Form	990
Form	330

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 2022 Open to Public Inspection

Dep Inter	artment nal Bev	of the Treasury enue Service Go to www.irs.gov/Form990 for instructions and the la	-			Open to Public Inspection
		e 2022 calendar year, or tax year beginning JUL 1, 2022 and endi)23	and the second se
в	Check if applicat			D Employer id	_	tion number
Г	Addr	ges WAYNE CENTER FOR THE ARTS				
Ē	Nam	θ		34-201	609	7
Ē	Initia		om/suite	E Telephone nu		
	Final		in our o	330-26		787
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		728,804.
	Amei returi	Med WOOSTER, OH 44691	-	H(a) Is this a gro	oup retu	
	Appl tion	F Name and address of principal officer: SARA STARR BRINK		for subordi		
	pend	ING SAME AS C ABOVE		H(b) Are all subordle		
<u> </u>	Тах-ө	kempt status: 🔀 501(c)(3) 🚺 501(c) () (insert no.) 🛄 4947(a)(1) or	527	If "No," att	ach a lis	st. See instructions
	Webs			H(c) Group exe	nption	number
		of organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year o	f formation: 19	73 <u>M</u>	State of legal domicile; OH
P	art I	Summary				
đ	1	Briefly describe the organization's mission or most significant activities: ENRICHI	ING I	IVES AND)	
Activities & Governance		STRENGTHENING COMMUNITIES THROUGH ART.				
s ne	2	Check this box if the organization discontinued its operations or disposed o	of more t	han 25% of its n	et asse	
QVe	3	Number of voting members of the governing body (Part VI, line 1a)			3	15
9 9	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	15
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5	24
Viti	6	Total number of volunteers (estimate if necessary)			6	б
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
	<u> </u> b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		7b	0.
			·	Prior Year		Current Year
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)	🖵	324,46		288,784.
Revenue	9	Program service revenue (Part VIII, line 2g)		195,24		300,295.
Jev Ver	10	Investment Income (Part VIII, column (A), lines 3, 4, and 7d)		112,24		38,777.
	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48,96		86,887.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		680,92		714,743.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				<u> </u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		440.04	<u>0.</u>	0.
es.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		449,84	_	543,980.
ens	168	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)			<u> </u>	070 101
	1 "			204,16		278,323.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u> </u>		822,303.
or	19	Revenue less expenses, Subtract line 18 from line 12		inning of Current '		-107,560.
ts o		Tetal consta (Part V. line 14)		2,891,57		End of Year 2,931,965.
Assets	20	Total assets (Part X, line 16)		40,46		<u> </u>
let /	1	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		2,851,10		2,846,449.
Ē	art II	Signature Block		<u>, 100</u>	/=+	4,040,447.

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 SACA SARA STARR BRINK, EXECUTIN Type or print name and title	MBrut JE DIRECTOR	Date 3	28/24
Paid	Print/Type preparer's name CARL WELLS	Preparer's signature CARL WELLS	Date Che 03/28/24 sei	harmond [
Preparer	Firm's name MEADEN & MOORE, L'	FD.	Firm's El	N 34-1818258
Use Only	Firm's address 2363 EAGLE PASS,	SUITE A		
	WOOSTER, OH 44691	-5344	Phone no	.330-264-7307
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2022) WAYNE CENTER FOR THE ARTS	34-2016097	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		_
	ENRICHING LIVES AND STRENGTHENING COMMUNITIES THROUGH A	ART UTILIZING	4
	STRATEGIC PILLARS:		
	1. INCREASE ARTS ACCESS BY REMOVING REAL AND PERCEIVED	BARRIERS TO	
	ART;		
2	Did the organization undertake any significant program services during the year which were not listed on the		XNo
	prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O.	Yes	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service:		XNo
3	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 of		
	revenue, if any, for each program service reported.		
4a		evenue \$ 333,	548.)
	WAYNE CENTER FOR THE ARTS HAS CONTINUED TO PROVIDE PROC		·
	INCLUDING CLASSES/WORKSHOPS WITH ARTISTS; PUBLIC PERFOR	MANCES FOR YO	UNG
	AUDIENCES; CURRICULUM-BASED PROGRAMS FOR GRADES K-12;		
	LECTURES/DEMONSTRATION PROGRAMS BY ARTISTS AND PRE/POST		
	DISCUSSIONS WITH THE ARTISTS, EDUCATORS AND STAFF; TEAC	CHER WORKSHOPS	;
	AND ARTISTS-IN-SCHOOLS RESIDENCIES.		
4b	(Code:) (Expenses \$) (Re	^)
40	(Code:) (Expenses \$) (Re	Venue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Ref.	venue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 584,276.		
		Form S	90 (2022)
232002	2 12-13-22		
	3		

0 - 4 + 0 - 2 - 0 - 4 - 1 - 2 - 2 - 1 - 0 - 4 - 1 - 0 - 4 - 1 - 0 - 1 - 0 - 1 - 0 - 1 - 0 - 1 - 0 - 1 - 0 - 1 - 0 - 1 - 0 - 1 - 0 - 1 - 0 - 1 - 0 - 1 - 0 - 0	09440328	759834	15231.	.0
---	----------	--------	--------	----

Form	990	(2022)
	330	(2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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 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	_		77
-	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			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	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	•		v
•	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?	•		v
10	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	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	<u> </u>
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	<u> </u>
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
Ŭ	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		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1
	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			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	├──
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
232003	12-13-22	⊦orm	330	(2022)

232003 12-13-22

Form	990	(2022)
	330	120221

			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		<u>x</u>
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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
07		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		<u> </u>
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00	23	I
	Check if Schedule O contains a response or note to any line in this Part V			
			 Vc-	
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	 (2022)
232004	۶ 12-13-22 ۶ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲	Form	330	(2022)

09440328 759834 15231.0

^{2022.05080} WAYNE CENTER FOR THE ARTS 15231.01

Form	990 (2022) WAYNE CENTER FOR THE ARTS	34-2016	097	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	Х	
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		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 Ac	counts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				<u> </u>
Ua			6a		x
h	•		0a		<u></u>
D	If "Yes," did the organization include with every solicitation an express statement that such contribution		0		
-	were not tax deductible?		<u>6b</u>		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		-		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		
			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			37
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	m 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
-	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
10			15		x
	excess parachute payment(s) during the year?		15		
46	If "Yes," see the instructions and file Form 4720, Schedule N.	incomo?	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		
<i></i>	If "Yes," complete Form 4720, Schedule O.	1. 181			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity to the trust of the trust o				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		<u> </u>	000	(0000)
232005	12-13-22		Form	330	(2022)

09440328 759834 15231.0

Form	990	(2022))

WAYNE CENTER FOR THE ARTS

34-2016097 Page **6**

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

						X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t 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 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockho	lders, 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		-			
а	The governing body?			<u>8a</u>	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,			
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befoi	e filing the form?	<u>11a</u>	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe		37	
	on Schedule O how this was done			12c	X	77
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 approva		dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	v	
a	The organization's CEO, Executive Director, or top management official			15a	X	v
b	Other officers or key employees of the organization			15b		X
40-	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 arranger			10-		x
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluar			<u>16a</u>		
D						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			16b		
Sec	exempt status with respect to such arrangements?					1
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, a	nd 000	-T (section 501(c)(3)		availa	hlo
10	for public inspection. Indicate how you made these available. Check all that apply.	10 330		s of ity)	avalla	DIE
	Own website Another's website X Upon request Other (explain		badula O			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			lfinan		
13	statements available to the public during the tax year.	/ mot (and policy, and	a in rai li	5101	
20	State the name, address, and telephone number of the person who possesses the organization's boo	nks and	t records			
20	SARA BRINK, EXECUTIVE DIRECTOR - 330-264-2787	and an				
	237 S. WALNUT STREET, WOOSTER, OH 44691					
232004	12-13-22			Form	990	(2022)
	7			. 5111		()
403	28 759834 15231.0 2022.05080 WAYNE CE	សាភា	דרה האדי ז	R m c	15	231

^{2022.05080} WAYNE CENTER FOR THE ARTS 15231.01

F

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per bioless matrix bases below matrix determination below matrix determination borner and determination determinatindetermination determination deteretmination determinat	(A)	(B)	(C)		(D)	(E)	(F)				
hours per veek (list any hours for related organizations) (1) SARA STARE BRINK Gen. unserption b bein any mice and and entances (list any hours for related organizations) (W-2/1099-NISC/ 1099-NEC) Compensation from the organizations (W-2/1099-NISC/ 1099-NEC) anount of the organizations (1) SARA STARE BRINK 40.00 X 444,054. 0. 0. (2) SALL PATTON 40.00 X 44,054. 0. 0. INTERIN DIRECTOR X X 44,054. 0. 0. (3) JAMES FOX 40.00 X X 15,000. 0. 0. (4) RED DELARETY 1.00 X X 0. 0. 0. 0. (6) ADM BRIOGS 1.00 X X 0. 0. 0. 0. (7) JOANAN AMARTINEZ 1.00 X X 0. 0. 0. (10) CRESTER 1.00 X X 0. 0. 0. (10) CRESTER 1.00 X X 0. 0. 0. (11) MICHARENCE 1.00 X X 0	Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
Week (list ary pours for mainted organizations (list ary bulks for line) Internation organization (W2/1098-MISC/ 1099-MISC) Output organization (W2/1098-MISC/ 1099-MISC) Output organization (W2/1098-MISC) Output organization (W2/1098-MISC) Output organization (W2/10		hours per	box	box, unless person is both an		compensation	compensation	amount of			
(1) SARA STARR BRINK 40.00 X 44,054. 0. 0. EXECUTVE DIRECTOR 40.00 X 15,000. 0. 0. INTERIM DIRECTOR 40.00 X 15,000. 0. 0. (2) SALLY PATTON 40.00 X 15,000. 0. 0. (3) JAMES FOX 40.00 X 15,000. 0. 0. (4) REID DIRECTOR X X 0. 0. 0. (4) REID DIRECTOR X X 0. 0. 0. (4) REID DELANEY 1.00 X X 0. 0. 0. PRESIDENT X X 0. 0. 0. 0. 0. (5) BRIDGS 1.00 X X 0. 0. 0. (6) MELNTE GARCIA 1.00 X X 0. 0. 0. (10) CRETART 1.00 X				cer an	dad	irecto	or/trus	tee)			
(1) SARA STARR BRINK 40.00 X 44,054. 0. 0. EXECUTVE DIRECTOR 40.00 X 15,000. 0. 0. INTERIM DIRECTOR 40.00 X 15,000. 0. 0. (2) SALLY PATTON 40.00 X 15,000. 0. 0. (3) JAMES FOX 40.00 X 15,000. 0. 0. (4) REID DIRECTOR X X 0. 0. 0. (4) REID DIRECTOR X X 0. 0. 0. (4) REID DELANEY 1.00 X X 0. 0. 0. PRESIDENT X X 0. 0. 0. 0. 0. (5) BRIDGS 1.00 X X 0. 0. 0. (6) MELNTE GARCIA 1.00 X X 0. 0. 0. (10) CRETART 1.00 X			recto							U U	
(1) SARA STARR BRINK 40.00 X 44,054. 0. 0. EXECUTVE DIRECTOR 40.00 X 15,000. 0. 0. INTERIM DIRECTOR 40.00 X 15,000. 0. 0. (2) SALLY PATTON 40.00 X 15,000. 0. 0. (3) JAMES FOX 40.00 X 15,000. 0. 0. (4) REID DIRECTOR X X 0. 0. 0. (4) REID DIRECTOR X X 0. 0. 0. (4) REID DELANEY 1.00 X X 0. 0. 0. PRESIDENT X X 0. 0. 0. 0. 0. (5) BRIDGS 1.00 X X 0. 0. 0. (6) MELNTE GARCIA 1.00 X X 0. 0. 0. (10) CRETART 1.00 X			or di	ee			ated		, , , , , , , , , , , , , , , , , , ,	•	
(1) SARA STARR BRINK 40.00 X 44,054. 0. 0. EXECUTVE DIRECTOR 40.00 X 15,000. 0. 0. INTERIM DIRECTOR 40.00 X 15,000. 0. 0. (2) SALLY PATCON 40.00 X 15,000. 0. 0. (3) JAMES FOX 40.00 X 4,154. 0. 0. (4) REID DELENEY 1.00 X X 0. 0. 0. (4) REID DELANEY 1.00 X X 0. 0. 0. (5) REIDGST DIX 1.00 X X 0. 0. 0. (6) ADM BRIGGS 1.00 X X 0. 0. 0. (8) MELNTE GARCIA 1.00 X X 0. 0. 0. (10) CRETEARY X 0. 0. 0. 0. 0. RUSTEE X			ustee	trust		96	bens			1099-NEC)	•
(1) SARA STARR BRINK 40.00 X 44,054. 0. 0. EXECUTVE DIRECTOR 40.00 X 15,000. 0. 0. INTERIM DIRECTOR 40.00 X 15,000. 0. 0. (2) SALLY PATTON 40.00 X 15,000. 0. 0. (3) JAMES FOX 40.00 X 15,000. 0. 0. (4) REID DIRECTOR X X 0. 0. 0. (4) REID DIRECTOR X X 0. 0. 0. (4) REID DELANEY 1.00 X X 0. 0. 0. PRESIDENT X X 0. 0. 0. 0. 0. (5) BRIDGS 1.00 X X 0. 0. 0. (6) MELNTE GARCIA 1.00 X X 0. 0. 0. (10) CRETART 1.00 X			ual tr	tional		voldu	t con	_	1099-NEC)		
(1) SARA STARE BEINK 40.00 x 44,054. 0. EXECUTIVE DIRECTOR 40.00 x 15,000. 0. INTERIM DIRECTOR x 15,000. 0. (3) JAMES FOX 40.00 x 15,000. 0. (3) JAMES FOX 40.00 x 15,000. 0. (3) JAMES FOX 40.00 x 4,154. 0. (4) RELD DELANEY 1.00 x 0. 0. TREASURER x 0. 0. 0. (5) REIDGET DIX 1.00 x 0. 0. PRESIDENT x x 0. 0. (6) ADAM BRIGGS 1.00 x 0. 0. (7) JOANNA MARTINEZ 1.00 x 0. 0. SECERTARY X 0. 0. 0. (8) MELANTE GARCIA 1.000 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (10) CHRISTOPHER PYCRAFT 1.00 0. 0. 0. TRUSTEE X 0. 0. 0. (11) MCHAEL MCCLINTOCK 1.00 0. 0. 0. TRUSTEE X 0. <			ndivid	nstitu	Officer	key en	Highes	-orme			organizations
(2) SALLY PATTON 40.00 x 15,000. 0. 0. INTERIM DIRECTOR 40.00 x 15,000. 0. 0. 0. G(3) JAMSF FOX 1.00 x 4,154. 0. 0. 0. FORMER EXECUTIVE DIRECTOR 1.00 x 4,154. 0. 0. 0. (4) REID DELANEY 1.00 x x 0. 0. 0. 0. (5) BRIGGET DIX 1.00 x x 0. 0. 0. 0. (6) ADM BRIGGS 1.00 x x 0. 0. 0. 0. (7) JOANNA MARTINEZ 1.00 x x 0. 0. 0. 0. 0. (6) MELANTE GARCIA 1.00 x x 0.	(1) SARA STARR BRINK	40.00		_				-			
INTERIM DIRECTOR X 15,000. 0. 0. (3) JAMES FOX 40.00 X 41,154. 0. 0. (4) REID DELANEY 1.00 X X 0. 0. 0. (4) REID DELANEY 1.00 X X 0. 0. 0. (5) ERIDGET DIX 1.00 X X 0. 0. 0. (6) ADAM BRIGGS 1.00 X X 0. 0. 0. (7) JOANMA MARTINEZ 1.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. RUSTEE X 0. 0. 0. 0. 0. (10) CHRISTOPHER PYCRAFT 1.00 X 0. 0. 0. 0. (11) MICHAEL MCCLINTOCK 1.00 X 0. 0. 0. 0. (12) ANNE-MARTE SAVOIE 1.00 X 0. 0. 0. 0.	EXECUTIVE DIRECTOR				х				44,054.	0.	0.
(3) JAMES FOX 40.00 x 4,154. 0. 0. FORMER EXECUTIVE DIRECTOR 1.00 x x 0. 0. 0. TREASURER 1.00 x x 0. 0. 0. 0. TREASURER 1.00 x x 0. 0. 0. 0. TRESSURER 1.00 x x 0. 0. 0. 0. C10 X x 0. 0. 0. 0. 0. 0. C10 X X 0. <td>(2) SALLY PATTON</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(2) SALLY PATTON	40.00									
FORMER EXECUTIVE DIRECTOR X 4,154. 0. 0. (4) REID DELANEY 1.00 X X 0. 0. 0. TREASURER X X 0. 0. 0. 0. TREASURER X X 0. 0. 0. 0. FRESSIDENT X X 0. 0. 0. 0. (6) ADAM BRIGGS 1.00 X X 0. 0. 0. (7) JOANNA MARTINEZ 1.00 X X 0. 0. 0. SECENTARY X X 0. 0. 0. 0. 0. (8) MELANIE GARCIA 1.00 X X 0. </td <td>INTERIM DIRECTOR</td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>15,000.</td> <td>0.</td> <td>0.</td>	INTERIM DIRECTOR				Х				15,000.	0.	0.
(4) REID DELANEY 1.00 X X X 0. 0. 0. TREASURER 1.00 X X 0. 0. 0. 0. (5) BRIDGET DIX 1.00 X X 0. 0. 0. 0. (6) ADAM BRIGGS 1.00 X X 0. 0. 0. 0. (7) JOANNA MARTINEZ 1.00 X X 0. 0. 0. 0. (7) JOANNA MARTINEZ 1.00 X X 0. 0. 0. 0. (8) MELANIE GARCIA 1.00 X X 0. 0. 0. 0. (9) JARROD HARTZLER 1.00 X 0. 0. 0. 0. 0. (10) CHRISTOPHER PYCRAFT 1.00 X 0. 0. 0. 0. 0. (11) MICHAEL MCCLINTOCK 1.00 X 0. 0. 0. 0. (12) ANNE-MARIE SAVOIE 1.00 X 0. 0. 0. 0. 0. (13) NAOKO SKALA 1.00 X	(3) JAMES FOX	40.00									
TREASURER X X X X 0. 0. 0. (5) BRIDGET DIX 1.00 X X 0. 0. 0. PRESIDENT X X 0. 0. 0. 0. VICE PRESIDENT X X 0. 0. 0. 0. VICE PRESIDENT X X 0. 0. 0. 0. SECRETARY X X 0. 0. 0. 0. G1) MELANIE GARCIA 1.00 X X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (10) CHISTOPHER PYCRAPT 1.00 X 0. 0. 0. 0. (11) MICHAEL MCCLINTOCK 1.00 X 0. 0. 0. (12) ANNE-MARIE SAVOIE 1.00 X 0. 0. 0. (13) NACK SKALA 1.00 <td>FORMER EXECUTIVE DIRECTOR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Х</td> <td>4,154.</td> <td>0.</td> <td>0.</td>	FORMER EXECUTIVE DIRECTOR							Х	4,154.	0.	0.
(5) BRIDGET DIX 1.00 X X 0. 0. 0. (6) ADAM BRIGGS 1.00 X X 0. 0. 0. (7) JOANNA MARTINEZ 1.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. (8) MELANIE GARCIA 1.00 X X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (9) JARROD HARTZLER 1.00 X 0. <	(4) REID DELANEY	1.00									
PRESIDENT X X X 0. 0. 0. (6) ADAM BRIGGS 1.00 X X 0. 0. 0. (7) JOANNA MARTINEZ 1.00 X X 0. 0. 0. (7) JOANNA MARTINEZ 1.00 X X 0. 0. 0. (7) JOANNA MARTINEZ 1.00 X X 0. 0. 0. (8) MELANIE GARCIA 1.00 X X 0. 0. 0. (9) JARROD HARTZLER 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (12) ANNE-MARIE SAVOIE 1.00 X 0. 0. 0. 0. (13) NAOKO SKALA 1.00 X </td <td>TREASURER</td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	TREASURER		Х		Х				0.	0.	0.
(6) ADAM BRIGGS 1.00 X X X 0. 0. 0. VICE PRESIDENT X X X 0. 0. 0. 0. (7) JOANNA MARTINEZ 1.00 X X 0. 0. 0. 0. SECRETARY X X 0. 0. 0. 0. 0. (8) MELANIE GARCIA 1.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (10) CHRISTOPHER PYCRAFT 1.00 X 0. 0. 0. 0. 0. 0. (11) MICHAEL MCCLINTOCK 1.00 X 0. </td <td>(5) BRIDGET DIX</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(5) BRIDGET DIX	1.00									
VICE PRESIDENT X X X 0. 0. 0. (7) JOANNA MARTINEZ 1.00 X X X 0. 0. 0. SECRETARY X X X 0. 0. 0. 0. SECRETARY X X X 0. 0. 0. 0. SECRETARY X X X 0. 0. 0. 0. (8) MELANIE GARCIA 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (11) MICHAEL MCCLINTOCK 1.00 X 0. 0. 0. 0. 0. 0. (12) ANNE-MARIE SAVOIE 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	PRESIDENT		Х		Х				0.	0.	0.
(7) JOANNA MARTINEZ 1.00 X X X 0. 0. 0. SECRETARY X X X 0. 0. 0. 0. (8) MELANIE GARCIA 1.00 X X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (9) JAROD HARTZLER 1.00 X 0. 0. 0. 0. 0. (10) CHRISTOPHER PYCRAFT 1.00 X 0. 0. 0. 0. 0. (11) MICHAEL MCCLINTOCK 1.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(6) ADAM BRIGGS	1.00									
SECRETARY X X X X 0.	VICE PRESIDENT		Х		Х				0.	0.	0.
(8) MELANIE GARCIA 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (9) JARROD HARTZLER 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (10) CHRISTOPHER PYCRAFT 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (11) MICHAEL MCCLINTOCK 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. TRUSTEE X 0. <td< td=""><td>(7) JOANNA MARTINEZ</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(7) JOANNA MARTINEZ	1.00									
TRUSTEE X 0. 0. 0. 0. (9) JARROD HARTZLER 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (10) CHRISTOPHER PYCRAFT 1.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (11) MICHAEL MCCLINTOCK 1.00 X 0.	SECRETARY		Х		Х				0.	0.	0.
(9) JARROD HARTZLER 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (10) CHRISTOPHER PYCRAFT 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (11) MICHAEL MCCLINTOCK 1.00 X 0. 0. 0. 0. (12) ANNE-MARIE SAVOIE 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (13) NAOKO SKALA 1.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. <td>(8) MELANIE GARCIA</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(8) MELANIE GARCIA	1.00									
TRUSTEE X I O. O. O. (10) CHRISTOPHER PYCRAFT 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (11) MICHAEL MCCLINTOCK 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (12) ANNE-MARIE SAVOIE 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (13) NAOKO SKALA 1.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (14) JOSH NOLAN 1.00 X 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (15) JAMES GESLER 1.00 X 0. 0. 0. 0. 0. 0. <td>TRUSTEE</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	TRUSTEE		Х						0.	0.	0.
(10) CHRISTOPHER PYCRAFT 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (11) MICHAEL MCCLINTOCK 1.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (12) ANNE-MARIE SAVOIE 1.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. <td>(9) JARROD HARTZLER</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(9) JARROD HARTZLER	1.00									
TRUSTEE X 0. 0. 0. 0. (11) MICHAEL MCCLINTOCK 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (12) ANNE-MARIE SAVOIE 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (13) NAOKO SKALA 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (14) JOSH NOLAN 1.00 X 0.	TRUSTEE		Х						0.	0.	0.
(11) MICHAEL MCCLINTOCK 1.00 X 0. 0. 0. TRUSTEE 1.00 X 0. 0. 0. 0. (12) ANNE-MARIE SAVOIE 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (13) NAOKO SKALA 1.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. <td></td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		1.00									
TRUSTEE X 0. 0. 0. 0. (12) ANNE-MARIE SAVOIE 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (13) NAOKO SKALA 1.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. T	TRUSTEE		Х						0.	0.	0.
(12) ANNE-MARIE SAVOIE 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (13) NAOKO SKALA 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (14) JOSH NOLAN 1.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (15) JAMES GESLER 1.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (16) ROBIN CARLTON 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (17) EMILY MARIOLA 1.00 X 0. 0. 0. 0. 0. PAST PRESIDENT X 0. 0. 0. 0. 0. 0. 0. 0	(11) MICHAEL MCCLINTOCK	1.00									
TRUSTEE X 0. 0. 0. 0. (13) NAOKO SKALA 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (14) JOSH NOLAN 1.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (15) JAMES GESLER 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (16) ROBIN CARLTON 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (17) EMILY MARIOLA 1.00 X 0. 0. 0. PAST PRESIDENT X 0. 0. 0. 0.			Х						0.	0.	0.
(13) NAOKO SKALA 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (14) JOSH NOLAN 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (15) JAMES GESLER 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (16) ROBIN CARLTON 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (17) EMILY MARIOLA 1.00 X 0. 0. 0. PAST PRESIDENT X 0. 0. 0. 0.		1.00									
TRUSTEE X 0. 0. 0. (14) JOSH NOLAN 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (15) JAMES GESLER 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (16) ROBIN CARLTON 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (16) ROBIN CARLTON 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (17) EMILY MARIOLA 1.00 X 0. 0. 0. PAST PRESIDENT X 0. 0. 0. 0.			Х						0.	0.	0.
(14) JOSH NOLAN 1.00 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (15) JAMES GESLER 1.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (16) ROBIN CARLTON 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (17) EMILY MARIOLA 1.00 X 0. 0. 0. PAST PRESIDENT X 0. 0. 0. 0.		1.00									
TRUSTEE X 0. 0. 0. (15) JAMES GESLER 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (16) ROBIN CARLTON 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (16) ROBIN CARLTON 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (17) EMILY MARIOLA 1.00 X 0. 0. 0. PAST PRESIDENT X 0. 0. 0. 0.			Х						0.	0.	0.
(15) JAMES GESLER 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. (16) ROBIN CARLTON 1.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (17) EMILY MARIOLA 1.00 X 0. 0. 0. 0. PAST PRESIDENT X 0. 0. 0. 0. 0.		1.00									
TRUSTEE X 0. 0. 0. (16) ROBIN CARLTON 1.00 . . . TRUSTEE X 0. 0. 0. (17) EMILY MARIOLA 1.00 X 0. 0. PAST PRESIDENT X 0. 0. 0.			Х						0.	0.	0.
(16) ROBIN CARLTON 1.00 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (17) EMILY MARIOLA 1.00 X 0. 0. 0. PAST PRESIDENT X 0. 0. 0. 0.		1.00									
TRUSTEEX0.0.0.(17) EMILY MARIOLA1.00X0.0.0.PAST PRESIDENTX0.0.0.0.			Х						0.	0.	0.
(17) EMILY MARIOLA1.00X0.0.0.PAST PRESIDENTX0.0.0.0.		1.00							_		_
PAST PRESIDENT X 0. 0. 0.			Х						0.	0.	0.
		1.00							_		_
	PAST PRESIDENT		Х						0.	0.	

232007 12-13-22

Form 990 (2022)

									Page 8			
Par			loye	ees,			ghes	st C		, ,		
	(A) Name and title	(B) Average hours per week	box,	not cl , unles	ss per	ition more rson i	1 than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	n amount of	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compe from organi and re organiz	the zation elated
1b	Subtotal								63,208.	0.		0.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A	· · · · · · · ·		· · · · · · · · ·				0.63,208.	0.		0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100	000 of reportable	Y	0 es No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	,	,	,			'	0		,	3 2	
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" coi	mple	ete S	Sche	edule	e J fe	or such individual	-	4	X
	rendered to the organization? <i>If "Yes." com</i> tion B. Independent Contractors										5	X
1	Complete this table for your five highest cor the organization. Report compensation for t	-									ation from	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices ((C) Compensa	ation
2	Total number of independent contractors (ir	•	ot lin	nitec	l to 1			ted	above) who received m	ore than		
	\$100,000 of compensation from the organiz	zation				0	J				Form 99	0 (2022)

232008 12-13-22

	n 990 (FOR THE P	ARTS		34-2016	097 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any line			(2)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ν. v	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ي ق ق	с	Fundraising events 1c					
ar A	d	Related organizations 1d					
s, s	е	Government grants (contributions)	31,335.				
rion S	f	All other contributions, gifts, grants, and					
ţ			257,449.				
ontro	g	Noncash contributions included in lines 1a-1f	206.	200 704			
0	h	Total. Add lines 1a-1f	Business Code	288,784.			
	0.0	EDUCATION INCOME	900099	239,517.	239,517.		
vice	2 a b	EVENT AND PERFORMANCE	900099	57,058.	57,058.		
Ser	c c	MEMBERSHIPS AND FEES	900099	3,720.	3,720.		
	d						
Program Service Revenue	e						
Å	f	All other program service revenue					
	g	Total. Add lines 2a-2f		300,295.			
	3	Investment income (including dividends, intere	est, and	40 550			40 550
		other similar amounts)	l l l l l l l l l l l l l l l l l l l	43,559.			43,559.
	4	Income from investment of tax-exempt bond p	1				
	5	Royalties	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
enue		and sales expenses 7b 4,782. Gain or (loss) 7c -4,782.					
				-4,782.			-4,782.
Other Ro		Net gain or (loss) Gross income from fundraising events (not		4,702:			4,7020
Ę	0 4	including \$ of					
•		contributions reported on line 1c). See					
		Part IV, line 18 8a	60,345.				
	b	Less: direct expenses8b	6,711.				
	С	Net income or (loss) from fundraising events		53,634.			53,634.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses9b Net income or (loss) from gaming activities	l				
		Gross sales of inventory, less returns					
	10 a		18,459.				
	b	Less: cost of goods sold 10k					
		Net income or (loss) from sales of inventory		15,891.	15,891.		
(0			Business Code				
sou:	11 a	MISCELLANEOUS INCOME	900099	17,362.	17,362.		
lan¢ enu	b						
Miscellaneous Revenue	c						
Nis	d	All other revenue		17,362.			
	<u>е</u> 12	Total. Add lines 11a-11d		714,743.	333,548.	0.	92,411.
23200	9 12-13-			,,			Form 990 (2022)

10

WAYNE CENTER FOR THE ARTS Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
, ,	9b, and 10b of Part VIII.		expenses	general expenses	expenses
	ants and other assistance to domestic organizations				
	d domestic governments. See Part IV, line 21				
	ants and other assistance to domestic				
	lividuals. See Part IV, line 22				
	ants and other assistance to foreign				
Ũ	ganizations, foreign governments, and foreign				
	lividuals. See Part IV, lines 15 and 16				
	nefits paid to or for members				
	mpensation of current officers, directors, stees, and key employees	78,531.	31,412.	31,412.	15,707
	stees, and key employees	/0,551.	51,412.	51,4120	10,707
	sons (as defined under section 4958(f)(1)) and				
-	sons described in section 4958(c)(3)(B)				
	her salaries and wages	411,444.	298,297.	102,861.	10,286
	nsion plan accruals and contributions (include				,
	tion 401(k) and 403(b) employer contributions)				
	her employee benefits	20,529.	14,458.	6,058.	13
	yroll taxes	33,476.	24,270.	8,369.	837
	es for services (nonemployees):				
a Ma	anagement				
b Leg	gal				
c Acc	counting	21,325.		21,325.	
d Lob	bbying				
e Pro	ofessional fundraising services. See Part IV, line 17				
f Inv	estment management fees				
g Oth	her. (If line 11g amount exceeds 10% of line 25,				
	umn (A), amount, list line 11g expenses on Sch 0.)	2 000	1 5 4 0	1 205	4 - 0
	vertising and promotion	3,082.	1,542.	1,387.	153
		23,058.	2,721.	19,120.	1,217
	ormation technology	4,230.	1,269.	2,961.	
	yalties	71 700	71 700		
		71,702.	71,702.		
	yments of travel or entertainment expenses				
	any federal, state, or local public officials				
	nferences, conventions, and meetings				
-	yments to affiliates				
	preciation, depletion, and amortization	48,533.	48,533.		
		15,938.	10,0001	15,460.	478
	er expenses. Itemize expenses not covered			10,1001	270
abo	ove. (List miscellaneous expenses on line 24e. If				
	2 24e amount exceeds 10% of line 25, column (A), ount, list line 24e expenses on Schedule 0.)				
	ANCE EXPENSES	90,072.	90,072.		
	THER EXPENSES	233.	,	233.	
c EX	KHIBITS EXPENSES	150.			150
d					
	other expenses				
	al functional expenses. Add lines 1 through 24e	822,303.	584,276.	209,186.	28,841
	nt costs. Complete this line only if the organization				
repo	orted in column (B) joint costs from a combined				
	ucational campaign and fundraising solicitation.				
	eck here if following SOP 98-2 (ASC 958-720)				

11

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

WAYNE CENTER FOR THE ARTS

		Check if Schedule O contains a response or note to any line in this Part X	<u></u>		
_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	377,409.	1	362,530.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	23,536.	3	29,952.
	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	
6	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	11,158.	9	
		Land, buildings, and equipment: cost or other	,		
		basis. Complete Part VI of Schedule D 10a 1,553,016.			
	ь	Less: accumulated depreciation 10b 950, 370.	601,380.	10c	602,646.
	11	Investments - publicly traded securities	1,878,089.	11	1,936,837.
	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)	2,891,572.	16	2,931,965.
	17	Accounts payable and accrued expenses	10,703.	17	14,012.
	18	Grants payable		18	
	19	Deferred revenue	29,765.	19	71,504.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ë	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	40,468.	26	85,516.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	2,826,104.	27	2,846,449.
Ba	28	Net assets with donor restrictions	25,000.	28	0.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
ц		and complete lines 29 through 33.			
o S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	2,851,104.	32	2,846,449.
	33	Total liabilities and net assets/fund balances	2,891,572.	33	2,931,965.

34-2016097 Page 11

Form 990 (2022)

Form 990 (2022) Part X Balance Sheet

	990 (2022) WAYNE CENTER FOR THE ARTS	34-	<u>2016097</u>	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2	82	<u>2,3</u>	03.
3	Revenue less expenses. Subtract line 2 from line 1	3	-10	7,5	60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,85		
5	Net unrealized gains (losses) on investments	5	15	0,2	05.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	- 4	7,3	00.
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	2,84	<u>6,4</u>	<u>49.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it 🛛		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public Inspection

Name of the organization

Nam	lame of the organization Employer identification num											
D -		WAYN	E CENTER FO	OR THE ARTS					4-2016097			
Par	tI	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	neck only o	one box.)						
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)							
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
r		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
ſ		section 170(b)(1)(A)(iv). (Complete Part II.)										
6 [A federal, state, or local gov	-									
7		An organization that normal	•	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	bublic described in			
-		section 170(b)(1)(A)(vi). (C										
8		A community trust describe						I				
9		An agricultural research org						-	-			
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or			
10	x	An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from o	optribution	s momborsh	in foos and	d gross receipts from			
		activities related to its exem										
		income and unrelated busin		-					-			
		See section 509(a)(2). (Cor				oco doqui						
11		An organization organized a	-	velv to test for public sat	etv. See	section 50)9(a)(4).					
12		An organization organized a	-	•	•			rry out the	purposes of one or			
		more publicly supported or	-	-				•				
		lines 12a through 12d that of	- describes the type of	supporting organization	and com	olete lines	12e, 12f, and	12g.				
а] Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting			
		organization. You must c	complete Part IV, Se	ctions A and B.								
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring			
		control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manag	ge the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,			
		its supported organization	.,.,,				-					
d		Type III non-functionally	•					° °				
		that is not functionally inter-			•		-	an attentiv	veness			
		requirement (see instructi	,	•								
е		Check this box if the orga					Type I, Type	II, Type III				
	-	functionally integrated, or	<i>,</i>	hally integrated supporting	ng organiza	ation.						
		r the number of supported o	0	d organization(a)								
g		ride the following information) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see ir	structions)	support (see instructions)			
				above (see instructions)								
Total												

Schedule	Λ.	Earm	000	2000
Schedule	A		990	2022

Part II

WAYNE CENTER FOR THE ARTS

34-2016097 Page 2

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.)

Sec	ction A. Public Support		-				-
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		•		•	•	•
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10							
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	-		12	•
	First 5 years. If the Form 990 is for the					· · · ·	
	organization, check this box and sto	0					
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the					nore, check this bo	x and
	stop here. The organization qualifies			_			
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	č	
b	10% -facts-and-circumstances test	•	• •		•	17a, and line 15 is	10% or
	more, and if the organization meets th	-	-				
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•				s
						Schedule A	(Form 990) 2022

232022 12-09-22

WAYNE CENTER FOR THE ARTS

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.)

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	Sec	ction A. Public Support						
membership teer scelevel. (bo not include any invasual grants): 120, 771. 953, 825. 394, 213. 324, 469. 288, 784. 2082062 2 Grass receipts from administents merchandles do a services per- formed, or facilities tumined in any addity that is related to the organization's tax-exempt purpose 3 Grass receipts from administents are not an unrelated trade or busi- ness and resortion for 3 129, 094. 50. 29, 1172. 336, 321. 1173492 4 Tax revenues level of the organization's tax-exempt and or or expended on its behalf 29, 094. 50. 29, 1140 5 The value of advises or facilities tuminished by a governmental unit to the advises or facilities tumines) 367, 903. 1140479. 576, 570. 574, 641. 625, 105. 3284698 to dotted to governmental executions the asymet meand none descention to the advises or facilities tuminished by a governmental executions that the appent and none facilities tumines) 367, 903. 1140479. 576, 570. 574, 641. 625, 105. 3284698 to dotted to governmental executions that advises the control to businesses acquired attractions the advises to the dotted to governmental execution to the advis advises to the advises to advises to the advises	Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
include any "unusual grants." 120,771. 953,825. 394,213. 324,469. 288,784. 2082062 2 Gross receipts from admission. 218,038. 186,604. 182,357. 250,172. 336,321. 1173492 3 Gross receipts from admission. 218,038. 186,604. 182,357. 250,172. 336,321. 1173492 3 Gross receipts from admission. 29,094. 50. 29,144 1 Tax revenue released to the organization structure that are not an unrelease that of the organization structure. 29,094. 50. 29,144 1 Tax revenues receipts from admission. 29,094. 50. 29,144 29,094. 50. 29,144 5 The value of services or failties through the pail to or expended on its bahall 367,903. 1140479. 576,570. 574,641. 625,105. 3284698. 7a Arounds included on lines 12, and 3 a celeval trading and the pail to more than admission admissi	1							
2 Gase receipts from admissions, mechanizes cold or services prefermed, or facilities furnished in any activity that is related to the organization's tax exempt purpose. 218,038.186,604.182,357.250,172.336,321.1173492 3 Gross receipts from admissions, mechanizes to the organization's tax exempt purpose. 29,094.50.29,172.336,321.1173492 4 Tax revenues levied for the organization's tax exempt purpose. 29,094.50.29,172.336,321.1173492 4 Tax revenues levied for the organization's text exempted and its pair tax exempted and its pair tax. 29,094.50.20,172.336,321.1173492 5 The value or services or facilities turnished is a services or facilities turnished by a governmental unit to the organization's beautifies turnished is a service or expended on its behaft 367,903.1140479.576,570.574,641.625,105.3284698 7a Amounts included on lines 1, 2, and 3 received on discultified purpose. 367,903.1140479.576,570.574,641.625,105.3284698 9 rebulke support, discultific text and the served on securities (securities and the served on securities and the served on securities (securities and the securities (securities (securities and the sec			120,771.	953,825.	394,213.	324,469.	288,784.	2082062.
ar not a unveiled trade or bus- iness under section 513 29,094. 50. 29,144 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 29,094. 50. 29,144 5 The value of services or facilities furnished by a governmental unit to the organization without charge for Total. Add lines 1 through 5 367,903. 1140479. 576,570. 574,641. 625,105. 3284698 7 Amounts included on lines 1,2, and 3 neceived from disqualified persons b-around included on lines 41. 367,903. 110,000. 658,188. 100,000. 20,000. 60,000. 948,188 8 Public support, Giumute Manni et 1 Section B. Total Support 110,000. 658,188. 100,000. 20,000. 60,000. 948,188 9 Amounts form line 6. 367,903. 1140479. 576,570. 574,641. 625,105. 3284698 100 and tothe translowed from lines 6. 367,903. 1140479. 576,570. 574,641. 625,105. 3284698 10a and tothe sale or capanide transmits, royatiles, and income from lines 6. 367,903. 1140479. 576,570. 574,641. 625,105. 3284698 10a distines table income (ress section form lines 6. 367,903. 31,637. 31,174. <t< td=""><td>2</td><td>Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
Iness under section 513 29,094. 50. 29,144 4 Tax revenues levied for the organization without charge 0 0 expanded on its behalf 0 0 9,144 5 The value of services or facilities 1 0	3	Gross receipts from activities that						
4 Tax revenues levied for the organization without charge image: constraint of the relation of the relatin relation of the relation of the relation of the relat			29,094.	50.				29,144.
is a construction is benefit and either pault to or expended on its behalf image:	4	Tax revenues levied for the organ-						
5 The value of services or facilities furnished by a governmental unit to the organization without charge 367,903. 1140479. 576,570. 574,641. 625,105. 3284698 6 Total. Add lines 1 through 5 367,903. 1140479. 576,570. 574,641. 625,105. 3284698 7a Amounts include on lines 1,2, and 3 received from disqualified persons 110,000. 658,188. 100,000. 20,000. 60,000. 948,188 8 Arounts include on lines 2 and 3 received from disqualified persons 110,000. 658,188. 100,000. 20,000. 60,000. 948,188 8 Public support. diance interview 110,000. 658,188. 100,000. 20,000. 60,000. 948,188 8 Public support. diance interview 110,000. 658,188. 100,000. 20,000. 60,000. 948,188 8 Public support. diance interview 110,000. 658,188. 100,000. 20,000. 60,000. 948,188 9 Amounts from line 6 110,000. 658,188. 100,000. 20,000. 60,000. 948,188 9 dividends, payments received on securities loss, rents, royalites, and income from similar sources 28,485. 31,637. 31,174. 36,725. 43,559. 171,580 9 this income from minerset. 396,388. 1172116. 607,744. 611,366. 668,664. 3456278 11 Net income from unrelated lossiness acable income 396,388. 1172116. 607,744. 611,366. 668,664. 3456278 14 First System In ADV (1) 396,388. 1172116. 607,744. 611,366. 668,664. 3456278 14 First System In ADV (1) 396,388. 1172116. 607,744. 611,366. 668,664. 3456278 15 Public support precentage for 2022 (line 10c, column (f),		ization's benefit and either paid to						
the organization without charge 367,903. 1140479. 576,570. 574,641. 625,105. 3284698 7a Amounts included on lines 1, 2, and 3 received from disqualific persons 110,000. 658,188. 100,000. 20,000. 60,000. 948,188. b Amounts included on lines 2 and 3 methed brom disqualific persons 114 exceed the grant of \$5000 r 1% of the amounts included on lines 1 and 3 methed brom disqualific persons 114 110,000. 658,188. 100,000. 20,000. 60,000. 948,188. b Amounts included on lines 1 and 3 methed brom disputition because 114 110,000. 658,188. 100,000. 20,000. 60,000. 948,188. c Add lines 7 and 7b 110,000. 658,188. 100,000. 20,000. 60,000. 948,188. B Public support (starting in the interest) 100,000. 658,188. 100,000. 20,000. 60,000. 948,188. Calendar year (of fiscal grave beginning in) 9 Amounts includes on interest. (a) 2019 (c) 2021 (c) 2022 (f) Total 9 and income from interest. 10 Active interest in the start interest in the start interest interest in the start interest interest interest. 28,485. 31,637. 31,174. 36,725. 43,559. 171,580 b Unrelated business starble income (less section 511 taxes) from businesses in regularly carried on interest. 396,388. 1172116. 607,744. 611,366. 668,664. 3456278 11 Frest System: It the form by 01 for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 25 Public support percentage for 2022 (line 18, column (f), divided by line 13, c	5							
6 Total. Add lines 1 through 5 367,903 1140479 576,570 574,641 625,105 3284698 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b-mounts included on lines 2 and 3 received throught indigualified persons b-mounts included on lines 2 and 3 received throught indigualified persons b-mounts included on lines 2 and 3 received throught indigualified persons b-mounts included on lines 2 and 3 received throught indigualified persons b-mounts included on lines 2 and 3 received throught indiguality persons that exceed the gaster of \$3000 r W of the amount on line dispatch persons b-mounts included on line 10; b-mounts included on line 10; a Amounts included on line 10; b-mounts include 2 and 1100,000. 20,000. 60,000. 948,188 8 Public support. (subsetting the two its) 110,000. 658,188. 100,000. 20,000. 60,000. 948,188 9 Amounts include 2 and its 2 how its 3 110,000. 658,188. 100,000. 20,000. 60,000. 948,188 9 Amounts include 2 how its 3 110,000. 658,188. 100,000. 20,000. 60,000. 948,188 9 Amounts include 3 how its 3 100,000. 20,000. 60,000. 948,188 9 Amounts include 3 100,000. 20,000. 60,000. 948,188 10 Amounts inc	Ū	furnished by a governmental unit to						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the grader d \$8.00 or 10 of the amounts fund desqualified persons that exceed the grader d \$8.00 or 10 of the amounts that desqualified persons that exceed the grader d \$8.00 or 10 of the amounts that desqualified persons that exceed the grader d \$8.00 or 10 of the amounts from line 5 to the year 110,000.658,188.100,000.20,000.60,000.948,188 9 Advalues 7 and 7b 0 9 Amounts from line 6 0 0. Gross fince from interest, dividends, payments received on securities loans, rents, royalites, and income from similar sources activities to and 100 (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 367,903.1140479.576,570.574,641.625,105.3284698 10 Gross fince from interest, dividends, payments received on securities loans, rents, royalites, and income from muleated business activities to and 100 28,485.31,637.31,174.36,725.43,559.171,580 11 Nu ti ncome from nurelated business activities to and 100 28,485.31,637.31,174.36,725.43,559.171,580 11 Nu ti ncome from nurelated business activities not include gain assets (Explain in Part VI). 396,388.1172116.607,744.611,366.668,664.3456278 14 First S years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 5010(c)(3) organization, check this box and step here 15 Public support percentage from 2022 Schedule A, Part III, line 15 16 48.42 Section D. Computation of Investment Income Percentage <t< td=""><td>6</td><td>e e</td><td>367 903</td><td>1140479</td><td>576 570</td><td>574 641</td><td>625 105</td><td>3284698</td></t<>	6	e e	367 903	1140479	576 570	574 641	625 105	3284698
3 received from disqualified persons 110,000.658,188.100,000.20,000.60,000.948,188 b Arrouts included in lenes 2 and 3 received in soundie drawer in disqualified persons but severe dissound in disqualified persons but severe dissound in disqualified persons but severe dissound in the form the form units of the year 0 c Add lines 7 and 7 b 110,000.658,188.100,000.20,000.60,000.948,188 0 Section B. Total Support 110,000.658,188.100,000.20,000.60,000.948,188 0 Section B. Total Support 60,000.948,188 2336510 Vision Since from interest, division Since from interest, division Since from interest, division Since from since from since since from since since from since since from since since since from since s		-	507,503.	<u></u>	570,570.	<u> </u>	525,105.	5204050.
b Amounts included on lines 2 and 3 neewed from 30th indexagailing depresents that exceed the grader of \$300 m five of the amount on line 13 to the year e Add lines 7 and 7 b 110,000.658,188.100,000.20,000.60,000.948,188 c Add lines 7 and 7 b 110,000.658,188.100,000.20,000.60,000.948,188 Section B. Total Support 110,000.658,188.100,000.20,000.60,000.948,188 Calendar year (or fiscal year beginning in) 9 Amounts from line 6 (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Calendar year (or fiscal year beginning in) 9 Amounts from line 6 367,903.1140479.576,570.574,641.625,105.3284698 10 Gross income from interest, dividends, payments received on securites loans, rents, royaties, and income from similar sources coduired after June 30, 1975 28,485.31,637.31,174.36,725.43,559.171,580 11 Net income from unrelated business activities not included pain regularly carried on time 10b, whether or not the business is activities not include of capital assets (Explain in Part VI) 13 Total support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 67.60 15 Public support percentage for 2022 (line 8, column ft, divided by line 13, column (ft)) 17 4.96 16 Public support percentage for 2022 (line 10c, column ft, divided by line 13, column (ft)) 17 4.96 16 Public support percentage for 2022 (line 10c, column ft, divided by line 13, column (ft)) 17	10		110,000.	658,188.	100,000.	20,000.	60,000.	948,188.
c Add lines 7a and 7b 110,000.658,188.100,000.20,000.60,000.948,188 3 Public support. (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Getorin B. Total Support. (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gaross income from interest, dividends, payments received on securities loans, rents, royaties, and income from similar sources 28,485.31,637.31,174.36,725.43,559.171,580 b Unrelated business taxible income (less saction 511 taxes) from businesses acquired after June 30, 1975 28,485.31,637.31,174.36,725.43,559.171,580 11 Net income from unrelated business taxible income (less saction 511 taxes) from businesses activities not included on line 100, whether on to the business taxible income in or not the business taxible same sate of capital assets (Explain IP art VI). 396,388.1172116.607,744.611,366.668,664.3456278 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 51 Section D. Computation of Public Support Percentage 16 48.42 Section D. Computation of INvestment Income Percentage 16 48.42 Section D. Computation of Public Support Percentage 16 48.42 15 Public support percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 <t< td=""><td>b</td><td>from other than disqualified persons that exceed the greater of \$5,000 or 1% of the</td><td></td><td></td><td></td><td></td><td></td><td>0.</td></t<>	b	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
8 Public support. (Subtract line 1/2: from line 1/2) 2336510 Section B. Total Support (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 10 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources 28, 485. 31, 637. 31, 174. 36, 725. 43, 559. 171, 580 b Unrelated business taxable income (less section 511 taxes) from businesses activities not included pain sources to include do line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 396, 388. 1172116. 607, 744. 611, 366. 668, 664. 3456278 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 5 5 15 Public support percentage			110.000.	658,188.	100.000.	20,000.	60,000.	948,188.
Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 367,903.1140479.576,570.574,641.625,105.3284698 30G Gross income from linterest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources 28,485.31,637.31,174.36,725.43,559.171,580 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 28,485.31,637.31,174.36,725.43,559.171,580 c Add lines 10a and 10b 28,485.31,637.31,174.36,725.43,559.171,580 11 Net income from unrelated business is arctivities not include gain or loss from the sale of capital assets (Explain in Part VI). 396,388.1172116.607,744.611,366.668,664.3456278 14 First 5 years. If the Form 980 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 15 5 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 67.60 16 48.42 31/3%, check this box and stop here. The organization qualifies as a publicly support degraization 17 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 4.96 18 Investment income percentage for 2021 Schedule A, Part III, line 15 31/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization					200,0000			
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 367, 903. 1140479. 576, 570. 574, 641. 625, 105. 3284698 10a Gross income from initarest, endividends, payments received on securities loans, rents, royatties, and income from similar sources 28, 485. 31, 637. 31, 174. 36, 725. 43, 559. 171, 580 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 28, 485. 31, 637. 31, 174. 36, 725. 43, 559. 171, 580 11 Net income from unrelated business is regularly carried on ine 10b, whether or not the business is regularly carried on ine 10b, whether or not the business is regularly carried on ine 120, so that and 120 28, 485. 31, 637. 31, 174. 36, 725. 43, 559. 171, 580 11 Net income. Do not include gain or loss from the sale of captal assets (Explain in Part VI). 396, 388. 1172116. 607, 744. 611, 366. 668, 664. 3456278 14 First 5 years. If the Form 900 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. 5 67.60 16 <t< td=""><td>Sec</td><td>ction B. Total Support</td><td></td><td></td><td></td><td></td><td></td><td>20000200</td></t<>	Sec	ction B. Total Support						20000200
9 Amounts from line 6 367,903. 1140479. 576,570. 574,641. 625,105. 3284698 10g Gross income from interest, dividends, paymethr seelwed on securities loans, rents, royatiles, and income from similar sources 28,485. 31,637. 31,174. 36,725. 43,559. 171,580 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 28,485. 31,637. 31,174. 36,725. 43,559. 171,580 c Add lines 10a and 10b 28,485. 31,637. 31,174. 36,725. 43,559. 171,580 11 Net income from unrelated business activities not include gain or loss from the sale of capital assets (Explain in Part VI)			(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, entry, royalities, and income from similar sources 28,485.31,637.31,174.36,725.43,559.171,580 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 28,485.31,637.31,174.36,725.43,559.171,580 c Add lines 10a and 10b 28,485.31,637.31,174.36,725.43,559.171,580 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 28,485.31,637.31,174.36,725.43,559.171,580 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 396,388.1172116.607,744.611,366.668,664.3456278 14 First Syears. 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 5 25 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 67.60 18 Investment income percentage for 2022 (line 0, column (f), divided by line 13, column (f)) 17 4.96 18 Investment income percentage for 2022 (line 0, column (f), divided by line 13, column (f)) 17 4.96 19 a3 1/3% support tests - 2022.1 If the organization did not check ta 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 20 19 a3 1/3% support tests - 2021. If		,		1140479.	576,570.	574,641.	625,105.	3284698.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 28, 485. 31, 637. 31, 174. 36, 725. 43, 559. 171, 580 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on roless from the sale of capital assets (Explain in Part VI.) 28, 485. 31, 637. 31, 174. 36, 725. 43, 559. 171, 580 13 Total support. (<i>Ad</i> lines 9, 10c, 11, and 12) 396, 388. 1172116. 607, 744. 611, 366. 668, 664. 3456278 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 396, 388. 1172116. 607, 744. 611, 366. 668, 664. 3456278 15 Public support percentage from 2021 Chedule A, Part III, line 15 16 48.422 Section C. Computation of Public Support Percentage 16 48.42.2 Section D. Computation of Investment Income Percentage 17 4.96 18 Investment income percentage from 2021 Schedule A, Part III, line 15 17 4.96 18 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 4.96 18 Investment income percentage for 2022. 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%, support tests - 2021. 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 organizatio		Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 67.60 16 48.42 Section D. Computation of Investment Income Percentage 17 4.96 18 3.09 19a 31 1/3% support tests - 2022. 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. 19a 31 1/3% support tests - 2021. 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. 202023 12-09-22 Schedule A, Port III, 19a, or 19b, check this box and stop here. The organization qualifies as a publicly supported organization.	b	(less section 511 taxes) from businesses						
activities not included on line 10b, whether or not the business is regularly carried on Image: the state of the state of capital assets (Explain in Part VI.) 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 396,388. 1172116. 607,744. 611,366. 668,664. 3456278 13 Total support. (Add lines 9, 10c, 11, and 12.) 396,388. 1172116. 607,744. 611,366. 668,664. 3456278 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 Image: Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 67.60 16 Public support percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 4.96 18 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 4.96 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 3.09 19a 33 1/3%, support tests - 2022. 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 Image: Add Add Add Add Add Add Add Add Add Ad	c	Add lines 10a and 10b	28,485.	31,637.	31,174.	36,725.	43,559.	171,580.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 396,388. 1172116. 607,744. 611,366. 668,664. 3456278 13 Total support. (Add lines 9, 10c, 11, and 12.) 396,388. 1172116. 607,744. 611,366. 668,664. 3456278 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	11	activities not included on line 10b, whether or not the business is						
13 Total support. (Add lines 9, 10c, 11, and 12.) 396, 388. 1172116. 607, 744. 611, 366. 668, 664. 3456278 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	12	Other income. Do not include gain or loss from the sale of capital						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 67.60 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 48.42 Section D. Computation of Investment Income Percentage 17 17 4.966 18 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 4.966 18 Investment income percentage for 2021 Schedule A, Part III, line 17 18 3.09 19a 33 1/3% support tests - 2022. 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 IX b 33 1/3% support tests - 2021. 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 IX 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions I2 232023 12-09-22 Schedule A (Form 990) 202	13		396,388.	1172116.	607,744.	611,366.	668,664.	3456278.
Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 67.60 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 48.42 Section D. Computation of Investment Income Percentage 16 48.42 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 4.96 18 Investment income percentage for 2021 Schedule A, Part III, line 17 18 3.09 19a 33 1/3% support tests - 2022. 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 X b 33 1/3% support tests - 2021. 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 X 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Image: Schedule A (Form 990) 202 232023 12-09-22 Schedule A (Form 990) 202	14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 67.60 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 48.42 Section D. Computation of Investment Income Percentage 16 48.42 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 4.96 18 Investment income percentage for 2021 Schedule A, Part III, line 17 18 3.09 19a 33 1/3% support tests - 2022. 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 X b 33 1/3% support tests - 2021. 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 X 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Image: Schedule A (Form 990) 202 232023 12-09-22 Schedule A (Form 990) 202		check this box and stop here	-					
16 Public support percentage from 2021 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2021 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2022. 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 - 2021. 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 232023 12-09-22	Sec	ction C. Computation of Publi	c Support Per	centage				
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 4.96 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 3.09 19a 33 1/3% support tests - 2022. 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 X b 33 1/3% support tests - 2021. 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 X 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 202	15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	67.60 %
17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 4.96 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 3.09 19a 33 1/3% support tests - 2022. 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 IX b 33 1/3% support tests - 2021. 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 IX 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Image: Schedule A (Form 990) 202	<u>16</u>	Public support percentage from 2021	Schedule A, Part	III, line 15	. <u></u>	<u></u>	16	48.42 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 3.09 19a 33 1/3% support tests - 2022. 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 IX b 33 1/3% support tests - 2021. 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 IX 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Image: Comparization set instruction set instruction set instruction set instruction set instruction set instruction set instructions 232023 12-09-22 Schedule A (Form 990) 202	Sec	ction D. Computation of Inves	tment Income	Percentage				
19a 33 1/3% support tests - 2022. 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 - 2021. 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 232023 12-09-22	17	Investment income percentage for 20)22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization X b 33 1/3% support tests - 2021. 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 23 2023 12-09-22 Schedule A (Form 990) 202	18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	3.09 %
b 33 1/3% support tests - 2021. 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 232023 12-09-22 24 Schedule A (Form 990) 202	19a						3 1/3%, and line 1	7 is not
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 232023 12-09-22 Schedule A (Form 990) 202		more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organizat	tion	X
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	b	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
232023 12-09-22 Schedule A (Form 990) 202		line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	rted organization	
	20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	
	23202	23 12-09-22					Schedule A	(Form 990) 2022

WAYNE CENTER FOR THE ARTS

Yes No

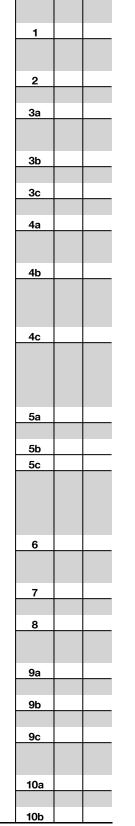
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22



Schedule A (Form 990) 2022

Form 990) 2022 WAYNE CENTER FOR THE ARTS

2

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

 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
 Image: Control organization control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control organization control or management of the support of the suppor

Section D	. All Typ	e III Su	pporting	Organizations	

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check	k the box next to the met	thod that the organization	nused to satisfy the Inte	aral Part Test during the ve	ar (see instructions).
---------	---------------------------	----------------------------	---------------------------	------------------------------	------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	v (see instruction <u>s)</u>).
-----	--	---	-------------------------	------------------------------------	------------------------------	----

- 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.*232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

Schedule A (Form 990) 2022

1								
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	1				
Sect	ion 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						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
с	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functiona	ally integrate	d Type III supporting orga	nization (see				

 Schedule A (Form 990) 2022
 WAYNE CENTER FOR THE ARTS

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

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

34-2016097 Page 6

232026 12-09-22

Schedule A (Form 990) 2022

WAYNE CENTER FOR THE ARTS

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•		
	(provide details in Part VI). See instructions.	č		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	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				
	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
_	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022		CENTER				34-2016097 Page
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sect	lines 1, 2, 3b, 3c, 4 ion D, lines 2 and 3	b, 4c, 5a, 6, 9a ; Part IV, Secti	i, 9b, 9c, on E, lin	11a, 11 es 1c, 2a	b, and 11c; a, 2b, 3a, an	, line 10; Part II, line 17a or 17b; Part III, line 12; ; Part IV, Section B, lines 1 and 2; Part IV, Section C, nd 3b; Part V, line 1; Part V, Section B, line 1e; Part V, ete this part for any additional information.
232028 12-09-2	2						Schedule A (Form 990) 20
_02020 12-03-2	-				21		

Payments from Disqualified Persons Included on Part III, Line 7a

34-2016097

2022

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

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
RECEIVED FROM					
DISQUALIFIED PERSONS	110,000.	658,188.	100,000.	20,000.	60,000
otal to Schedule A, lart III, Line 7a	110,000.	658,188.	100,000.	20,000.	60,000

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

34-201609	7
-----------	---

Name	UI.	uie	orga	πza	lion	

Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

WAYNE CENTER FOR THE ARTS

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

Г

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

WAYNE CENTER FOR THE ARTS

Name of organization

Employer identification number

34-2016097

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 THE NOBLE FOUNDATION X Person Payroll **121 N MARKET STREET** 50,000. Noncash (Complete Part II for WOOSTER, OH 44691 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 RALPH R AND GRACE B JONES FOUNDATION X Person Payroll 419 S MARKET ST 25,000. Noncash (Complete Part II for WOOSTER, OH 44691 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 BRIGGS FAMILY FUND X Person Payroll 1545 EDEN DRIVE 12,000. Noncash \$ (Complete Part II for WOOSTER, OH 44691 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 BEAVERSON FOUNDATION X Person Payroll Noncash 1474 RAMBLEWOOD DRIVE 10,000. \$ (Complete Part II for WOOSTER, OH 44691 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 STEPHEN AND CHERYL SHAPIRO X Person Payroll 1525 HEMLOCK 10,000. Noncash (Complete Part II for WOOSTER, OH 44691 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 TIMOTHY AND JENNY SMUCKER X Person Payroll 5350 DEERFIELD AVE 10,000. Noncash \$ (Complete Part II for NORTH LAWRENCE, OH 44666 noncash contributions.)

223452 11-15-22

Schedule B (Form 990) (2022)

09440328 759834 15231.0

Name of organization

Page **2**

Employer identification number

34-2016097

WAYNE CENTER FOR THE ARTS

Part I	t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	THE WAYNE COUNTY COMMUNITY FOUNDATION: MATTHEW FAMILY FUND 517 N MARKET ST WOOSTER, OH 44691	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b)	(c) Total contributions	(d) Turpe of contribution			
<u>8</u>	Name, address, and ZIP + 4 DON & SHIRLEY BUEHLER CHARITABLE FOUNDATION 517 N MARKET ST WOOSTER, OH 44691	\$8,000.	Type of contribution Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	WILLARD E SMUCKER FOUNDATION STRAWBERRY LANE ORRVILLE, OH 44667	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b)	(c) Total contributions	(d)			
	Name, address, and ZIP + 4	\$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2022)

223452 11-15-22

Schedule B	(Form	990)	(2022)
------------	-------	------	--------

Name of organization

Page 3

Employer identification number

34-2016097

WAYNE CENTER FOR THE ARTS

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Part		1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

26

09440328 759834 15231.0

Schedule E	3 (Form 990) (2022)				Page 4
Name of or	rganization			Employer identification n	umber
WAYNE	CENTER FOR THE ARTS			34-2016097	
Part III	Exclusively religious, charitable, etc., contribut			8), or (10) that total more than \$1,000 for th	ne year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line	entry. For organizat	ons nter this info_once)\$	
	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of	gift		
-	Transferee's name, address, a	and ZIP + 4	Relation	ship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Farti					
		(e) Transfer of	gift		
-	Transferee's name, address, a	and ZIP + 4	Relation	ship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-		(e) Transfer of	gift		
-	Transferee's name, address, a	and ZIP + 4	Relation	ship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-		(e) Transfer of			
	Transferee's name, address, a			ship of transferor to transferee	
	· · · · · · · · · · · · · · · · · · ·				

27

Schedule B (Form 990) (2022)

09440328 759834 15231.0

SCI	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047	
	n 990)	Complete if the orga	nization answered "Yes" on Form 990,		2022	
), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public	
	ment of the Treasury Revenue Service		0 for instructions and the latest information		Inspection	
Nam	e of the organizat	ion WAYNE CENTER FOR T	HE ARTS	Em	ployer identification numb $34 - 2016097$	er
Par	t I Organiz		d Funds or Other Similar Funds or	Accour		
	organizatio	on answered "Yes" on Form 990, Part IV, lin	ne 6.		·	
			(a) Donor advised funds	(b) Fur	nds and other accounts	
1	Total number at e	nd of year				
2		of contributions to (during year)				
3	Aggregate value of	of grants from (during year)				
4	Aggregate value a	at end of year				
5	Did the organizati	on inform all donors and donor advisors in	writing that the assets held in donor advised fu	inds		
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes 🗌 I	No
6	Did the organizati	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	l only		
	for charitable purp	poses and not for the benefit of the donor o	or donor advisor, or for any other purpose conf	erring		
_	impermissible priv					No
Par	t II Conserv	vation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7		
1		servation easements held by the organization				
	Preservation	n of land for public use (for example, recrea	ition or education)	storically	important land area	
	Protection of	of natural habitat	Preservation of a ce	ertified hi	storic structure	
		n of open space				
2			fied conservation contribution in the form of a	conserva		
	day of the tax yea				Held at the End of the Tax Ye	ar
a						
b	-					
c		rvation easements on a certified historic str		. <u>2c</u>		
d		rvation easements included in (c) acquired a				
~						
3		rvation easements modified, transferred, rel	leased, extinguished, or terminated by the orga	anization	during the tax	
4	year	where property subject to conservation eas	account is located			
- 5		ation have a written policy regarding the per				
3	•	forcement of the conservation easements if			Yes I	No
6	,		t holds? handling of violations, and enforcing conserva			10
U				cion cuo	shorto during the year	
7	Amount of expense	 ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easemen	ts during the year	
-						
8	Does each conse	rvation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)	B)(i)		
					Yes I	No
9			on easements in its revenue and expense state			
	balance sheet, an	d include, if applicable, the text of the footr	note to the organization's financial statements	that des	cribes the	
		counting for conservation easements.				
Par	t III Organiz	ations Maintaining Collections of	f Art, Historical Treasures, or Other	Simila	r Assets.	
	Complete	if the organization answered "Yes" on Form	1 990, Part IV, line 8.			
1a	If the organization	n elected, as permitted under FASB ASC 95	i8, not to report in its revenue statement and b	alance s	heet works	
			olic exhibition, education, or research in furthe	rance of	public	
	•		ncial statements that describes these items.			
b	-	· · · · ·	8, to report in its revenue statement and balar			
			exhibition, education, or research in furtherar	ce of pu	blic service,	
	-	ving amounts relating to these items:				
					\$	
	.,				\$	
2			asures, or other similar assets for financial gain	n, provid	9	
	•	ounts required to be reported under FASB A	0			
а	Revenue included	I on Form 990, Part VIII, line 1			\$	

	b	Assets included in Form 990,	Part X
--	---	------------------------------	--------

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

\$

Sche	Schedule D (Form 990) 2022 WAYNE CENTER FOR THE ARTS 34-2016097 Page 2									
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or C	Other S	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that m	ake sigi	nificant u	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	hange program						
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	s exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other s	imilar a	issets		_		_
_	to be sold to raise funds rather than to be ma			llection?		<u></u>		Yes		No
Par	t IV Escrow and Custodial Arran		te if the organization	n answered "Ye	es" on F	orm 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi							7		1
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:					A		
								Amount		
	Beginning balance					1c				
	Additions during the year					1d				
-	Distributions during the year					1e				
f	Ending balance					1f		Yes		
	Did the organization include an amount on Fe If "Yes," explain the arrangement in Part XIII.				-	y?	∟			No
Par						<u></u>)				1
	Complete	(a) Current year	(b) Prior year	(c) Two years b			ears back	(e) Four	vears	back
1a	Beginning of year balance	1,830,789.	2,230,463.	1,882,8			16,573.		290,	
b	Contributions	0.	, , , -	, ,	85.		08,188.	,		662.
c	Net investment earnings, gains, and losses	197,704.	-288,548.	442,5	535.		26,732.			723.
	Grants or scholarships	,		,			,			
	Other expenditures for facilities									
•	and programs	82,385.	100,371.	84,7	726.		60,690.		58,	076.
f	Administrative expenses	9,271.	10,755.	10,2	239.		7,995.			299.
g	End of year balance	1,936,837.	1,830,789.	2,230,4	163.	1,8	82,808.	1,	316,	573.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		%	,						
b	Permanent endowment	%	_							
с	Term endowment 100	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held an	d administered	for the			_		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		/ment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered			ee Form 990, P						
	Description of property	(a) Cost or ot basis (investm	• • •	or other (other)	• •	cumulate reciation	ed	(d) Book	value	;
1a	Land									
	Buildings			7,083.		84,43		542		
с	Leasehold improvements			0,702.		75,5			5,16	
	Equipment			5,231.		90,42	21.	24	,81	L U .
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part X</u>	(, column (B), line 10	0c.)				602	2,64	16.

Schedule D (Form 990) 2022

232052 09-01-22

(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 "			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-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		e 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. (l	3) line 15.)		
Part X Other Liabilities.			25
Complete if the organization answered "	Yes" on Form 990, Part IV, IIn	e Tie or Tif. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) 			
Total. (Column (b) must equal Form 990, Part X, col. (b)			
2. Liability for uncertain tax positions. In Part XIII, pro			
organization's liability for uncertain tax positions u	Inder FASE ASC 740. Check		
		5	chedule D (Form 990) 2
000050 00 01 00			
232053 09-01-22	30		
	50		

WAYNE CENTER FOR THE ARTS

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

(b) Book value

34-2016097 Page 3

(c) Method of valuation: Cost or end-of-year market value

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.	

rm 990) 2022

09440328 759834 15231.0

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

(a) Description of security or category (including name of security) (1) Financial derivatives

Sche	dule D (Form 990) 2022 WAYNE CENTER FOR THE AR	TS	34-2016097 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12))	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	•	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	<u>8.</u>)	
Pa	rt 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 V, LINE 4:

WAYNE CENTER FOR THE ARTS CURRENTLY HAS ONE ENDOWMENT FUND THAT IS HELD

AND ADMINISTERED BY AN UNRELATED ORGANIZATION. THIS FUND IS TO BE USED TO

ATTRACT AND RETAIN FIRST-RATE TEACHERS TO WAYNE CENTER FOR THE ARTS, AND

TO EXPAND ITS CLASS OFFERINGS.

232054 09-01-22

09440328 759834 15231.0

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivit	ies	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on				[.] 19, o	r if the	2022		
	organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.									
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc				ı.		Open to Public Inspection		
Name of the organization Employer								identification number		
		ENTER FOR THE ARTS					34-2016			
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, lii	ne 17.	Form 990-E	Z filers are not		
 Indicate whether the a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		🗌 Ye			
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (or fu	mount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No						
			1	1						
Total 3 List all states in whitor licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified i	it is e	kempt from re	egistration		

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

Schedule G (Form 990) 2022

232081 10-27-22

WAYNE CENTER FOR THE ARTS

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines I and 6D. List e	events with gross receipt	s greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
			ARTRAGEOUS			col. (c))	
Revenue			(event type)	(event type)	(total number)		
	1	Gross receipts	60,345.			60,345.	
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	60,345.			60,345.	
	4	Cash prizes					
S	5	Noncash prizes					
kpense	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	6,711.			6,711.	
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			6,711.	
_	11	Net income summary. Subtract line 10 from li				53,634.	
Pa	nrt I		answered "Yes" on Form	990, Part IV, line 19, or i	reported more than		
		\$15,000 on Form 990-EZ, line 6a.	1	() Dull take (material			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Re	1	Gross revenue					
	-						
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
			Yes %	Yes %	Yes %		
	6	Volunteer labor	Νο	No	No		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
	0	Not gaming moorne summary. Subtract me r					
9	En	ter the state(s) in which the organization condu	cts gaming activities:				
		the organization licensed to conduct gaming a	· · · ·			Yes No	
b) If "	No," explain:					
40 -		Yes No					
	 0a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: 						
2220	20 10	207.00			Qaha	dule G (Form 990) 2022	
23208	o∠ 10	D-27-22			Sche	uue u (F0111 990) 2022	

Schedule G (Form 990) 2022	WAYNE CENTER	R FOR THE	ARTS	34-2016097 Page 3
11 Does the organization conduct g	gaming activities with nonn	nembers?		Yes No
12 Is the organization a grantor, be				
to administer charitable gaming?	?			Yes No
13 Indicate the percentage of gamin				
a The organization's facility				<u>13a</u> %
14 Enter the name and address of t	the person who prepares the	ne organization's	gaming/special events books and re	ecords:
Name				
Address				
15a Does the organization have a co	ontract with a third party fro	m whom the ora	anization receives daming revenue?	Yes No
15a Does the organization have a co	indact with a time party ne	in whom the org	anization receives garning revenue:	
b If "Yes," enter the amount of gar	ming revenue received by t	he organization	\$ and th	e amount
of gaming revenue retained by th			·	
c If "Yes," enter name and address				
Name				
Address				
16 Gaming manager information:				
Nama				
Name				
Gaming manager compensation	n \$			
	Ψ	_		
Description of services provided	ł			
Director/officer	Employee	Indepe	ndent contractor	
17 Mandatory distributions:				
a Is the organization required under				
retain the state gaming license?				
	•		to other exempt organizations or sp	bent in the
organization's own exempt activ		s rolanations requir	red by Part I, line 2b, columns (iii) an	d (v): and Part III lines 9 9b 10b
			formation. See instructions.	
		any additional in		
232083 10-27-22				Schedule G (Form 990) 2022
		34		

Schedule G	(Form 990)
Dout IV	0

Part IV	Supplemental Information (continued)	
		Schedule G (Form 990)

232084 04-01-22

SCHEDULE J		Compensation Information		OMB No. 1	545-004	47
(Form 990)		•)
		Compensated Employees				
Dono	Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.				Publ	ic
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				ction	
Nam	e of the organization	1		identificatio		nber
		34-2	<u>201609</u>	7		
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate 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.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary :	spending account Personal services (such as maid, chauffeu	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatior	o committee Written employment contract				
	Independent of	ompensation consultant Compensation survey or study				
	Form 990 of o	ther organizations Approval by the board or compensation c	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	-				
а		e payment or change-of-control payment?				X
b	-	eive payment from a supplemental nonqualified retirement plan?				X
С	-	eive payment from an equity-based compensation arrangement?		4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	.					
-)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r			-		v
a ,	The organization?			<u>5a</u>		X X
b		ation?		<u>5b</u>		
c		or 5b, describe in Part III.	n			
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	11			
-	contingent on the r			6-		x
		ation2				X
a		ation?		<u>6b</u>		
7		•				
1	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			7		x
0	not described on lines 5 and 6? If "Yes," describe in Part III					
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		0		x
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8			
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9 Regulations section 53,4958-6(c)?						
		1 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		9 dule J (Forn	000	2022
цпΑ	FOI Paperwork R	במעכנוסה אכו מסווכפ, צפי נוופ וווצנו מכנוסהצ וסר דסרווו צשט.	Sche	uule J (Forn	1 990)	2022

232111 10-18-22

Schedule J (Form 990) 2022

34-2016097

Page 2

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			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JAMES FOX	(i)	4,154.	0.	0.	0.	0.	4,154.	0.	
FORMER EXECUTIVE DIRECTOR	(ii)	4,154.	0.	0.	0.	0.	4,154.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.



34-2016097

WAYNE CENTER FOR THE ARTS

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

2. PROVIDE HIGH QUALITY ARTS EDUCATION;

3. IMPROVE THE QUALITY OF LIFE FOR MEMBERS OF THE COMMUNITY THROUGH

ART;

4. CONTRIBUTE TO ECONOMIC DEVELOPMENT IN THE COMMUNITY THROUGH SPECIAL

EVENTS AND LEADERSHIP IN THE DOWNTOWN ARTS DISTRICT.

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

FORM 990 HAS BEEN PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. A COPY OF

THE RETURN IS PROVIDED TO THE ORGANIZATION FOR REVIEW AND APPROVAL BEFORE

BEING FILED. THE RETURN IS FIRST REVIEWED BY THE FINANCE COMMITTEE AND

THEN REVIEWED BY EACH BOARD MEMBER.

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

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. AN ANNUAL

DISCLOSURE FORM IS PROVIDED TO EACH MEMBER OF THE BOARD AND ANY OTHER

INDEPENDENT MEMBERS OF THE EXECUTIVE COMMITTEE. BOARD MEMBERS ARE REQUIRED

TO COMPLETE THE DISCLOSURE AND RETURN THE FORM TO THE EXECUTIVE COMMITTEE

FOR REVIEW.

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

THE EXECUTIVE DIRECTOR'S SALARY IS SET BY THE EXECUTIVE COMMITTEE DEPENDENT UPON REVIEW AND APPROVAL BY MAJORITY VOTE OF THE FULL BOARD. THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES TO REVIEW.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization WAYNE CENTER FOR THE ARTS	Employer identification number $34 - 2016097$
THE ORGANIZATION MAKES ITS REQUIRED CURRENT DOCUMENTS AVAI	LABLE TO THE
PUBLIC BY REQUEST. ALSO, THE ORGANIZATION'S MOST RECENTLY	FILED TAX-EXEMPT
RETURNS AND BASIC INFORMATION IS MADE AVAILABLE ELECTRONIC.	ALLY THROUGH THE
WEBSITE <www.guidestar.org>.</www.guidestar.org>	
FORM 990, PART XI, LINE 8	
PRIOR PERIOD ADJUSTMENT REFERS TO AN ACCOUNT HOUSED AT THE	WAYNE COUNTY
COMMUNITY FOUNDATION. THIS ACCOUNT WAS REMOVED FROM THE B	OOKS WHEN IT
WAS DISCOVERED THE FOUNDATION HOLDS VARIANCE POWER OVER TH	E ACCOUNT.

232212 10-28-22