satisfied the Integral Part Test as a qualifying See instructions. All other Type III non-functionally integrated supporting</li> </ul>	g trust o	n Nov. 20, 1970 <i>(expl</i> a	-
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> 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		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

-	e A (Form 990) 2022 WAYNE COUNTY COMMU				3-2656896 Page 7
Part		3) Supporting Organ	nizations (continu	uea)	
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish			1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required		t <b>VI</b> )	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 whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required- <i>explain in Part VI</i> ). See instr.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI.</b> See instructions.				
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				
UYA					Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Schedule A (F Part VI	Supplemental Informat Part III, line 12; Part IV, S lines 1 and 2; Part IV, Se	ion. Provide t Section A, line ction C, line 1;	he explanations req s 1, 2, 3b, 3c, 4b, 4d Part IV, Section D,	c, 5a, 6, 9a, 9b, 9c, 11a lines 2 and 3; Part IV, \$	<b>23–2656896</b> Page <b>8</b> Part II, line 17a or 17b; , 11b, and 11c; Part IV, Section B, Section E, lines 1c, 2a, 2b, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also co	mplete this par	t for any additional	information. (See instru	ictions.)

SCHEDULE D	
(Form 990)	

# 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.

1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.					
	Employer identification	on number			

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Inspection

WAYI				2656896
Part	Organizations Maintaining Donor Adv Complete if the organization answered		ids or <i>l</i>	Accounts.
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year	26	23	
2	Aggregate value of contributions to (during year).			798,446.
3	Aggregate value of grants from (during year)			40,660.
4	Aggregate value at end of year			2,281,093.
5	Did the organization inform all donors and donor advisors in			
•	property, subject to the organization's exclusive legal control	-		
6	Did the organization inform all grantees, donors, and donor			
•	purposes and not for the benefit of the donor or donor advis		-	
	private benefit?			🗙 Yes 🗌 No
Part	Conservation Easements.			
	Complete if the organization answered "	Yes" on Form 990. Part IV. line 7.		
1	Purpose(s) of conservation easements held by the organize			
•	Preservation of land for public use (for example, recrea		storically i	important land area
	Protection of natural habitat	Preservation of a	-	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form of	aconserv	vation easement on the last day
-	of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements		-	2b
c	Number of conservation easements on a certified historic s			20 2c
d	Number of conservation easements included in (c) acquire		-	20
u	listed in the National Register.	-		2d
3	Number of conservation easements modified, transferred,		· · · L	20
5		released, extinguished, or terminated by the		
4	organization during the tax year	accoment in located		
- <del>-</del> 5	Does the organization have a written policy regarding the p		ationa	
5	and enforcement of the conservation easements it holds?			Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting			
U	Stan and volunteer hours devoted to monitoring, inspecting		allon cas	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and onforcing conservation	0.0000000	onte during the year
'	Amount of expenses mounted in monitoring, inspecting, na		Caseme	
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the requirements of section 170(b)	(4)(B)(i)	
Ū	and section 170(h)(4)(B)(ii)?			Yes
9	In Part XIII, describe how the organization reports conserva			
Ŭ	include, if applicable, the text of the footnote to the organization			
	conservation easements.		organiza	
Part		s of Art. Historical Treasures. or	Other	Similar Assets.
	Complete if the organization answered "			
1a	If the organization elected, as permitted under FASB ASC		l balance	sheet works
	of art, historical treasures, or other similar assets held for p			
	service, provide in Part XIII the text of the footnote to its fin			
b	If the organization elected, as permitted under FASB ASC		ance she	eet works of
~	art, historical treasures, or other similar assets held for put			
	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 to			
-	required to be reported under FASB ASC 958 relating to th		,, p.ov	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			

	ule D (Form 990) 2022 WAYNE COUNT							<u>656896</u>	Page <b>2</b>
Par	III Organizations Maintaining C	collections of	Art, His	torical 1	<b>Freasures</b>	, or Ot	her Similar As	sets (cor	ntinued)
3	Using the organization's acquisition, accession (check all that apply):	n, and other records	s, check ar	y of the fo	llowing that m	iake sign	ificant use of its col	lection items	
а	Public exhibition		d	Loan	or exchange p	orogram			
b	Scholarly research		е	Other					
с	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain	how they f	urther the	organization's	exempt	purpose in Part XII		
5	During the year, did the organization solicit or r	receive donations o	f art, histor	ical treasu	res, or other s	similar as	sets to be sold to ra	aise funds	
	rather than to be maintained as part of the orga								🗌 No
Par		gements.							orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodiar	n or other intermedia	ary for con	tributions o	or other asset	s not incl	uded		
	on Form 990, Part X?							. 🗌 Yes	No No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	lowing tabl	e:					
							Amo	unt	
С	Beginning balance.					<b>1</b> c			
d	Additions during the year.					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For						· ?	. Yes	No
b	If "Yes," explain the arrangement in Part XIII. C								
Par			promotion	<u></u>					
	Complete if the organization a	nswered "Yes"	on Forn	1 990. P	art IV. line	10.			
		(a) Current year	1	ior year	1		(d) Three years bac	(e) Four y	ears back
1a	Beginning of year balance								
									, <u>231.</u> ,019.
b	Contributions	,1/2,120.	5,125	,//4.	1,945,	432.	1,0/9,/11	. 905	,019.
С	Net investment earnings, gains, and	000 170	0.50	410	1 1 7 0	010	40.000	010	764
		809,170.					48,088		<u>,764.</u>
d	Grants or scholarships.	986,482.	775	,660.	426,	104.	594,141	. 474	,922.
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses	112,929.		,324.		151.	52,728		<u>,156.</u>
g	End of year balance					273.	<u>4,705,886</u>	.4,224	<u>,956.</u>
2	Provide the estimated percentage of the currer	nt year end balance	(line 1g, c	olumn (a))	held as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment%								
С	Term endowment <b>100.00</b> %								
	The percentages on lines 2a, 2b, and 2c shoul	ld equal 100%.							
3a	Are there endowment funds not in the possess	sion of the organiza	tion that ar	e held and	administered	l for the			
	organization by:							Y	es No
	(i) Unrelated organizations							. 3a(i)	X
	(ii) Related organizations							. 3a(ii)	x
b	If "Yes" on line 3a(ii), are the related organizati								
4	Describe in Part XIII the intended uses of the o	•							
_	t VI Land, Buildings, and Equipm Complete if the organization a	nent.			art IV line	112 9	See Form 000	Part X lin	a 10
	Description of property	(a) Cost or othe			r other basis		Accumulated	(d) Book va	
	Description of property	(a) Cost of othe (investme		. ,	ther)	• • •	preciation		aiue
1a	Land								
b	Buildings								
c	Leasehold improvements				4,150.		830.	3	,320.
d				2	29,654.		5,791.		,863.
e	Other								,
	Add lines 1a through 1e. (Column (d) must equ		K. column i	B), line 10	c.).			27	,183.
UYA			, (	,, <b>c</b> . <b>c</b>	- /• • • • • •			dule D (Form	

			~ '			
S	chedule	D	(Form	990)	2022	

Schedule D (Form 990) 2022 WAYNE COUNTY COMMUNITY FO	UNDATION	23-2656896 Page
Part VII Investments — Other Securities.		
Complete if the organization answered "Yes" on Form	(b) Book value	1D. See Form 990, Part X, line 12. (c) Method of valuation:
(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year market value
<ul> <li>(1) Financial derivatives</li></ul>		
(3) Other(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments — Program Related.		
Complete if the organization answered "Yes" on Form	n 990, Part IV, line 1	1c. 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)		
<u>(3)</u>		
(4)		
(5)		
<u>(6)</u>		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		

Complete if the	organization	answered "Y	es" on	Form 990	, Part IV,	line 11	d. See F	orm	990, F	'art X, I	line 1	5.

(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 i	ncome taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
	(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.

Schedu	Ile D (Form 990) 2022 WAYNE COUNTY COMMUNITY FOUNDAT	ION		23-2	2656896	Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents V	Vith Revenue per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV	, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,512,	124.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	602,406.	,		
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines <b>2a</b> through <b>2d</b>			2e	602,	406.
3	Subtract line <b>2e</b> from line <b>1</b>	: · · :		3	2,909,	<u>718.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	84,069.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines <b>4a</b> and <b>4b</b>			4c		069.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2,993,	<u>.787.</u>
Part			• •	er Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Pa			<u>т т</u>		
1	Total expenses and losses per audited financial statements			1	1,457,	226.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)	·				
е	Add lines 2a through 2d			2e		
3	Subtract line <b>2e</b> from line <b>1</b>	; · · ;		3	1,457,	<u>,226.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b		84,069.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines <b>4a</b> and <b>4b</b>			4c		069.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,541,	<u>295.</u>
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.

P5, Ln 4

THE FOUNDATION'S ENDOWMENT CONSISTS OF NUMEROUS INDIVIDUAL FUNDS P5, Ln 4 ESTABLISHED FOR A VARIETY OF PURPOSES.

/	

SCHEDULE I	I	Grants a	and Other	Assistanc	e to Orga	nizations,		OMB No. 1545-0047
(Form 990)	(m 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							2022
Department of the Treasury		Complete if t	-	Attach to Form	990.			Open to Public
Internal Revenue Service			Go to www.irs.	gov/Form990 for	the latest morma	uon.	I	Inspection
Name of the organization								Employer identification number
WAYNE COUNTY CO								23-2656896
	formation on Gra							
-			•	-	-		the grants or assistan	
the selection criteria								🔲 Yes 🗌 No
2 Describe in Part IV	the organization's p	procedures for mor	itoring the use	of grant funds in	the United State	es.		
								wered "Yes" on Form 990,
	21, for any recipie				· ·		ace is needed.	
1 (a) Name and addre	-	(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
(1) COUNTY OF WA	YNE							
925 COURT STREET HONES	DALE, PA 18431	24-6000758		100,852.				WAYNE TOMORR & GRANT MATCH
(2) WAYNE COUNTY A	RTS ALLIANCE							
PO BOX 645 HONESDA	LE, PA 18431	56-2312185	501(c)(3)	96,500.				PROGRAM GRANTS
(3) WAYNE HIGHLA	NDS SD			,				
459 TERRACE STR	EET 18431	23-1726316		38,533.				EITC GRANT
(4) WALLENPAUPAC				,				
2552 RT 6 HAWLE		24-6002509		28,133.				EITC GRANT
(5) WESTERN WAYN				,				
1970C EASTON TURNPIKE LAK	E ARIEL, PA 18436	24-6002582		28,133.				EITC GRANT
(6) FRED HUTCHINSO								
1100 FAIRVIEW AVE N. Ste. STE	J6-330 SEATTLE, WA 983	23-7156071	501(c)(3)	25,000.				CANCER RESEARCH & CARE
(7) LAKE WALLEN. W	ATERSHED MGT							
129 LAMBERTON LN HAW	LEY, PA 18428	23-2169178	501(c)(3)	22,650.				PROGRAM GRANTS
(8) SUSAN G KOMEN	- GREATER PA							
13770 NOEL ROAD Ste. STE 80188	39 DALLAS, TX 75380	75-1835298	501(c)(3)	19,150.				BK CANCER RESEARCH
(9) KIESENDAHL FAM	ILY ENDOW RE							
PO BOX 852 HERSH	EY, PA 17033			15,000.				BK CANCER RESEARCH
(10) SUMMIT CHURC	H INC							
15220 TAMIANI TRAIL NORTH	NAPLES, FL 34110	35-2210054	501(c)(3)	10,000.				KEMPTON FUND GRANT
(11) WAYNE LIBRAR				,				
1406 NORTH MAIN STREET HON		23-3024130	501 (c) (3)	8,243.				PROGRAM GRANTS
(12) FOREST CITY				1				
100 SUSQUEHANNA STREET FO				7,600.				EITC GRANT
2 Enter total number of	section 501(c)(3) a	and government or	ganizations liste		ble	· · · · · · · · · · ·		
3 Enter total number of								
			_					

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

## Schedule I (Form 990) 2022 WAYNE COUNTY COMMUNITY FOUNDATION

#### 990) 2022 WAYNE COUNTY COMMUNITY FOUNDATION 23-265 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information.	Provide the informati	on required in Par	t I. line 2: Part III. c	olumn (b): and any other a	dditional information.

Schedule I F				e to Orga	nizations		OMB No. 1545-0047	
SCHEDULE I       Grants and Other Assistance to Organizations,         (Form 990)       Governments, and Individuals in the United States         Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.					6	2022		
Department of the Treasury Attach to Form 990.						Open to Public		
Internal Revenue Service		Go to www.irs.	gov/Form990 for	the latest information	tion.		Inspection	
Name of the organization							Employer identification number	
WAYNE COUNTY COMMUNITY FOU	INDATION						23-2656896	
Part I General Information on Gra	ants and Assist	ance						
1 Does the organization maintain records	s to substantiate th	e amount of the	e grants or assis	tance, the grante	es' eligibility for	the grants or assistar	nce, and	
the selection criteria used to award the	grants or assistan	ice?					🗋 Yes 🔄 No	
2 Describe in Part IV the organization's p								
Part II Grants and Other Assistance		•				0	swered "Yes" on Form 990	
Part IV, line 21, for any recipie	ent that received	more than \$5,	000. Part II car	be duplicated		ace 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	
(1) IT TAKES A VILLAGE								
259 GRIFFITH ROAD TYLER HILL, PA 18469	84-3381514	501(c)(3)	7,000.				PROGRAM GRANTS	
(2) JOHNSON COLLEGE			,					
3427 NORTH MAIN AVENUE SCRANTON, PA 18508	24-0795439	501 (c) (3)	6,700.				PROGRAM GRAN	
(3) BRIAN HUNT RUTHERFORD FUND								
144 KELLOWS ROAD HONESDALE, PA 18431			5,000.				PROGRAM GRANI	
(4) WAYNE MEMORIAL HLTH FOUND								
601 PARK STREET HONESDALE, PA 18431	23-2208596	501 (c) (3)	5,000.				PROGRAM GRAN	
(5)			1					
(6)								
	-							
(7)								
(8)	-							
(9)								
	-							
(10)	-							
(44)								
(11)	_							
(12)	_							
<b>2</b> Enter total number of section 501(c)(3) a								
3 Enter total number of other organizations	s listed in the line 1	table						

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

UYA

# **Noncash Contributions**

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

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

OMB	No.	1545-00	47

2022 Open to Public Inspection

# WAYNE COUNTY COMMUNITY FOUNDATION

 •	
Employer identificati	on number
23-265689	6

Pari	Types of Property	(2)	(b)	(c)		(d)		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor	of detern	nining n amo	l unts
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		2	300,716.	FMV			
10	Securities – Closely held stock							
11	Securities – Partnership, LLC,							
	or trust interests							
12	Securities – Miscellaneous							
13	Qualified conservation							
	contribution – Historic							
	structures.							
14	Qualified conservation							
	contribution – Other							
15	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate – Other							
18	Collectibles							
19	Food inventory.							
20	Drugs and medical supplies							
21	Taxidermy.							
22	Historical artifacts							
23	Scientific specimens.							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the		during the tax year for contributi	ons for which the				
	organization completed Form 8283, Part	t V, Donee A	cknowledgement		29			0
						`	Yes	No
30 a	During the year, did the organization rec	eive by contr	ibution any property reported in	Part I, lines 1 through 28,				
	that it must hold for at least 3 years from	the date of	he initial contribution, and which	n isn't required to be used for ex	empt			
	purposes for the entire holding period?					30a		
b	If "Yes," describe the arrangement in Pa	art II.						
31	Does the organization have a gift accept	ance policy t	hat requires the review of any no	onstandard				
	contributions?					31		
32 a	Does the organization hire or use third p							
	contributions?					32a		
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amou	nt in column	(c) for a type of property for whi	ch column (a) is checked,				
	describe in Part II.							
For Par	perwork Reduction Act Notice, see the Inst	ructions for F	orm 990.		Schedul	e M (For	m 990	) 2022

Schedule M (Form 990) 2022 Part II Supplemental I the organization or a combination	Information.	Provide the Part I, colu	e information re umn (b), the nur	nber of contribut	lines 30b, 32b, and 33, and wheth ions, the number of items received	<sub>age</sub> 2 er d,
P1, Col B		complete t				
NUMBER OF CONTRI	BUTIONS					
-						

## 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.



Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

### WAYNE COUNTY COMMUNITY FOUNDATION

Employer identification number

23-2656896

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization	Employer identification number
WAYNE COUNTY COMMUNITY FOUNDATION	23-2656896
Part VI Line 11b	
THE FOUNDATION PROVIDES A DRAFT COPY OF 990 TO THE BOARD	BEFORE FILING.
Part VI Line 11b	
THE BOARD REVIEWS AND ANY QUESTIONS ARE ADDRESSED PRIOR	TO FILING.
Part VI Line 12c	
ANNUAL DISCLOSURE IS REQUIRED AT THE ANNUAL MEETING. OFF	ICERS &
Part VI Line 12c	
DIRECTORS ARE INSTRUCTED TO MAKE DISCLOSURE IN A TIMELY	FASHION.
Part VI Line 15a or b	
THE BOARD REVIEWS COMPENSATION ANNUALLY USING INDUSTRY	
Part VI Line 15a or b	
STANDARDS AND COMPARABLES TO ADJUST AS APPROPRIATE.	
Part VI Line 19	
THE FOUNDATION MAINTAINS ALL SUCH DOCUMENTS AVAILABLE UP	ON REQUEST AT ITS
Part VI Line 19	
OFFICES.	