

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0047
2017
<u> </u>
Open to Public
Inspection

	or the 2017 c	alendar year, or tax year beginning, and ending							
B C	heck if applicable	C Name of organization GREATER FORT WAYNE METRO CHAMBER		D Employe	r Identification number				
	ddress change	ALLIANCE, INC.		1					
_		Doug histoges as CREATED FORT WAYNE INC 35-0315995							
N	ame change	Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number							
In	nitial return	200 E. MAIN STREET 8TH FLOOR		260-	420-6945				
	inal return/	City or town, state or province, country, and ZIP or foreign postal code	-						
te	erminated	FORT WAYNE IN 46802		G Gross rec	eipts \$ 3,392,760				
A	mended return	F Name and address of pnncipal officer		0.0000					
\Box_{A}	oplication pending	ERIC DODEN	H(a) Is this a gr	oup return for s	ubordinates? Yes X No				
``	PP		H(b) Are all sub	nordinator inclu	rded? Yes No				
		200 E. MAIN STREET STE 800			(see instructions)				
		FORT WAYNE IN 46802	, II NO.	, allaci a iist i	See instructions)				
<u> </u>	ax-exempt status	501(c)(3) X 501(c) (6) ◀ (insert no) 4947(a)(1) or 527	<u>′</u>						
<u> </u>	Website ► W	WW.GREATERFORTWAYNEINC.COM	H(c) Group exe	mption numbe	<u> </u>				
K F	orm of organization	X Corporation Trust Association Other ▶ L	Year of formation 1	1918	M State of legal domicile IN				
	THE THE PERSON NAMED IN COLUMN 1	ımmary							
		escribe the organization's mission or most significant activities							
		THER, WE'RE GROWING A MORE PROSPEROUS, VIBRANT COMM	וואדדע דאו	CREATER	2				
Activities & Governance			101111111	OKUMIDI	`				
ופו	FORT	WAYNE.							
ē		~							
١٨	2 Check th	is box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25%	% of its net asset	S					
ا ھ	3 Number	of voting members of the governing body (Part VI, line 1a)		3	51				
S	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	_51				
ě	5 Total nun	nber of individuals employed in calendar year 2017 (Part V, line 2a)		5	28				
ई		nber of volunteers (estimate if necessary)		6	51				
۷		elated business revenue from Part VIII, column (C), line 12		7a	0				
ł				7b					
\dashv	b Net unrei	lated business taxable income from Form 990-T, line 34	Pnor Ye		Current Year				
	0.000	tions and grants (Part VIII, line 1h)	20	0,862	405,080				
<u>ب</u>		service revenue (Part VIII, line 2q)	7 2 10						
Kevenue	•	service revenue (Part VIII, line 2g)	$\frac{1}{1}$	5,244	2,895,304				
6		service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), lines 3, 4, and 7d) venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	اب/		-4,165				
	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8/ 8	6 , 539	92,376				
1		enue – add lines 8 through 11 (must equal Part VIII, column (A) lines (A)	8 3,48	2,645	3,388,595				
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)	\$/ 5	0,500	48,500				
- }		paid to or for members (Part IX, column (A), line 4)	/		0				
		other compensation, employee benefits (Part IX, column (A), lines 5–10)	1.87	2,051	2,012,167				
i g					0				
xpenses		onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ 0							
웃ㅣ									
П		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		5,939	1,335,832				
	18 Total exp	enses Add lines 13–17 (must equal Part IX, column (A), line 25)		8,490	3,396,499				
	19 Revenue	less expenses Subtract line 18 from line 12		4,155	-7,904				
5 S			Beginning of Cu		End of Year				
Fund Balances	20 Total ass	ets (Part X, line 16)		2,655	1,668,780				
28	21 Total liab	ilities (Part X, line 26)	1,18	0,111	1,134,140				
اجَيَّ		ts or fund balances. Subtract line 21 from line 20	54	2,544	534,640				
		gnature Block							
			anta and to the he	at of my kno	wlodge and holief it in				
ton	uer penalties of	perjury declare that I have examined this return, including accompanying schedules and statemion of prepare (other than officer) is based on all information of which preparer	enis, and to the be has any knowledo:	e e	wieuge and belief, it is				
	wii 501. anu U	Supplies Sold and Supplies (Control of Marian Supplies Control of Marian Propare)		- T					
Jul	h		_						
		1/ Frag (100	_						
		Signature of officer	-	Date					
igı	n s	~	CHAIR	Date					
igi	n e	~	CHAIR	Date					
igi	n e	ANDREW THOMAS — BOARI Type or pnnt name and title e preparer's name Preparer's signature ,	Date	Chack	r PTIN				
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Sigi ler	e Print/Typi	ANDREW THOMAS Type or pnnt name and title re preparer's name Preparer's signature CINE K. HOOTMAN, CPA Preparer's signature Christian X Hootman, Cl	04 Date 11/12,	Check self-em	ployed P00236047				
Sigi Here	Print/Typi CHRIST Firm's na	ANDREW THOMAS Stype or print name and title re preparer's name Preparer's signature Civilian X Hootman, CPA Mee BADEN, GAGE & SCHROEDER, LLC	04 Date 11/12,	Chack	□"				
Sigi Here	e Print/Typi	ANDREW THOMAS	04 Date 11/12,	Check self-em	ployed P00236047 35-1939627				
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Form 990 (2017)

Form 990 (2017) GREATER FORT WAYNE METRO CHAMBER

Part V Checklist of Required Schedules

Page 3

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 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 4 Section 501(c)(3) organizatione, Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization as each of 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives memberating dues, assessments, or similar amounts as defined in Revenue Procedule 98-199 If "Yes," complete Schedule C, Part III 5 Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part III 5 Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part III 5 Is the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 6 If the organization maintains collicitions of which diseases, or other similar assessment is of the region of the part of the organization maintains collicitions of which diseases, or other similar assessment assesses? If "Yes," complete Schedule D, Part III 7 In Unit to organization and the part X, inc. 21, for escribe or outsidal account liability to receive or part and in the part X, line 10 feet organization and install and part X, line 10 feet organization and install and part X, line 10 feet organization and install and part X, line 10 feet organization and install a	### 4C	Checklist of Required Ochedules		Von	Ma
2 Is the organization required to complete Schedule B, Schedule of Confinbutors (see instructions)? 2 Is 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 II 3 Section St(1)(2) 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 Is the organization as action of 10(4)(4), 501(5)(6) organization british on the development of the seasons of the organization maintain any donor advised funds or any similar funds or accounts for which donors have the night to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 5 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 6 The environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical reasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical reasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization maintain collections of works of art, historical reasures, or other similar assets? If "Yes," complete Schedule D, Part IV 9 Did the organization directly or through a related organization, for advised a maintain collection or accustod and for amounts not listed in Part X, inc. 15 organization and the same and accustod and for amounts not listed in Part X, inc. 15 organization assets organization assert or any of the following questions is "Yes," complete Schedule D, Part VII 9 Did th		Is the assessment of position 501/p/(2) or 4047/p/(4) /other than a private foundation/2 /f "Voc."		Yes	No
2 X be organization required to complete. Schedule 8, Schedule of Contributions (see instructions)? 2 X be the organization engage in direct or inderect political campagin activities on behalf of or in opposition to candidates for public office? If Yes, "complete Schedule C, Part II 3 Section 801(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 1 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9-8-179 if Yes," complete Schedule C, Part III 5 X Did the organization maintain any dinore advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part II 6 Did the organization receive or hold a conservation easement, including assements to presence open space, the environment, historic tand areas, or historic structures? If Yes, "complete Schedule D, Part III 7 Did the organization maintain collections of violks of ari, historical freasures, or other similar assets? If Yes," complete Schedule D, Part III 8 Did the organization receive or hold a conservation easement, including assements to presence open space, the environmental and areas of the regular or debit negotiation reviews III Yes," complete Schedule D, Part IV 9 Did the organization maintain collections of violks of ari, historical freasures, or other similar assets? If Yes," complete Schedule D, Part IV 10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts in all listed in Part X, line 7 part 2 pa	1	·	1		Х
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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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization asserted "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Lid Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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 II and IV 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 a	•	• • •	11c		X.
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1		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Χ	
If "Yes," complete Schedule G, Part III	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

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	ARE Checklist of Required Schedules (continued)			т
00-	D. I.I	200	Yes	No X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	_	├≏
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200	_	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	X	į
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	' -		╁
22	•	22		Х
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes," to Part VII, Section A, line 3, 4, or 5 about compensation of the			 ^
23	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	
		23	Х	
242	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	125	1	
24a	\$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		1
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1240		
С		24c		
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<u> </u>
d		244	 	\vdash
25a		25a		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	234		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		
26	If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	235		\vdash
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26]	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity 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 Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		<u> </u>
U	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		<u> </u>
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	ļ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
٠.	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
~_	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		l
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			_ <u></u>
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

DAA

Form **990** (2017)

Pa	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V	_			Ι.,	<u> </u>
	E. C. III. C.	140	15	FIRE	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 1b	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and	_10				
С	reportable gaming (gambling) winnings to prize winners?			1c	X	
22		1	1		C 15	
2a	Statements, filed for the calendar year ending with or within the year covered by this return	2a	28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns:			2b	Х	atomicusis
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	2	Х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			3b		
4a		honty				
-	over, a financial account in a foreign country (such as a bank account, securities account, or other finan					
	account)?			4a		Х
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 Acc	ounts				
	(FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?		5b	L	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			_5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or			l	
	gifts were not tax deductible?			6b	X	international
7	Organizations that may receive deductible contributions under section 170(c).					
а	•	ds				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7Ь		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1_		
	required to file:Form 8282?	١	I	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d_			LICHUS.	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont			7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		oo roguurod?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizatio			7 <u>g</u> 7h		
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		roilli 1030-C7			
8	sponsoring organizations maintaining donor advised futures. Did a donor advised future maintained sponsoring organization have excess business holdings at any time during the year?	by the		8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a	district discons	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					整建
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					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b				
12a	tana ara-ara-ara-ara-ara-ara-ara-ara-ara-ar	0412		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					齱
а	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				
С	Enter the amount of reserves on hand	13c				
I4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	L	Χ
h	The state of the s			14b	l	

	990 (2014) GREATER FORT WAINE METRO CHAMBER 33-0313993			age o
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See instruc	tions	
	Check if Schedule O contains a response or note to any line in this Part VI			_X_
<u>Sec</u>	tion A. Governing Body and Management	-		
	l. I ri	204425	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 51			
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 51			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			X
	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct	,		v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х	
6	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-	v	
_	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			Х
_	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	90	X	
а	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	80		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		Χ
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue			Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the internal Nevenue	, Oouc ,	Yes	No
40-	Did the experient have level chapters, branches, or affiliates?	10a	103	X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44-		11a	Х	_
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
b 120	and the second s	12a	X	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.2.2		
С	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	0.54		
	organization's exempt status with respect to such arrangements?	16b	Jenn-re-mini	Julipanaliulia
Sec	tion C. Disclosure			
<u> </u>	List the states with which a copy of this Form 990 is required to be filed ▶ IN	-		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
. •	available for public inspection. Indicate how you made these available Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
. •	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JSAN WESNER 200 E MAIN ST			
		260-42	0-6	945

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21099-MISC)	organization and related organizations
(1) RON TURPIN										
	4.00									_
CHAIR	0.00	X		X	ļ	_		0	0	0
(2) ANDREW THOMAS	2 00									
WAR CHAIR	3.00 0.00	X		Х				o	0	0
VICE CHAIR (3) MIKE CHRISTMAN	0,00	<u> </u>	\vdash		-		-			<u> </u>
(3) MIKE CHRISTMAN	3.00									
SECRETARY	0.00	X		Х				o	0	0
(4) ALLEN GLASSBURN	3,00	<u> </u>							-	
(,,	3.00				l					
TREASURER	0.00	Х		X				0	0	0
(5) SEE ATTACHED LIS		R	RE	MΑ	IN:	‡N(•			
	0.00									
DIRECTORS	0.00	X	_		<u> </u>		<u> </u>	0	0	0
(6) ERIC DODEN	40.00									
ano.	40.00			X				251,000	0	8,738
CEO (7) SUSAN WESNER	0.00	1		^			-	231,000		0,730
(1) SUSAN WESNER	40.00									
VP OF FINANCE	0.00			X				95,888	0	7,281
(8) SCOTT NALTNER	9.00			 				30,000		
(-,	40.00									
DIR OF BUSINESS DEV	0.00					Х		101,332	0	15,962
(9) PATRICK F. DOOLE	Y									
	40.00									
DIR OF AIRPORT DEVEL	0.00	L	ļ			Х		116,517	0	11,743
(10) JOHN URBAHNS										
	40.00					١.,		120 200		0 000
EXEC VP OF ECON DEV	0.00	-		_	-	X	\vdash	139,302	0	8,800
(11)										
				ŀ						
DAA	<u> </u>	Ь	1			L		<u> </u>		Form 990 (2017)

	990 (2017)											Page
₽a	rt VII		T	stee:	s, Ke			yees	s, an	nd Highest Compensated		
<i>-</i>	, Nan	(A) ne and title	(B) Average hours per week (list any hours for	bo	x, unl	Pos check ess pe end a c	erson	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
			related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
									_			
			_									
				-								
					-	-						
							-	-				
										704 030		E2 E2
1b c	Sub-total Total from	n continuation she	ets to Part VII. S	ectio	on A				>	704,039		52,52
_d	Total (add	d lines 1b and 1c)							>	704,039		52,52
2		ber of individuals (inc compensation from			to th	ose	liste	d abo	ove)	who received more than \$1	00,000 of	
3	employee For any in	on line 1a? If "Yes," dividual listed on line	complete Schedue 1a, is the sum o	<i>ile J</i> f rep	for s ortat	uch de c	<i>indiv</i> ompi	<i>idual</i> ensat	ion a	ee, or highest compensated and other compensation fro applete Schedule J for such		yes No 3 X 4 X
5		erson listed on line 1a es rendered to the org								unrelated organization or inc r such person	dıvıdual 	5 X
		pendent Contracto		neate	nd in	dono	ndo	ot cor	otrac	ctors that received more that	n \$100 000 of	
1	compensa	ation from the organiz	zation Report cor	mper	nsatio	on fo	r the	cale	ndar	r year ending with or within	the organization's tax year	(C)
		Name and	(A) I business address						-	Descrip	(B) Otion of services	(C) Compensation
								- · · -	-			
						-			-			
									_			
								_				
2		ber of independent o								listed above) who	0	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (A) (B) Related or (C) Unrelated Total revenue exempt excluded from tax function under sections 512-514 revenue 1a Federated campaigns 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 405,080 6,737 Q Noncash contributions included in lines 1a-1f 405,080 h Total. Add lines 1a-1f Program Service Revenue Busn Code 900099 1,429,877 1,429,877 2a MEMBERSHIP DUES 900099 724,946 724,946 b ALLIANCE 900099 397,400 397,400 AIRPORT PROGRAM 900099 343,081 343,081 OTHER PROGRAMS f All other program service revenue g Total. Add lines 2a-2f \blacktriangleright Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets other than inventory **b** Less cost or other 4,165 basis & sales exps -4,165c Gain or (loss) -4,165 -4,165 d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) 43,521 See Part IV, line 18 b Less direct expenses 43,521 ▶ 43,521 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold c Net income or (loss) from sales of inventory Busn Code Miscellaneous Revenue 11a 30,000 30,000 ADMINISTRATIVE FEE INCOME 18,855 18,855 OTHER REVENUE þ C d All other revenue ▶ 48,855 Total. Add lines 11a-11d 388,595 2,939,994 43,521 Total revenue. See instructions

Part X Statement of Functional Expenses

<u>Jecii</u>	on sor(c)(s) and sor(c)(4) organizations mast co			eto committi					
	Check if Schedule O contains a response or note to any line in this Part IX								
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations		•						
	and domestic governments See Part IV, line 21	48,500							
2	Grants and other assistance to domestic								
-	individuals See Part IV, line 22								
•									
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,	262 226							
	trustees, and key employees	362,906							
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and				ļ				
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	1,376,136							
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	30,745	<u>.</u>						
9	Other employee benefits	110,406							
10	Payroll taxes	131,974							
11	Fees for services (non-employees)				ì				
а	Management								
b	Legal	3,953							
С	Accounting	27,199							
d	Lobbying	9,620							
е	Professional fundraising services See Part IV, line 17								
f	Investment management fees								
g	Other (If line 11g amount exceeds 10% of line 25, column								
-	(A) amount, list line 11g expenses on Schedule O)	188,699							
12	Advertising and promotion	297,471							
13	Office expenses	40,185							
14	Information technology	65,708							
15	Royalties			<u>.</u>					
16	Occupancy	157,633							
17	Travel	66,181							
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	249,456							
20	Interest	<u> </u>							
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	60,836							
23	Insurance	12,735							
24	Other expenses Itemize expenses not covered								
2-7	above (List miscellaneous expenses in line 24e If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O)								
а	AIR SERVICE DEVELOPMENT	79,822	para mana a manana kanana manana manana kanana 200 maa	ANNARA ALTERIA ALTERIA AURILIA PARTICIPA					
_	DUES & SUBSCRIPTIONS	45,345			<u>-</u>				
b	AUTOMOBILE EXPENSE	9,161		-					
C	BANK FEES	9,144							
d		12,684							
e 25	All other expenses	3,396,499	0	0	0				
25	Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the	3,390,499		<u> </u>	 				
26	organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation Check here ► If following SOP 98-2 (ASC 958-720)								

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,057,874 132,380 Cash-non-interest bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 258,126 199,554 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 43,442 33**,**775 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 514,835 10a other basis Complete Part VI of Schedule D 363,213 303,071 10b 10c b Less accumulated depreciation 11 Investments—publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 722,655 668, Total assets. Add lines 1 through 15 (must equal line 34) 16 16 213,218 17 Accounts payable and accrued expenses 17 18 18 Grants payable 900,415 931,199 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 15,865 15.865 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 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 19,829 of Schedule D .180.111 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here |X| and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 475,459 27 504,244 27 Unrestricted net assets 67,085 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 542,544 534,640 33 33 Total net assets or fund balances 668,780 Total liabilities and net assets/fund balances

Form	990 (2017) GREATER FORT WAYNE METRO CHAMBER 35-0315995			Page	e 12
	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,38		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,39	96 <u>,4</u>	99
3	Revenue less expenses Subtract line 2 from line 1	3		-7,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54	<u> 12,5</u>	44
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	53	34 <u>,</u> 6	40
Pa	TEXII Financial Statements and Reporting				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XII				$\sqcup \!\!\! \perp$
			Commont.	Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	energide va	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	2 sim 2 il
	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				
	X Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			,,	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
. 3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				.,
	the Single Audit Act and OMB Circular A-133?		_3a	}	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			For	n 990	(2017)

SCHEDULE C -(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	Section 501(c)(4), (5), or (6) organizations Complete Part III				
Nam	e of organization GREATER FORT WAYNE I	METRO CHAMBER		1	tification number
	ALLIANCE, INC.			35-03159	
Pa	Complete if the organization is exem	npt under section 501(c)	or is a sectio	n 527 organizatio	n.
1	Provide a description of the organization's direct and indirect	ct political campaign activities in	Part IV. (see instru	ctions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			▶ \$	
3	Volunteer hours for political campaign activities (see instruc		(0)	· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization is exen		(3).		
1	Enter the amount of any excise tax incurred by the organiza			▶ \$	
2	Enter the amount of any excise tax incurred by organization	-		▶ \$	
3	If the organization incurred a section 4955 tax, did it file For	m 4/20 for this year?			Yes No
	Was a correction made?				∐ Tes ∐ No
Se manual	If "Yes," describe in Part IV Complete if the organization is exen	ent under section 501/c	excent section	on 501(c)(3)	
	Enter the amount directly expended by the filing organization			<u> </u>	
1	activities	ir ioi section 327 exempt iunctio	"	▶ \$	
2	Enter the amount of the filing organization's funds contribute	ad to other organizations for sec	tion	ΨΨ	
_	527 exempt function activities	su to other organizations for sec		▶ s	
3	Total exempt function expenditures Add lines 1 and 2 Enter	er here and on Form 1120-POL.		, ,	
	line 17b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		▶ \$	
4	Did the filing organization file Form 1120-POL for this year	>		•	☐ Yes ☐ No
5	Enter the names, addresses and employer identification nui		itical organizations	to which the filing	
	organization made payments. For each organization listed,				
	the amount of political contributions received that were pron	•			
	as a separate segregated fund or a political action committee				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization
					If none, enter -0-
1)					
(2)					
3)				į	
			-		
4)					
			 		
5)					
			 		
6)					,
		i	I	l	1

Schedule C (Form 990 or 990-EZ) 2017

f Grassroots lobbying expenditures

Page 3

Partile B Complete if the o	rganization is exempt under section 501(c)(3) a	ind has NOT filed	Form	5768		
			(a)		(b)	
For each "Yes," response on lines 1 description of the lobbying activity	a through 1ı below, provide in Part IV a detailed	Yes	No	Am	ount	
legislation, including any attempt to referendum, through the use of a Volunteers?	ization attempt to influence foreign, national, state or local influence public opinion on a legislative matter or compensation in expenses reported on lines 1c through 1i)?					
 c Media advertisements? d Mailings to members, legislators, o e Publications, or published or broad f Grants to other organizations for lo 	r the public? cast statements?					
 h Rallies, demonstrations, seminars, i Other activities? j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the b If "Yes," enter the amount of any ta 	conventions, speeches, lectures, or any similar means? organization to be not described in section 501(c)(3)?					
	rganization is exempt under section 501(c)(4), s	section 501(c)(5),	or se	ction		
1 Were substantially all (90% or more 2 Did the organization make only in- 3 Did the organization agree to carry Partill B Complete if the organization.	e) dues received nondeductible by members? ouse lobbying expenditures of \$2,000 or less? over lobbying and political campaign activity expenditures from temporary to the control of the	section 501(c)(5),			Yes	X X X
answered "Yes."			1			015
 Dues, assessments and similar an Section 162(e) nondeductible lobby political expenses for which the Current year Carryover from last year Total 	ring and political expenditures (do not include amounts of		2a 2b 2c	1,	33, 33,	448
 Aggregate amount reported in sect If notices were sent and the amoun excess does the organization agree and political expenditure next year 	ton 6033(e)(1)(A) notices of nondeductible section 162(e) dues ton line 2c exceeds the amount on line 3, what portion of the to carryover to the reasonable estimate of nondeductible lobbying.	ring	3		85 ,	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2017 GREATER FORT WAYNE METRO CHAMBER

35-0315995

Page 4

Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Appropries value of control and parameters, and conservation and sweet of "Yes" on Form 990, Part IV, line 6 1 Total number at end of year 2 Aggregate value of control tools to (during year) 3 Aggregate value of control tools to (during year) 4 Aggregate value of control tools to (during year) 5 Did the organization file all forms and donor advisors in writing that the assets held in donor advised funds are the organization mail of parts from (during year) 5 Did the organization from all donors and donor advisors in writing that grant funds can be used only for chartalise purposes and into free benefit of donor advisors in writing that grant funds can be used only for chartalise purposes and into free benefit of donor advisors in writing that grant funds can be used only for chartalise purposes and into free benefit of donor advisors in writing that grant funds can be used only for chartalise purposes and into free benefit of do endor advisor, or for any other purpose conferring impermissible purposes and into free benefit of do endor advisor, or for any other purpose conferring impermissible purposes and into free benefit of do endor advisor, or for any other purpose conferring impermissible purposes and into free benefit of do endor advisor, or for any other purpose conferring impermissible purposes and into free benefit of endored advisor, or for any other purpose conferring impermissible purposes and into free benefit of endored advisor, or forms of a conservation advisor for facility and advisors and advisor		of the organization		Employer id	lentification number
Total number at end of year				0.5	
Complete if the organization answered "Yes" on Form 990, Part IV, line 6 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of praints from (during year) 4 Aggregate value of and form (during year) 5 Did the organization inform all didnors and donor advisors in writing that the essets held in donor advised funds are the organization sproperty, subject to the organization's exclusive legal control? 5 Did the organization inform all graintees, donors, and donor advisors or writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisors, or for any other purpose conferring imperisable private benefit? 6 Did the organization female graintees, donors, and donor advisors or for far yother purpose conferring imperisable private benefit? 7 Preservation Fassements. 7 Conservation Easements. 8 Preservation of land for public use (e.g., recreation or education) 8 Preservation of land for public use (e.g., recreation or education) 9 Preservation of land for public use (e.g., recreation or education) 9 Preservation of land for public use (e.g., recreation or education) 1 Preservation of land for public use (e.g., recreation or education) 1 Preservation of natural habitat 1 Preservation of land for public use (e.g., recreation or education) 1 Preservation of the set in the public set (e.g., recreation or education) 2 Complete his explained and the set of the organization held a qualified conservation contribution in the form of a conservation essement or the list day of the tax year 1 Total number of conservation essements in ordicated or the set of t					
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		following amounts required to be reported under SFAS 116 (ASC 958) rel	ating to these items		•
b Assets included in Form 990, Part X	а	Revenue included on Form 990, Part VIII, line 1		•	\$
	b	Assets included in Form 990, Part X			\$

Parafull Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Sche	dule D (Form 990) 2017 GREATER	FORT WAYNE	METRO	СНАМВ	ER	35-0315995	Page :
a Public exhibition d Loan or exchange programs b Scholarity research e Other c Persention for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part							or Other Similar Ass	ets (continued)
b	3		sion, and other records,	check any o	of the follow	ng that are a	a significant use of its	
c	а	Public exhibition	d 🗍	Loan or exc	hange progi	rams		
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5. During the year, did the organization solicit or reserve donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1b If "Yes," explain the arrangement in Part XIII and complete the following table 1c Beginning bilance 1d Additions during the year 1 Distributions during the year 2 Distributions during the year 1 Distributions during the year 2 Distributions during the year 3 Distributions during the year 4 Distributions during the year 5 Distributions during the year 6 Distributions during the year 7 Distributions during the year 8 Distributions during the year 9 Distributions during the year 9 Distributions during the year 1 Distributions during the year 2 Distributions during the year 1 Distributions during the year 1 Distributions during the year 2 Distribution during the year distribution of Part XIII Distribution during the year distribution of Part XIII distribution o	b	Scholarly research	—					
XII	С	Preservation for future generations	_					
So During the year, did the organization solicitor receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's of	collections and explain h	ow they furt	ther the orga	inization's e	xempt purpose in Part	
assets to be sold to rase funds rether than to be maintained as part of the organization?								
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10. The percentages on line 20, 2, and 2c should equal 100% A retering an amount on Form 990, Part IV, line 11a See Form 990, Part X, line 10. The percentages on lines 2a, 2b, and 2c should equal 100% A retering an IV, line 340, are the related organizations listed as required on Schedule R? The percentages on lines 2a, 2b, and 2c should equal 100% A retering an amount on the propagation answered Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. The percentages on lines 2a, 2b, and 2c should equal 100% A c	5	During the year, did the organization solicit	or receive donations of	art, historica	al treasures,	or other sim	nılar	
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b Buildings 273,092 113,293 159,799 c Leasehold improvements 241,743 98,471 143,272 e Other 300,000		l and	(mixeautient)		- (Other	·,		
c Leasehold improvements 273,092 113,293 159,799 d Equipment 241,743 98,471 143,272 e Other 300,000 300,000								
d Equipment 241,743 98,471 143,272 e Other		<u> </u>			2	73 092	113 293	159 790
e Other		·						
000 000		• •				<u>, , , , , , , , , , , , , , , , , , , </u>	30,171	113,212
			equal Form 990, Part X	(, column (B), line 10c)		>	303,071

Schedule D (i b	MI 330/2017 GREETITER TOTAL WITTEN			
Part VII	Investments—Other Securities.			
•	Complete if the organization answered "Yes" on F	-		
	(a) Description of security or category	(b) Book value	(c) Method of	
<u> </u>	(including name of security)		Cost or end-of-year	market value * _
(1) Financial de	envatives	•	,	<u> </u>
(2) Closely-held	d equity interests	•		
(3) Other		,i		
(A) .	•			
(B) -	and the second s	• • •	· ·	<u> </u>
(C)			l v.	<u> </u>
(D) '	1.			<u>, ,', ı</u>
(E)		•		<u>: </u>
(F)	•	1		
(G)			•	
(H) '	•			• .
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.		. ,	. ,
, 4	Complete if the organization answered "Yes" on F	Form 990, Part IV, line	11c See Form 990, Pa	rt X, line 13
r .	(a) Description of investment	(b) Book value	. (c) Method of	
			Cost or end-of-year	market value
(1)				•
(2)	•			
(3)		*.		* - 3 *
(4)				
(5) .	A PART OF THE PART	,		
(6)	777	, , ,	-	
(7)			,	
(8)	•	-		
(9)			,	
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
	Other Assets.		Tail Annual Maria photo apparate materials, pool distributes 1	er-direction de la deservición de la composition della composition
	Complete if the organization answered "Yes" on F	Form 990 Part IV line	11d See Form 990 Pa	rt X line 15
	(a) Description	onn ood, r are re, mie	• • •	(b) Book value
(4)	(a) Description	í	1	, , ,
(1)	•			
(2)	<u> </u>			
(3)		1, ,	, ,	· *
(4)		* 1 C W		
(5)	- 1		· · · · · · · · · · · · · · · · · · ·	
(6)			, , ,	· · ·
· <u>(7)</u>		*	-	
(8)				
(9)				
	(b) must equal Form 990, Part X, col (B) line 15)		· · ·	
Part X	Other Liabilities.	·	44445 0 5	
•	Complete if the organization answered "Yes" on i	Form 990, Part IV, line	e 11e or 11f. See Form 9	190, Ραπ Χ,
	line 25		, Incrementation of the contract of the contra	
1.	(a) Description of liability	(b) Book value		
	ncome taxes '			
(2) DEFER	RED & ACCRUED RENT	17,126		
(3)		•		
(4)		•		
(5) -		•		
· (6)				
(7)	* + J			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

(8)

Part XIII Supplemental Information.

b Other (Describe in Part XIII)

c Add lines 4a and 4b

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information
PART IV, LINE 1B - EXPLANATION FOR UNREPORTED CONTRIBUTIONS OR ASSETS

GREATER FORT WAYNE, INC. AGREED TO BE THE FISCAL AGENT FOR A ONE-DAY EVENT
HELD IN FORT WAYNE, INDIANA ON AUGUST 22, 2016. THE EVENT WAS THE INDIANA
FORUM: CITIES AT STATE. THE PURPOSE WAS TO BRING TOGETHER REPRESENTATIVES
FROM BOTH BUSINESS AND GOVERNMENT (AT THE LOCAL, STATE & FEDERAL LEVEL).

THE FORUM WAS EDUCATIONAL.

4b

4c

3,396,499

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION THE FUNDS BELONG TO THE INDIANA FORUM.

PART X - FIN 48 FOOTNOTE

INCOME TAXES ARE NOT PROVIDED FOR IN THE FINANCIAL STATEMENTS SINCE THE

Part XIII Supplemental Information (continued)

CORPORATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE AND SIMILAR STATE PROVISIONS. THE ORGANIZATION HAS ALSO BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS A FOUNDATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A). THE ACCOUNTING STANDARD WHICH PROVIDES GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE POSITION. ORGANIZATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED THERE WERE NO UNRECOGNIZED TAX BENEFITS UPON ULTIMATE SETTLEMENT. IDENTIFIED OR RECORDED AS LIABILITIES FOR THE PERIODS ENDED DECEMBER 31, 2017 AND 2016. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS PRIOR TO 2014.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

LOSS ON DISPOSAL OF EQUIPMENT \$ -4,165

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

LOSS ON DISPOSAL OF EQUIPMENT \$ 4,165

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Go to www irs gov/Form990 for the latest instructions GREATER FORT WAYNE METRO CHAMBER

Employer identification number

Name o	of the organization GREATER FORT WAYNE ALLIANCE, INC.	METRO CHA	AMB.	ER		Employer identification 35-03159	
- Pa	Fundraising Activities. Complete if			wer	ed "Yes" on Form 99		
	Form 990-EZ filers are not required to			o Ch	ook all that apply		
1	Indicate whether the organization raised funds through an						
а		$\overline{}$		_	ernment grants		
b	Internet and email solicitations	f Solicitation	_		-		
С		g 📙 Special fund	draisin	g eve	ents		
d	In-person solicitations						
	Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in	connection with pro	ofessio	nal fu	undraising services?		Yes No
b	If "Yes," list the 10 highest paid individuals or entities (fund compensated at least \$5,000 by the organization	draisers) pursuant	to agre	eeme	nts under which the fundr	aiser is to be	
	(I) Name and address of individual or entity (fundraiser)	(ii) Activity		have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (I)	(vi) Amount paid to (or retained by) organization
	· · · · · · · · · · · · · · · · · · ·		Yes	No			
1							
2							
3							
4							
•							
			├				
6							
7							
			<u> </u>				
8							
							:
9							
10	-						-
Total			L				

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

	edule G (Form 990 or 990-EZ) art Fundraising E	2017 GREATER FORT	' WAYNE METRO C		315995 Page 2 18. or reported more
<u> </u>	than \$15,000 o	f fundraising event contribution	ns and gross income on	Form 990-EZ, lines 1 and	d 6b. List events with
	gross receipts of	(a) Event #1 REBATES (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	43,521	(5.5)		43,521
	2 Less Contributions 3 Gross income (line 1 minus line 2)	43,521			43,521
	4 Cash prizes				
	5 Noncash prizes				
enses	6 Rent/facility costs	•			
Direct Expenses	7 Food and beverages				
۵	8 Entertainment 9 Other direct expenses				
	10 Direct expense summary	Add lines 4 through 9 in column (d)		Þ	12 501
P	11 Net income summary Suart III Gaming. Com	btract line 10 from line 3, column (d) plete if the organization answe	ered "Yes" on Form 990,	Part IV, line 19, or report	43,521 ed more
	than \$15,000 c	on Form 990-EZ, line 6a	(b) Pull tabs/instant		(d) Total gaming (add
Revenue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
	1 Gross revenue				
enses	2 Cash prizes				
Direct Expenses	3 Noncash prizes 4 Rent/facility costs				
₫	5 Other direct expenses				
	6 Volunteer labor	Yes %	Yes %	Yes %	
	7 Direct expense summary	Add lines 2 through 5 in column (d)		•	
	8 Net gaming income sumn	nary Subtract line 7 from line 1, colum	n (d)		
		organization conducts gaming activiti conduct gaming activities in each of the			Yes No
	Were any of the organization's If "Yes," explain	s gaming licenses revoked, suspended	d, or terminated during the tax	year?	Yes No

Sche	dule G (Farm 990 or 990-EZ) 2017 GREATER FORT WAYNE METRO CHAMBER 35-03159	<u>95</u>		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in			
а	The organization's facility	a		%_
b	An outside facility	<u> </u>		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming	_		
	revenue?		Yes	∐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а	retain the state gaming license?		Yes	□No
.	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	ш		
b	spent in the organization's own exempt activities during the tax year \$			
Dai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v). and		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information		•	
	See instructions	• •		
	See instructions			
	Schedule G (Form 9	90 05	900 =	7) 2017
	Schedule G (Form s	JUUI	ラマリー仁	-, -01/

48113001

SCHEDULEI (Form 990)

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

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

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

OMB No 1545-0047

Open to Public 2017

GREATER FORT WAYNE METRO CHAMBER

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

35-0315995		or assistance, and $ \overline{\mathbb{X}} $ Yes		mplete if the organization answered "Yes" on Form	if additional space is needed.
ALLIANCE, INC.	Pare in General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
	Part Ge	1 Does the organ	2 Describe in Pa	Partil Gr)66

-	soc, I art IV, illic 21, 101 any reappoint that received finant \$5,000 T art II can be dupineated if administral space is necessariated.	וומנו וכטכוז אווי	2	שטיסטי שונוו סמוי	ייי בייביבייקבים יש	שטעכ והיוטוואה	is incoded.	
-	(a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
E G	(1) START FORT WAYNE, INC 111 W BERRY ST.	2009031-27	6	35				BUILD-OUT OF ATRIUM
- S	FCONOMIC DEVE	100000 5- / 5	(5) (5)	000				
<u>'</u>	125 W. MARKET ST., STE 300							VETERANS RECRUITMENT
Ηļ	INDIANAPOLIS IN 46204	20-3318486	(C) (3)	10,000				
(3)								
 2								
(9)								
(9)								
(2)								
(8)								
(6)								
	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	rganizations listed ir	the line 1 t	able				3

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

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

Schedule I (Form 990) (2017)

Page 2

GREATER FORT WAYNE METRO CHAMBER Schedule I (Form 990) (2017)

Parill Grants and

35-0315995

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

	ו בוניוו כמון כל משףווסמוכם וו מממונוסוומו כף מכי וכי ווכימים:	יום סססס וסיים				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
₹						!
-						
8						
ო						,
4						
ro						
9						
,						
FRAT IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information	ide the information rec	quired in Part I, line 2	, Part III, column (b);	and any other additional in	ıformatıon

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

- PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PART I, LINE 2

THE ORGANIZATION VERIFIES EXEMPT ORGANIZATION STATUS WITH THE IRS AND

DOCUMENTS THE PLANNED USE OF THE FUNDS PRIOR TO APPROVING GRANTS.

Schedule I (Form 990) (2017)

SCHEDULE J -(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Open to Rublic :

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

GREATER FORT WAYNE METRO CHAMBER

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■ The structions and the latest information.

■ The structions and the latest information.

Employer identification number 35-0315995

ALLIANCE, INC.

Part Questions Regarding Compensation

, H.	Linear Control of the				
		1	Halling Street	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the	-		碧鹳	
	990, Part VII, Section A, line 1a Complete Part III to provide any rele	evant information regarding these items		热酸	
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow	w a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above				
	explain	, ,	1b		
	- CAPICILITY				
2	Did the organization require substantiation prior to reimbursing or all	owing expenses incurred by all			
_	directors, trustees, and officers, including the CEO/Executive Director	· ·			
	1a?	st, regarding the name areas at the	2		
	ia'				
2	Indicate which, if any, of the following the filing organization used to	establish the compensation of the			
3	organization's CEO/Executive Director Check all that apply Do not				
	• • • • • • • • • • • • • • • • • • • •	•			
	related organization to establish compensation of the CEO/Executive	•			
	X Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section	n A, line 1a, with respect to the filing			
	organization or a related organization				
	Receive a severance payment or change-of-control payment?	•	4a		<u>X</u>
þ	Participate in, or receive payment from, a supplemental nonqualified	retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensate	ion arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applica	ble amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the	organization pay or accrue any			
	compensation contingent on the revenues of				
а	The organization?		5a		
b	Any related organization?	į	5b		
	If "Yes" on line 5a or 5b, describe in Part III				
		İ			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the	organization pay or accrue any			
	compensation contingent on the net earnings of				
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes" on line 6a or 6b, describe in Part III				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the	organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part I	,	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued				
•	to the initial contract exception described in Regulations section 53 4				
	in Part III		8		
	mir with				
9	If "Yes" on line 8, did the organization also follow the rebuttable pres	umption procedure described in			
J	Regulations section 53 4958-6(c)?	different procedure described in	9		
	, 10 g 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				

Page 2

35-0315995 GREATER FORT WAYNE METRO CHAMBER

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2017

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 Section A, line 1a, applicable column (D) and (E) amounts for that individual 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

	(B) Breakdown of	of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(O) Nonfaxable		(F) Compensation
(A) Name and Title	(I) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(a)—(i)(B)	in column (B) reported as deferred on pnor Form 990
ERIC DODEN	(II) 250,000	1,000	0	7,500	1,238	259,738	0 0
7	(8)						
3	(11)					•	
	€ ;						
4	3						
\$6	(11)	•					
9	Ξ						
	8 3						
	3						
8	(ii)						
	(0)						
S. C.							
10	(n)		:				
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	€ 3						
71	ΞΞ						
14	(11)						
\$	€ €						
	(0)						
16	(E)						

Schedule J (Form 990) 2017

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) 2017

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 **2017**

Department of the Treasury Internal Revenue Service Name of the organization

GREATER FORT WAYNE METRO CHAMBER

Employer identification number

	ALLIANCE, INC.						35-	<u>0315</u>	<u>995 </u>				
Part l	Excess Benefit Transacti												
	Complete if the organization answ		m 990, Part IV, I bonship between disq				990-EZ, Paπ V, IIne	400			(d)	Соггес	ted?
1	(a) Name of disqualified person	(0),	organization		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(c) Description of tr	ansactio	on		Yes		No
(1)													
(2)											ļ		
_(3)											├		
												-	
	····												
(6)	e amount of tax incurred by the organ	nization managara	or disqualified i	20100	ne di	ring the year					·		
	e amount of tax incurred by the organ	mzation managers	o or disqualified)	JE130	115 U	uning the year		>	\$				
	e amount of tax, if any, on line 2, abo	ove, reimbursed by	the organizatio	n				•	\$ \$				
Partil	Loans to and/or From Inte	erected Person											
	Complete if the organization answ			V, lını	e 38a	or Form 990	, Part IV, line 26, or	ıf the					
	organization reported an amount of	on Form 990, Part (b) Relationship		(d) Lo	20.10	(e) Onginal	(f) Balance due	I (a) Ir	n default?	(b) Ar	proved	T mw	Vntten
	(a) Name of interested person	with organization	1 '' '	or fro	m the	pnncipal amount	1 '''	(9)"	, delauit.	by bo	ard or nittee?		ement
					From			Yes	No	Yes	No	Yes	No
_(1)													
(2)			+	+				+	+				
(3)				ļ				_	+		-		<u> </u>
(4)													
(5)													
(6)													
_(7)												-	
_(8)				\vdash									
<u>(9)</u>				-				+	 				-
(10)								ti kolena		, ph. rapp. of the	un a mellum	anranahma	17,6,24,011111
Total		-				<u>▶</u> \$	<u> </u>						Ŋ.
Part III	Grants or Assistance Ber Complete if the organization answ	_			7) .					
	(a) Name of interested person	(b) Relatio	inship between interes	sted	Г	nount of assistance	(d) Type of assistance		(e)	Purpos	e of assi	istance	
(1)		75,00											
(2)													

(a) Name of interested person
(b) Relationship between interested person and the organization
(c) Amount of assistance
(d) Type of assistance
(e) Purpose of assistance
(f) Type of assistance
(ii) Type of assistance
(iii)
Schedule L (Form 990 or 990-EZ) 2017 GREATER F Part V Business Transactions Involving I	ORT WAYNE METRO nterested Persons.		35-0315995	Page	
Complete if the organization answered "Yes" o		28b, or 28c			
(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) Shanno of org	9
	interested person and the organization	transaction		revenues? Yes No	
(1) FT WAYNE ALLEN CTY AIRPORT AUTHORI	T DIRECTOR	397,400	FEE FOR SERVICE	X	_
(2) FT WAYNE ALLEN CTY ECONOMIC DEVELO			FEE FOR SERVICE	X	
(3)					_
(4)					
(5)				_	_
(6)					_
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Part V Supplemental Information	<u>.l.,</u>				-
Provide additional information for responses to	questions on Schedule L (see	e instructions)			
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SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

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

Department of the Treasury Internal Revenue Service Name of the organization

GREATER FORT WAYNE METRO CHAMBER ALLIANCE, INC.

2017

Open to Public Inspection

OMB No 1545-0047

Employer identification number 35–0315995

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

SERVICES TO THE FORT WAYNE - ALLEN COUNTY AIRPORT AUTHORITY IN IMPLEMENTING

THE ECONOMIC DEVELOPMENT PLAN FOR SMITH FIELD AIRPORT AND THE FORT WAYNE

INTERNATIONAL AIRPORT.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS THIS ORGANIZATION IS MEMBERSHIP BASED WHERE MEMBERS PAY DUES.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

AT THE ANNUAL MEETING, THE ELECTION OF DIRECTORS IS PRESENTED AND VOTED ON

BY THE MEMBERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 IS REVIEWED IN DETAIL BY MANAGEMENT. IN ADDITION, THE FINANCE
COMMITTEE APPROVES THE TAX RETURN AND A FULL COPY OF THE FORM 990 IS
PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING. THE BOARD OF DIRECTORS
MAY COMMENT ON OR ASK QUESTIONS REGARDING ANY PORTION OF FORM 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE ORGANIZATION REQUIRES ANNUAL REVIEW OF CONFLICTS. IN ADDITION,
DIRECTORS AND EMPLOYEES HAVE A CONTINUING DUTY TO REPORT ANY PERSONAL
OWNERSHIP, INTEREST OR OTHER RELATIONSHIP THAT MAY AFFECT THEIR ABILITY TO
EXERCISE IMPARTIAL AND ETHICAL JUDGEMENTS IN FUFILLING RESPONSIBILITIES TO
THE ORGANIZATION. IF A BOARD MEMBER HAS A CONFLICT, THEY ABSTAIN FROM
DISCUSSION AND VOTING ON THE CONFLICTED ITEM.

Name of the organization

GREATER FORT WAYNE METRO CHAMBER

35-0315995

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION FOR THE CEO IS REVIEWED BY THE EXECUTIVE COMMITTEE THAT DEVELOPS THE CONTRACT AND IS ALSO RESPONSIBLE FOR COMPARING COMPENSATION OF SIMILAR ORGANIZATIONS WITHIN THE REGION AND OTHER CHAMBERS NATIONWIDE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE EXECUTIVE BOARD COMMITTEE REVIEWS AND RECOMMENDS COMPENSATION FOR THE

TOP MANAGEMENT OFFICIAL. THE CEO REVIEWS AND RECOMMENDS COMPENSATION FOR

THE EXECUTIVE TEAM.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE
UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

LOSS ON DISPOSAL OF EQUIPMENT \$ 4,165

LOSS ON DISPOSAL OF EQUIPMENT \$ -4,165

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OMB No 1545-0047

2017

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

► Attach to Form 990.

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

Related Organizations and Unrelated Partnerships

SCHEDULE R (Form 990) Open to Public

GREATER FORT WAYNE METRO CHAMBER ALLIANCE, INC.

Employer identification number 35-0315995 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Department of the Treasury Internal Revenue Service Name of the organization Parti

	(a) Neme, address, and EIN (if applicable) of disregarded entity	(b) Pnmary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(5)	DRAVA, LLC 200 E. MAIN ST., 8TH FLOOR FORT WAYNE IN 46802	ECONOMIC	NI			25,000	GREATER FO
(2)		_					
<u> </u>					=		
(4)							
(5)							
	Eartile Identification of Related Tax-Exempt Organizations. Co	complete if the orgitax year	anization answer	ed "Yes" on For	m 990, Part I∖	Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had a year	it had
	(а) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(9)
(£)	GREATER FT WAYNE CHAMBER FDTN 200 E. MAIN ST., STE 800 FORT WAYNE IN 46802	CHARITABLE	IN	501C3	L	N/A	×
(2)	FW-ALLEN CTY ECONOMIC DEV ALLIANCE 200 E MAIN ST., STE 800 FORT WAYNE IN 46802	CHARITABLE	IN	501C3	12A	GREATER FO	×
(3)							
4)							
(2)							

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

Schedule R (Form 990) 2017

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Page 2

35-0315995 GREATER FORT WAYNE METRO CHAMBER Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 (k) Percentage ownership (I) Section 512(b)(13) controlled entity? Yes No (I) General or managing partner? Yes Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (h) Percentage ownership Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year amount in box 20 of Schedule K-1 (Form 1065) (I) Code V—UBI Share of end-of-year assets (h)
Disproportionate
alloc ? Yes No <u>6</u> (g) Share of end-of-year assets Share of total income (f) Share of total income (С согр, S согр, Type of entity or trust) (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d) Direct controlling entity (c) Legal domicile foreign country) (state or (c)
Legal
domicile
(state or
foreign Pnmary activity Primary activity ê Name, address, and EIN of related organization Name, address, and EIN of related organization PartIII Partiv ĕ 3 |€ Ξ 3 |ତ Ξ 8 **ම**

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

Part V

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

- During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - **b** Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)

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- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses ۵
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	GREATER FT WAYNE CHAMBER FDTN	S	2,000	5,000 ADMINISTRATIVE FEE INCOME
(2)	FW ALLEN CTY ECONOMIC DEV ALLIANCE	S	724,945	PROGRAM AND ADMIN FEE INC
(3)	FW ALLEN CTY ECONOMIC DEV ALLIANCE	U	285,743	GRANTS RECEIVED
(4)				
(5)				
(9)				

Schedule R (Form 990) 2017

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GREATER FORT WAYNE METRO CHAMBER

Schedule R (Form 990) 2017

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35-0315995

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

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

(a) Name, address, and EIN of entity	(b) Pnmary activity	(c) Legal domicile (state or foreign	1	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionale allocations?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(J) General or managing partner?	(k) Percentage ownership
		country)	sections 512-514)	Yes No			Yes	No	>	Yes No	
(1)											
(2)											
(3)											
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Schedule R (Form 990) 2017 GREATER FORT WAYNE METRO CHAMBER

35-0315995

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Supplemental Information.

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