

Return of Organization Exempt From Income Tax

2004

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the **2004** calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization WAYNE CENTER FOR THE ARTS		D Employer identification number 34-2016097
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 382		E Telephone number (330) 264-2787
		City or town, state or country, and ZIP + 4 WOOSTER, OH 44691		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: **WWW.WAYNEARTSCENTER.ORG**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

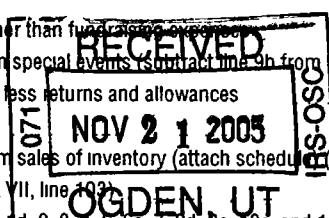
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **556,483.**

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number
M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue					
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	227,067.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	34,167.		
d	Total (add lines 1a through 1c) (cash \$ 261,234. noncash \$)	1d		261,234.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		248,052.	
3	Membership dues and assessments	3		20,335.	
4	Interest on savings and temporary cash investments	4		13.	
5	Dividends and interest from securities	5		20,445.	
6 a	Gross rents SEE STATEMENT 1	6a	6,404.		
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		6,404.	
7	Other investment income (describe)	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d					
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 403)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		556,483.	
Expenses					
13	Program services (from line 44, column (B))	13		366,443.	
14	Management and general (from line 44, column (C))	14		292,949.	
15	Fundraising (from line 44, column (D))	15		40,888.	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17		700,280.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		-143,797.	
Net Assets					
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,510,466.	
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20		4,401.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,371,070.	



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Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	660.	45	25.
	46	Savings and temporary cash investments	22,428.	46	53,777.
	47 a	Accounts receivable	15,465.		
	47 b	Less allowance for doubtful accounts		47c	15,465.
	48 a	Pledges receivable			
	48 b	Less allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable			
	51 b	Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	684.
	54	Investments - securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	714,146.	54	559,239.
	55 a	Investments - land, buildings, and equipment basis			
	55 b	Less accumulated depreciation		55c	
56	Investments - other		56		
57 a	Land, buildings, and equipment basis	1,146,044.			
57 b	Less accumulated depreciation	357,367.	57c	788,677.	
58	Other assets (describe SEE STATEMENT 7)	817,553.	58	3,950.	
59	Total assets (add lines 45 through 58) (must equal line 74)	3,950.	59	1,421,817.	
Liabilities	60	Accounts payable and accrued expenses	17,494.	60	17,045.
	61	Grants payable		61	
	62	Deferred revenue		62	15,925.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	64 b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe SEE STATEMENT 8)	44,000.	65	17,777.
66	Total liabilities (add lines 60 through 65)	61,494.	66	50,747.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	1,477,467.	67	1,341,746.
	68	Temporarily restricted	7,999.	68	4,324.
	69	Permanently restricted	25,000.	69	25,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,510,466.	73	1,371,070.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	1,571,960.	74	1,421,817.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income			Excluded by section 512, 513, or 514	(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a CLASS FEES					143,831.
b NUTCRACKER					64,106.
c SPRING BALLET					21,133.
d SPRING FUNDRAISER					18,982.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					20,335.
95 Interest on savings and temporary cash investments			14	13.	
96 Dividends and interest from securities			14	20,445.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	6,404.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		26,862.	268,387.
105 Total (add line 104, columns (B), (D), and (E))					295,249.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 10

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please 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.

Date 11-9-05 Bill Buckingham Executive Director
Type or print name and title

PA Date 11-8-05 Check if self-employed Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2004

Name of the organization **WAYNE CENTER FOR THE ARTS** Employer identification number **34 2016097**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE -----				

Total number of other employees paid over \$50,000 ▶ **0**

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms) if there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

Total number of others receiving over \$50,000 for professional services ▶ **0**

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) SEE STATEMENT 11</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990</p>	X	
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)</p>		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>		X
<p>4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>		X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	257,615.	274,444.	304,548.	252,591.	1,089,198.
16 Membership fees received	14,120.	14,924.	15,317.	15,939.	60,300.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	181,735.	304,746.	257,989.	267,729.	1,012,199.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	26,294.	37,789.	37,509.	69,378.	170,970.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	479,764.	631,903.	615,363.	605,637.	2,332,667.
24 Line 23 minus line 17	298,029.	327,157.	357,374.	337,908.	1,320,468.
25 Enter 1% of line 23	4,798.	6,319.	6,154.	6,056.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 26,409.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 1,320,468.
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		170,970.			26d 170,970.
e Public support (line 26c minus line 26d total)					26e 1,149,498.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 87.0523%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. N/A					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. N/A					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain (if you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement)	32d	
<hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (if you need more space, attach a separate statement)	33h	
<hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) N/A
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
AUDITORIUM & PARKING LOT @ ARTS CENTER	1	6,404.
TOTAL TO FORM 990, PART I, LINE 6A		6,404.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
UNREALIZED GAINS AND LOSSES	-24,358.
REALIZED GAINS AND LOSSES	28,759.
TOTAL TO FORM 990, PART I, LINE 20	4,401.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CLASS FEES	119,006.	119,006.		
COMMUNITY SERVICE	88,797.	87,730.	1,067.	
MISCELLANEOUS	32,775.	6,686.	23,563.	2,526.
NUTCRACKER	35,670.	35,670.		
SPRING BALLET	12,965.	12,965.		
SUB-CONTRACT LABOR	9,450.		9,450.	
ADVERTISING	8,100.		8,100.	
INSURANCE	12,686.		12,686.	
SPRING FUND-RAISER	7,741.			7,741.
STORAGE RENTAL	855.		855.	
TOTAL TO FM 990, LN 43	328,045.	262,057.	55,721.	10,267.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

THE PURPOSE OF WAYNE CENTER FOR THE ARTS IS TO ENRICH THE LIVES OF ALL RESIDENTS OF THE COUNTY THROUGH EXPOSURE TO ALL OF THE ARTS, AND TO CULTIVATE AND IMPROVE AN ENVIRONMENT FOR CHANGE THROUGH THE ARTS FOR EVERYONE IN THE COUNTY REGARDLESS OF AGE, GENDER, PHYSICAL CHALLENGE, OR ETHNIC ORIGIN. THE CENTER HAS A COMMITMENT TO PRESENTING QUALITY ARTS EXPERIENCES TO ALL SEGMENTS OF THE COMMUNITY. IN PARTNERSHIP WITH WAYNE COUNTY SCHOOLS, THE CENTER STRIVES TO PROVIDE THE VERY BEST ARTISTS-IN-EDUCATION RESIDENCIES, CONCERTS, THEATER PRESENTATIONS, DANCE, AND VISUAL ARTS. THE CENTER PRESENTS YEAR-ROUND PERFORMANCES TO DIVERSE AUDIENCES AND IS TOTALLY ACCESSIBLE.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

PROGRAMMING INCLUDES PRE/POST SHOW DISCUSSIONS INVOLVING ARTISTS, EDUCATORS, & STAFF; LECTURES/DEMONSTRATION PROGRAMS BY ARTISTS, CLASSES/WORKSHOPS WITH ARTISTS. PUBLIC PERFORMANCE FOR YOUNG AUDIENCES, CURRICULUM-BASED PROGRAMS FOR GRADES K-12, TEACHER WORKSHOPS, ARTISTS-IN-SCHOOLS RESIDENCIES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		366,443.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
POOLED FUNDS-STOCKS, BONDS, US GOVT	FMV			559,239.	559,239.
TO FORM 990, LINE 54, COL B				559,239.	559,239.

FORM 990	OTHER ASSETS	STATEMENT	7
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DESCRIPTION	AMOUNT
DONATED INVENTORY - PAINTINGS	3,950.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	3,950.

FORM 990	OTHER LIABILITIES	STATEMENT	8
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DESCRIPTION	AMOUNT
STAGE PERFORMERS PAYABLE	360.
ART/JAZZ FESTIVAL PAYABLE	17,417.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	17,777.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	9
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BILL BUCKINGHAM 237 S. WALNUT STREET WOOSTER, OH 44691	EXECUTIVE DIRECTOR 40	60,000.	1,815.	0.
MIKE STEINER 121 N MARKET ST, STE 600 WOOSTER, OH 44691	PRESIDENT 2	0.	0.	0.
LOUISE KEATING 141 E LIBERTY ST WOOSTER, OH 44691	VICE PRESIDENT 2	0.	0.	0.
ELIZABETH KRIEDER-WRIGHT 225 N MARKET ST WOOSTER, OH 44691	SECRETARY 2	0.	0.	0.
DENISE PARKER 2698 VINTON WOODS WOOSTER, OH 44691	TREASURER 2	0.	0.	0.

WAYNE CENTER FOR THE ARTS

34-2016097

JULIA FISHELSON 1630 BURBANK RD WOOSTER, OH 44691	EX-OFFICIO 2	0.	0.	0.
JOHN COOK 505 N MARKET ST WOOSTER, OH 44691	TRUSTEE 2	0.	0.	0.
MARIAN CROPP 1429 CHRISTMAS RUN BLVD WOOSTER, OH 44691	TRUSTEE 2	0.	0.	0.
KENNETH FORAN 1787 HILA WAY WOOSTER, OH 44691	TRUSTEE 2	0.	0.	0.
KATHLEEN GALLO 2113 NORMANDY DR WOOSTER, OH 44691	TRUSTEE 2	0.	0.	0.
GENE GOTTFRIED 135 E LIBERTY ST WOOSTER, OH 44691	TRUSTEE 2	0.	0.	0.
MACKENZIE HAISS 328 BLOOMINGTON WOOSTER, OH 44691	TRUSTEE 2	0.	0.	0.
BARB KALIE 2521 IMPERIAL ST WOOSTER, OH 44691	TRUSTEE 2	0.	0.	0.
MATT KILBOURNE 1061 BUCHHOLZ DR WOOSTER, OH 44691	TRUSTEE 2	0.	0.	0.
RAY MCCALL 1636 BEALL AVE WOOSTER, OH 44691	TRUSTEE 2	0.	0.	0.
BILL ROBERTS 1551 CINNAMON DR WEST SALEM, OH 44287	TRUSTEE 2	0.	0.	0.
CHERYL SHAPIRO 609 BEECHWOOD DR WOOSTER, OH 44691	TRUSTEE 2	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		60,000.	1,815.	0.

