For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493294010020

OMB No. 1545-0047

2019

Department of the Treasury Internal Rev

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

Return of Organization Exempt From Income Tax

▶ 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.

Open to Public Inspection

		2010	ı alendar year, or tax year beginning 01-01-2019 , and ending 12-3	1 2010			
			C Name of organization	1-2019	D Employ	er identi	fication number
_		pplicable: change	GREATER FÖRT WAYNE METRO CHAMBER ALLIANCE INC				neation number
	me cha	-			35-031	5995	
	tial ret		Doing business as GREATER FORT WAYNE INC				
		n/terminated	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ita	E Telephor	ne numbei	-
		l return on pending	200 E MAIN STREET 8TH FLOOR	ite	(260) 4	20-6945	
	5.1.041.0	on ponung	City or town, state or province, country, and ZIP or foreign postal code		(200) 4	20 0543	<u> </u>
			FORT WAYNE, IN 46802		G Gross re	eceipts \$ 3	.271.959
			F Name and address of principal officer:	H(a) is th	is a group re		,,
			JOHN URBAHNS		rdinates?	tuili loi	□Yes ☑ No
			200 E MAIN ST STE 800 FORT WAYNE, IN 46802		all subordinat	tes	Yes No
[Tax	-exem	npt status:		inclu			
			☐ 501(c)(3) ☐ 501(c)(6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		o," attacn a p exemption	•	instructions)
J W	ebsite	e:► ww	/W.GREATERFORTWAYNEINC.COM	11(0) 6100	p exemption	Hullibei	
V	6		☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of form	nation: 1918	M State	of legal domicile: IN
FOITI	1 01 01	ganization	Corporation in Trust in Association in Other				
Pa	ırt I	Sum	mary				
	1 B	Briefly des	cribe the organization's mission or most significant activities:				
			FORT WAYNE (GFW) INC. IS THE CHAMBER OF COMMERCE AND ECONOMI				
			UNTY, INDIANA. AT GFW INC., WE FOCUS ON SUPPORTING LOCAL BUSINI MUNITY'S QUALITY OF PLACE TO GROW JOBS, WAGES, AND THE ECONOM				
) (CONOMY		I. WE ARE BO	DILDING A N.	ATIONAL	LI RECOGNIZED
<u> </u>							
le/	_						
Activities & Governance	_						
ح ×خ			s box ▶			ssets.	53
S e						-	+
È			of independent voting members of the governing body (Part VI, line 1b)			4	53
D)			nber of individuals employed in calendar year 2019 (Part V, line 2a)		•	5	24
a.			nber of volunteers (estimate if necessary)		•	6	170
			elated business revenue from Part VIII, column (C), line 12		•	7a	9,250
	b	Net unrel	ated business taxable income from Form 990-T, line 39		•	7b	5,576
				Pr	ior Year		Current Year
<u>ā</u>	8	Contribut	ions and grants (Part VIII, line 1h)		587,	638	434,28
Ravenue	9	Program	service revenue (Part VIII, line 2g)		2,758,	584	2,767,86
۸ċ۲	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)				750
_	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		66,	600	69,06
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,412,	822	3,271,959
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)		45,	000	10,000
	14	Benefits	paid to or for members (Part IX, column (A), line 4)				(
SS.	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		2,186,	878	2,031,910
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)				(
ре	Ь	Total fundr	raising expenses (Part IX, column (D), line 25) ▶0				
ವ	17	Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,355,	163	1,059,24
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,587,	041	3,101,159
			less expenses. Subtract line 18 from line 12		-174,		170,800
χ φ.			'	Beginning	of Current Y		End of Year
Net Assets or Fund Balances							
SSe	20	Total ass	ets (Part X, line 16)		1,499,	223	1,607,58
절절	21	Total liab	ilities (Part X, line 26)		1,138,	802	1,076,36
ŽĪ	22	Net asset	s or fund balances. Subtract line 21 from line 20		360,	421	531,22:
Pa	rt II	Sign	ature Block				
			erjury, I declare that I have examined this return, including accompanying				
	eage nowle		f, it is true, correct, and complete. Declaration of preparer (other than offic	cer) is based	on all inform	ation or	wnich preparer has
		lı.					
		******			20-10-02		
Sign		Signati	ure of officer	Da	te		
Here	:		GOLDSMITH VICE CHAIR				
		 	r print name and title				
		Р		ate 020-10-02 Ch		PTIN P0023604	7
Paic	1	L		se	f-employed		<i>'</i>
Prei	oare	er 📴	irm's name ► BADEN GAGE & SCHROEDER LLC	Fir	m's EIN 🕨 35	-1939627	
	On	ı ⊢	irm's address ▶ 6920 POINTE INVERNESS WAY 300	Dh	one no. (260)	422-2551	
		- '			110. (200)	2331	
			FORT WAYNE, IN 468047926				
۹ay t	he IRS	S discuss	this return with the preparer shown above? (see instructions)			✓,	res 🗌 No

Cat. No. 11282Y

Form **990** (2019)

Form	990 (2019)				Page 2
Pa	rt III Statem	ent of Program Service Ac	complishments		
	Check if	Schedule O contains a response o	note to any line in this Part III		🗹
1	Briefly describe	the organization's mission:			
coul	NTY, INDIANA. AT	GFW INC., WE FOCUS ON SUPPO	F COMMERCE AND ECONOMIC DEVELOR RTING LOCAL BUSINESS, ATTRACTIN SES, AND THE ECONOMY. WE ARE BU	IG NEW BUSINESS, AND IMPRO	VING OUR
2	Did the organiza	ition undertake any significant pro	gram services during the year which	were not listed on	
	the prior Form 9	90 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describ	e these new services on Schedule	0.		
3	Did the organiza	ition cease conducting, or make si	gnificant changes in how it conducts,	any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describ	e these changes on Schedule O.			
4	Section 501(c)(3		nplishments for each of its three large required to report the amount of gra service reported.		
4a	(Code: See Additional Dat) (Expenses \$ a	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program :	services (Describe in Schedule 0.)		(Revenue \$	
40		service expenses	j /	(

Form 990 (2019) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete No 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 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 98-19? If "Yes," complete Schedule C, Part III 🛸 . . Yes 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Nο Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation Yes Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο **11**c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 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 Yes 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸 11f Yes 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b No If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . Nο **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20b

21

Yes

orm '	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Yes	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	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	Yes	
4	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	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
6	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		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

12

0

1c

Yes

Par	statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	24		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	ļ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:			No
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	AR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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?	tion 6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	were 6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sprovided to the payor?	services 7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	to file 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?	s 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a F 1098-C?	orm 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	· 13a		
	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			
	Enter the amount of reserves on hand	145		No
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or e	<u> </u>		
	parachute payment(s) during the year?	. 15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	. 16		No

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	lines 🗸
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year 1a 53	\vdash	Yes	No
14	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 53			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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 organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 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: >JOHN URBAHNS 200 E MAIN ST STE 800 FORT WAYNE, IN 46802 (260) 420-6945			
			orm OO	n (2019)

Part VII

П

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, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A) Name and title	(B) Average hours per week (list any hours for related	than o	one bo	ox, u an of tor/t	ot che unles fficer trust		son a	compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	MISC)	related organizations	
(1) ANDREW THOMAS CHAIR	2.00	X		х				0	0	0	
(2) BETH GOLDSMITH VICE CHAIR		х		х				0	0	0	
(3) JOHN BURDA SECRETARY	1.00	X		х				0	0	0	
(4) ALLEN GLASSBURN TREASURER	2.00			х				0	0	0	
(5) SEE ATTACHED LISTING FOR REMAINING DIRECTORS		х						0	0	0	
(6) ELLEN CUTTER VP ECONOMIC	40.00					х		131,770	0	9,968	
(7) SUSAN WESNER CFO	40.00			х				131,744	. 0	6,838	
(8) SCOTT NALTNER DIR OF ECOMO	40.00					×		106,670	0	15,732	
(9) PATRICK F DOOLEY DIR OF AIRPO	40.00					х		117,134	. 0	5,158	
(10) JOHN URBAHNS CEO AND PRES	40.00			х				222,303	0	11,265	
(11) BRENDA GERBER VINCENT VP OF COMMUN	40.00					х		108,992	. 0	20,844	
			<u> </u>								
			<u> </u>	<u> </u>	<u> </u>		<u> </u>			Form 990 (2019)	

Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

	Name and title	Average hours per week (list any hours for related	than d	ne b	ox, ι n of tor/t	t ch unle: ficer	<u> </u>	son	compe fror orgar	eportable Reportable compersation rom the ganization reganization (W-2/1099-		Reporta compense from rela organizat	ation ated tions		Estima mount o compen from ganizati	ited f other sation the	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				MISC			relat organiza	ed	_
														igspace			
														-			
														\vdash			
														+			
														<u> </u>			
	o Sub-Total	art VII, Section	 А.				>										
2	Total (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the		to thos				e) who	rece		318,613 re than	\$10	0,000				69,805	
															Yes	No	
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .	· ·		ee, k •	еу е •	mpl	oyee,	or hi	ghest cor	npensa • •	ted e	mployee or		3		No	
4	For any individual listed on line 1a, is organization and related organization											the					
_	individual			•	•	•	•		• •				· _	4	Yes		
5	Did any person listed on line 1a recei services rendered to the organization													5		No	
5	Section B. Independent Contract	ors															
1	Complete this table for your five high from the organization. Report compe												f comp	ensa	tion		
	Name a	(A) and business addre	ess							Г)escri _l	(B) otion of service	ces		(C Comper		
														\pm			
														\pm			
2	Total number of independent contractor compensation from the organization	rs (including but	not lim	ited 1	o th	iose	listed	abov	re) who r	eceived	l mor	e than \$10	0,000	of			

Form 9 Part		(2019) Statement	of Payanua						Page 9
ran	VIII			a respo	onse or note to any	line in this Part VIII			🗆
				·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1:	a Federated campa	aigns	1 a			revenue		312 - 314
tributions, Gifts, Grants Other Similar Amounts		b Membership dues	s	1b					
6 m		c Fundraising even	ts	1c					
Gifts, nilar A		d Related organizat	tions	1d					
		e Government grants	` '	1e					
ions Sis		f All other contributio and similar amounts	ns, gifts, grants, s not included	1f	434,282				
but the		above g Noncash contributio	ons included in		13 1,232				
Contributions, and Other Sim		lines 1a - 1f:\$		1 g	11,668				
Contained		h Total. Add lines :	1a-1f		>	434,282			
					Business Code	1,510,742	1,510,742		
ou.	2a	MEMBERSHIP DUES			900099	1,510,742	1,510,742		
nue	b	ALLIANCE			900099	545,517	545,517		
₽e V	_	OTHER PROGRAMS			-	384,384	384,384		
vice	C	OTHER PROGRAMS			900099		·		
Program Service Revenue	d	AIRPORT PROGRAM			900099	327,220	327,220		
ranı					+				
Pog	е								
	f	All other program	service revenue						
	_	Total. Add lines 2			2,767,863				
	3	Investment income similar amounts)	(including divide	ends, i •	interest, and other	.			
	4	Income from invest			ond proceeds	•			
	5	Royalties			1	•			
			(i) Rea	3l	(ii) Personal	-			
		Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income	6c						
	(or (loss) I Net rental income				4			
			(i) Secur	ities	(ii) Other				
	7a	Gross amount from sales of	7a		75	0			
		assets other than inventory							
	b	Less: cost or other basis and	7b						
		sales expenses							
	С	Gain or (loss)	7c		75	0			
	ď	l Net gain or (loss)				75	0		750
e Te	8a	Gross income from fu (not including \$	ındraising events of						
/en		contributions reported See Part IV, line 18	d on line 1c).	8a	28,765				
Re	Ŀ	Less: direct expen		8b	28,703	-			
Other Revenue		Net income or (los		ing ev	ents	28,76	5		28,765
	٩a	Gross income from	gaming activities						
	Ju	See Part IV, line 19		9a					
		Less: direct expen		9b					
	(: Net income or (los	ss) from gaming	activit	ies 🕨	1			
	10	aGross sales of inve							
	ı	returns and allowa		10a 10b		4			
		Less: cost of goods Net income or (los				_			
		Miscellaneo		III CIIC	Business Code				
	11	·aADMINISTRATIVE	FEE REIMBURS	E	90009	9 25,00	25,000		
					F4100	0 0 0		0.050	
	t	EBLASTS			54180	9,25	<u> </u>	9,250	
		RIBBON CUTTING			90009	9 3,60	0 3,600		
		- VIDDOM COLITING			30009	3,30	3,000		
	(All other revenue				2,44	9 2,449		
	•	Total. Add lines 1	1a-11d		>	40,29			
	12	Total revenue. Se	ee instructions			·		0.350	20 545
					•	3,271,95	9 2,798,912	9,250	29,515 Form 990 (2019)

Pa	art IX Statement of Functional Expenses				rage 10
	Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organization	ons must complete co	olumn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,000			
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, trustees, and key employees	372,150			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,391,232			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	33,051			
9	Other employee benefits	106,437			
10	Payroll taxes	129,046			
11	Fees for services (non-employees):				
a	Management				
b	Legal	25,444			
c	Accounting	21,413			
	Lobbying	38,317			
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	90,323			
12	Advertising and promotion	133,338			
13	Office expenses	53,293			
14	Information technology	69,155			
	Royalties				
	Occupancy	159,287			
	Travel	39,313			
	Payments of travel or entertainment expenses for any federal, state, or local public officials	· ·			
19	Conferences, conventions, and meetings	212,314			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	61,619			
23	Insurance	9,690			
24	Other expenses. Itemize expenses not covered 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.)				
	a AIR SERVICE PROMOTIONS	69,780			
İ	b DUES & SUBSCRIPTIONS	38,885			
•	BANK FEES	14,027			
•	d MISCELLANEOUS	8,594			
•	e All other expenses	14,451			
25	Total functional expenses. Add lines 1 through 24e	3,101,159	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Cash-non-interest-bearing .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Assets

26

27

28

31

32

33

Fund Balances

ō 29

Assets 30 Check if Schedule O contains a response or note to any line in this Part IX .

Page 11

873,287

1.076.364

426,659

104,562

531,221

1,607,585

Form 990 (2019)

(B) End of year

2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			219,769	4	266,488
5	Loans and other payables to any current or form key employee, creator or founder, substantial co- entity or family member of any of these persons	ontribut	or, or 35% controlled		5	
6	Loans and other receivables from other disqualit section $4958(f)(1)$), and persons described in se	fied per	sons (as defined under		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			25,033	9	24,824
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	525,190			
b	Less: accumulated depreciation	10b	334,244	242,211	10c	190,946
11	Investments—publicly traded securities .				11	
12	Investments—other securities See Part IV line	11 .			12	

(A)

Beginning of year

870,068

1,138,802

287,168

73,253

360,421

1,499,223

26

27

28

29

30

31

32

33

	12	investments—other securities. See Fartiv, inle 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	142,142	15	252,040
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,499,223	16	1,607,585
	17	Accounts payable and accrued expenses	192,122	17	157,328
	18	Grants payable		18	
	19	Deferred revenue	916,393	19	891,453
	20	Tax-exempt bond liabilities		20	
ιo.	21	Escrow or custodial account liability. Complete Part IV of Schedule D	15,865	21	15,865

	,,	· ·		· '
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,499,223	16	1,607,585
17	Accounts payable and accrued expenses	192,122	17	157,328
18	Grants payable		18	
19	Deferred revenue	916,393	19	891,453
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	15,865	21	15,865
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties,	14,422	25	11,718
	17 18 19 20 21 22 23 24	17 Accounts payable and accrued expenses	17 Accounts payable and accrued expenses	17 Accounts payable and accrued expenses

Form	990 (2019)				Page 12
Pa	Reconcilliation 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	,271,959
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	,101,159
3	Revenue less expenses. Subtract line 2 from line 1	3			170,800
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			360,421
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			531,221
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	ngle	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requiaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		

3b Form **990** (2019)

Additional Data

Software ID:

Software Version:

EIN: 35-0315995

Name: GREATER FORT WAYNE METRO CHAMBER

ALLIANCE INC

Form 990 (2019)

Form 990, Part III, Line 4a:

GREATER FORT WAYNE METRO CHAMBER ALLIANCE, INCORPORATED D/B/A GREATER FORT WAYNE INC. (ORGANIZATION OR GFW INC.), A NONPROFIT ORGANIZATION, IS THE CHAMBER OF COMMERCE AND ECONOMIC DEVELOPMENT ORGANIZATION FOR FORT WAYNE & ALLEN COUNTY, INDIANA, GFW INC. FOCUSES ON SUPPORTING LOCAL BUSINESS, ATTRACTING NEW BUSINESS AND IMPROVING THE AREA'S QUALITY OF PLACE TO GROW JOBS, WAGES AND THE ECONOMY. FOR ITS MEMBER/INVESTOR BUSINESSES AND INDIVIDUALS, GFW INC. PROVIDES NETWORKING, EDUCATIONAL, AND PROMOTIONAL OPPORTUNITIES THROUGH A VARIETY OF EVENTS AND

ACTIVITIES. GFW INC.S SIGNATURE PROGRAMS INCLUDE LEADERSHIP FORT WAYNE, FELLOWS, AND INTER-CITY VISITS, GFW INC. ADVOCATES FOR BUSINESS AT ALL LEVELS OF GOVERNMENT ON BEHALF OF ITS MEMBERS/INVESTORS. GFW INC. ALSO PROVIDES PROFESSIONAL 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.

Political Campaign and Lobbying Activities

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

DLN: 93493294010020

2019

SCHEDULE C

(Form 990 or 990-

EZ)							
Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Open to www.irs.qov/Form990 for instructions and the latest information. Inspec							
 Section 501(c)(3) org Section 501(c) (others Section 527 organiz If the organization ans Section 501(c)(3) org Section 501(c)(3) org If the organization ans (Proxy Tax) (see separation and the organization) 	ganizations: Cor er than section 5 cations: Complet wered "Yes" or rganizations that rganizations that wered "Yes" or rate instruction	n Form 990, Þart IV, Line 4, or Forn have filed Form 5768 (election und have NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy	elete Part I-C. Parts I-A and C below. Im 990-EZ, Part VI, Iii er section 501(h)): Con In under section 501(h	Do not complete Part I-B. ne 47 (Lobbying Activities) mplete Part II-A. Do not cor i)): Complete Part II-B. Do no), then nplete Part II-B. ot complete Part II-A.		
Name of the organizat GREATER FORT WAYNE M ALLIANCE INC	ion ETRO CHAMBER	·		35-0315995	ification number		
Part I-A Complet	e if the orga	nization is exempt under sec	tion 501(c) or is	a section 527 organiz	ation.		
"political campaig Political campaig Volunteer hours f Tart I-B Complet Enter the amount Enter the amount Was a correction He If "Yes," describe Her the amount Enter the amount Enter the amount The Complet The Enter the amount Enter the amount Complet The Enter the amount Function activities Total exempt func Did the filing organization mad of political contrib	n activities") n activity expend or political camp ie if the orgal of any excise ta of any excise ta n incurred a sect made? in Part IV. ie if the orgal directly expend of the filing org ction expenditure anization file For addresses and de payments. For outions received	ization's direct and indirect political itures (see instructions)	extion 501(c)(3). For section 4955 For this year? For this year? For this year? For this year? For organizations for section 527 exempt function of the program of the program of the year of th	ept section 501(c)(3). tion activities section 527 exempt line 17b solitical organizations to which is filing organization such as solitical organization, such as solitical organization, such as	Yes No Yes No Yes No Yes No The filing Also enter the amount		
(a) Nam		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		
1							
2							
3							
4							
_			1	1			

activity.

Part III-B

Part IV

1

answered "Yes."

Supplemental Information

1

No

Nο

No

No

1,510,742

32,650

32,650

60,430

(b)

Amount

(a)

Yes | No

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes Were substantially all (90% or more) dues received nondeductible by members? 1 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 2 Did the organization agree to carry over lobbying and political expenditures from the prior year?

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 -27,780 Taxable amount of lobbying and political expenditures (see instructions)

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.

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Volunteers?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation.

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

Current vear 2b

Carryover from last year

Total 3

2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3

Return Reference Explanation Schedule C (Form 990 or 990EZ) 2019 efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493294010020

OMB No. 1545-0047

2019

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Open to Public

Department of the Treasury

Na	me of the organization EATER FORT WAYNE METRO CHAMBER					er identification	number
	IANCE INC				35-0315	5995	
Pa	organizations Maintaining Donor Advis				or Accou	nts.	
	Complete if the organization answered "Ye			ed funds	(b)) Funds and other	accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex						Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor,	or for a	ny other purpose		impermissible	Yes 🗌 No
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990	, Part I	V, line 7.			
1	Purpose(s) of conservation easements held by the organ						
	Preservation of land for public use (e.g., recreation			Preservation of ar	historical	ly important land	area
	Protection of natural habitat			Preservation of a	certified hi	storic structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a	qualified conserva	tion co	ntribution in the fo			
а	easement on the last day of the tax year. Total number of conservation easements					Held at the End o	of the Year
a b	Total acreage restricted by conservation easements				2b		
c	Number of conservation easements on a certified historic				2c		
d	Number of conservation easements included in (c) acqui		` '		2d		
3	structure listed in the National Register Number of conservation easements modified, transferre tax year	d, released, extin	guished	, or terminated by	the organ	ization during the	
4	Number of states where property subject to conservatio	n easement is loca	ated 🕨				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monito	ring, in:	spection, handling	of violation	ns,	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of v	violatior	s, and enforcing c	onservatio	n easements durir	ng the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \(\)	handling of violati	ons, an	d enforcing conser	vation eas	ements during the	e year
8	Does each conservation easement reported on line 2(d)				70(h)(4)(E	3)(i)	
	and section $170(h)(4)(B)(ii)$?					☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the or					
Par	Organizations Maintaining Collections Complete if the organization answered "Ye				er Simil	ar Assets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition,	educati	on, or research in			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:						
(i) Revenue included on Form 990, Part VIII, line 1				•	\$	
(i	i)Assets included in Form 990, Part X				🕨	* \$	
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1				ncial gain,	provide the	
а	Revenue included on Form 990, Part VIII, line 1					> \$	
b	Assets included in Form 990, Part X					> \$	
For I	Paperwork Reduction Act Notice, see the Instruction						orm 990) 2019

Par	t III	Organizations Maintaining Co	llections of A	Art, Histori	cal T	reasu	ires, o	r Othe	r Similar As	sets (conti	nued)	
3		ng the organization's acquisition, accessions (check all that apply):	n, and other red	cords, check	any of	the fol	llowing t	that are	a significant u	se of its coll	ection	
а		Public exhibition		d		Loan	or exch	ange pr	ograms			
b		Scholarly research		е		Other	r					
С		Preservation for future generations										
4		vide a description of the organization's co XIII.	llections and ex	plain how the	ey furt	her the	e organiz	zation's	exempt purpo	se in		
5		ing the year, did the organization solicit c ets to be sold to raise funds rather than to								☐ Yes	□ No	
Pa	rt IV											
		Complete if the organization answ X, line 21.					<u>, , , , , , , , , , , , , , , , , , , </u>			nt on Form	ı 990, Par ———	rt
1a		ne organization an agent, trustee, custod uded on Form 990, Part X?								✓ Yes	□ No	
b	If "۱	es," explain the arrangement in Part XII	I and complete	the following	table:				A	mount		
C	Begi	inning balance						1c			15,865	
d	Add	itions during the year						1 d				
е	Dist	ributions during the year						1e				
f	Endi	ing balance						1f			15,865	
2a	Did	the organization include an amount on Fo	orm 990, Part X	, line 21, for	escrov	v or cu	stodial a	account	liability?	✓ Yes	□ No	
b		es," explain the arrangement in Part XIII										
	rt V	Endowment Funds.										
		Complete if the organization answ										
4_	D = =:i=	mine of very below a	(a) Current ye	ear (b) P	rior yea	ar ((c) Two y	ears bac	k (d) Three yea	ırs back (e) F	our years ba	ack_
	-	ning of year balance				_						—
		ibutions										—
		nvestment earnings, gains, and losses										—
		s or scholarships										—
	and p	expenditures for facilities programs										
		nistrative expenses										
g		of year balance										
2		vide the estimated percentage of the curr	ent year end ba	lance (line 1	g, colu	mn (a))) held a	is:				
а												
b	Perr	manent endowment ►										
С		porarily restricted endowment										
3 a	Are	percentages on lines 2a, 2b, and 2c shouthere endowment funds not in the posses	· ·		t are h	eld and	d admin	istered	for the		TV IN	_
	-	anization by: unrelated organizations								3a(i)	Yes No	<u> </u>
	. ,	related organizations				٠				3a(ii)		—
b		'es" on 3a(ii), are the related organization			dule R	.?				3b		_
4	Des	cribe in Part XIII the intended uses of the	e organization's	endowment f	funds.							_
Pai	rt VI	, , , , , , , , , , , , , , , , , , , ,										
	_	Complete if the organization answ			<u> </u>							
	Desc	ription of property (a) Cost or ot (investm) Cost or other	pasis (otner)	(c) Acc	umulate	d depreciation	(a) Bo	ook value	
1 a	Land											
b	Buildi	ngs										
c	Lease	chold improvements			2	73,092			168,308		104	4,784
d	Equip	ment			2	52,098			165,936		86	6,162

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

190,946

Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category (including name of security)	Part IV, li (b) Book value	ine 11b	(c) Metho	Part X, line 12. d of valuation: year market value
(1) Financial derivatives				
(2) Closely-nela equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV, li	ine 11c	. See Form 990,	Part X, line 13.
(a) Description of investment			(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Page (a) Description	art IV, lir	ne 11d.	. See Form 990, Par	t X, line 15. (b) Book value
(1)PROPERTY HELD FOR FUTURE ECONOMIC DE (2)				252,040
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				252,040
Part X Other Liabilities.			•	
Complete if the organization answered 'Yes' on Form 990, Policy 1. (a) Description of liability	art IV, lir	<u>ne 11e</u>	or 11f.See Form	990, Part X, line 25. (b) Book value
(1) Federal income taxes				
(2) DEFERRED & ACCRUED RENT (3)				11,718
(4)				
(7)				
				1
(5)				
(5) (6)				
(5) (6) (7)				
(5)(6)(7)(8)				
(5)(6)(7)(8)(9)				
(5)(6)(7)(8)				11,718

2

а

b

3

4

b

C 5

1

2

C

d

е

b

3 4

Part XII

Schedule D (Form 990) 2019

Page 4

37,990

37,990

3,101,159

Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d Add lines 2a through 2d е 2e

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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

2a

2b

4a

4b

2a

2b

2c

2d

4a 4b

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1

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

Total expenses and losses per audited financial statements

Net unrealized gains (losses) on investments

Donated services and use of facilities

Subtract line 2e from line 1

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

3

4c

5

1

2e

3

37,990

37.990

3,271,959 3,271,959 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 3,139,149

Schedule D (Form 990) 2019

Add lines **4a** and **4b** 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 3.101.159 Part XIII Supplemental Information

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

Return Reference Explanation See Additional Data Table

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 35-0315995

Name: GREATER FORT WAYNE METRO CHAMBER ALLIANCE INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART IV,	GREATER FORT WAYNE, INC. AGREED TO BE THE FISCAL AGENT FOR A ONE-DAY EVENT HELD IN FORT WA
LINE 1B	YNE, INDIANA ON AUGUST 22, 2016. THE EVENT WAS THE INDIANA FORUM: CITIES AT STATE. THE PUR

POSE WAS TO BRING TOGETHER REPRESENTATIVES FROM BOTH BUSINESS AND GOVERNMENT (AT THE LOCAL , STATE & FEDERAL LEVEL). THE FORUM WAS EDUCATIONAL.

ipplemental Information							
Return Reference	Ехр	lanation					
SCHEDULE D, PAGE 2, PART IV, LINE 2B	THE FUNDS BELONG TO THE INDIANA FORUM.						

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	INCOME TAXES ARE NOT PROVIDED FOR IN THE CONSOLIDATED FINANCIAL STATEMENTS SINCE THE CORPO RATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERN AL 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). DRAVA, LLC IS A SINGLE MEMBER LLC AND IS INCLUDED IN THE ORGANIZATION'S EXEMPT FILINGS. DURING THE YEARS ENDED DECEMBER 31, 2019 AND 2018, THE ORGANIZATION PAID 4,800 AN D 5,700, RESPECTIVELY, IN UNRELATED BUSINESS INCOME TAX ON QUALIFIED PARKING BENEFITS FOR EMPLOYEES AND CERTAIN UNRELATED BUSINESS INCOME TAX ON QUALIFIED PARKING BENEFITS FOR EMPLOYEES AND CERTAIN UNRELATED BUSINESS INCOME TAX ON QUALIFIED PARKING BENEFITS FOR EMPLOYEES AND CERTAIN THE TAX ON PROFIT ENTITIES WAS REPEALED. THE ORGANIZATION EXPECTS TO RECEIVE A REFUND OF 2,520 FOR THE AMOUNTS PAID TO THE IRS FOR 2018 AND 2019. THE ACCOUNTING STANDARD WHICH PROVIDES GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATIO NOF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECO RED IN THE CONSOLIDATED 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 EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATU SOF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME. THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEME NTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECCOGNI ZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEARS ENDED DECEMBER 31, 20 19 AND 2018. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS PRIOR TO 2016

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493294010020 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization GREATER FORT WAYNE METRO CHAMBER ALLIANCE INC 35-0315995 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 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. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

	dule G (Form 990 or 990-EZ) 2019 rt II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$!		gross income on Form	1 990-EZ, lines 1 and	6b. List events with
		(a)Event #1 REBATES	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
<i>a</i> .					
кеуегиле					
Kev					
	1 Gross receipts	28,765			28,765
	2 Less: Contributions	23,733			20,700
	3 Gross income (line 1 minus line 2)	28,765			28,765
	4 Cash prizes	20,100			33,7,33
S	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
Ž Ž	7 Food and beverages				
ţ.	9 Other direct expenses				
ے ا					
בוב		through 9 in column (d)		•	
DIK	10 Direct expense summary. Add lines 4 to	_			28 765
	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 till Gaming. Complete if the organizations.	from line 3, column (d)	es" on Form 990, Part I		
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10	from line 3, column (d)	es" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo		
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		d more than \$15,000 (d) Total gaming (add
S Keverkie g	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		d more than \$15,000 (d) Total gaming (add
S Keverkie g	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		d more than \$15,000 (d) Total gaming (add
S Keverkie g	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		d more than \$15,000 (d) Total gaming (add
s Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organism on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		d more than \$15,000 (d) Total gaming (add
	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	d more than \$15,000 (d) Total gaming (add
S Keverkie	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	d more than \$15,000 (d) Total gaming (add
S Keverkie	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the orgon form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	d more than \$15,000 (d) Total gaming (add
S Keverkie	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes % No through 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	d more than \$15,000 (d) Total gaming (add
S Keverkie	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the orgon form 990-EZ, line 6a. 1 Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes % No through 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	d more than \$15,000 (d) Total gaming (add
Direct Experises Keverkie	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes % No through 5 in column (d) thine 7 from line 1, column ion conducts gaming activities.	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes% No	(d) Total gaming (add col.(a) through col.(c))
Direct Expenses Kevenue	10 Direct expense summary. Add lines 4 ft 11 Net income summary. Subtract line 10 11 Image: Gaming. Complete if the organization licensed to conduct griff "No," explain: 1 Gross revenue	(a) Bingo Yes % No through 5 in column (d) t line 7 from line 1, column (d) aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	(d) Total gaming (add col.(a) through col.(c))
Direct Experises Revenue 1	10 Direct expense summary. Add lines 4 ft 11 Net income summary. Subtract line 10 11 Image: Gaming. Complete if the organization licensed to conduct griff "No," explain: 1 Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes % No through 5 in column (d) at line 7 from line 1, column ion conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	(d) Total gaming (add col.(a) through col.(c))
DIFFCT EXPENSES Reversite Land	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	Yes % Through 5 in column (d) Through 5 in column activities in each of the conducts gaming activities in each of the column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	(d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 2019)					F	Page 3
11	Does the organization conduct ga	aming activities with nonmember	s?			Yes	Пио	
12	Is the organization a grantor, beformed to administer charitable of		member of a partnership or other	entity 		□Yes		
13	Indicate the percentage of gamir	g activity conducted in:						
а	The organization's facility .				13a			%
b	An outside facility				13b			%
14	Enter the name and address of the	ne person who prepares the orga	nization's gaming/special events bo	oks and re	ecords:			
	Name •							
	Address >							
15a	Does the organization have a cor revenue?	tract with a third party from who	om the organization receives gaming			□ v	П.	
b			anization 🕨 \$			⊔ Yes	⊔ но	
	amount of gaming revenue retain							
c	If "Yes," enter name and address	of the third party:						
	Name ►							
	Address >							
16	Gaming manager information:							
	Name ►							
	Gaming manager compensation	▶ \$						
	Description of services provided I	>						
	☐ Director/officer	☐ Employee	☐ Independent contrac	tor				
17	Mandatory distributions:							
а			stributions from the gaming proceed			□Yes	Пио	
b	Enter the amount of distributions	required under state law distrib	uted to other exempt organizations	or spent		□ 1es	100	
	in the organization's own exempt	<u> </u>	•					
Pai			ions required by Part I, line 2b, licable. Also provide any additio					 s.
	Return Reference		Explanation					

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DL	N: 9349329401	.0020
Note: To capture the full o	ontent of this de	ocument, please sel	lect landscape mode	e (11" x 8.5") whe	en printing.				
Schedule I		Cronto and O	thar Assistanc	o to Organia	otiono			MB No. 1545-0047	· ——
(Form 990)			ther Assistance		•			2019	
`		Governments a	and Individuals	s in the Unite	d States			2019	
	Co	mplete if the organiza	tion answered "Yes," o		, line 21 or 22.			Open to Public	
Department of the		.	Attach to Form					Inspection	
Treasury Internal Revenue Service		► Go to <u>www</u>	<u>w.irs.gov/Form990</u> for	the latest information	on.				
Name of the organization							Employer identific	ation number	
GREATER FORT WAYNE METRO C	HAMBER						35-0315995		
ALLIANCE INC Part I General Inform	ation on Grants	and Assistance					33 3313773		
Does the organization mai the selection criteria used						e, and		✓ Yes	П №
2 Describe in Part IV the org	anization's procedur	es for monitoring the use	e of grant funds in the Un	ited States.					
		estic Organizations ar can be duplicated if add		nts. Complete if the o	rganization answered "Yes"	on Form	990, Part IV, line	21, for any recipie	nt
(a) Name and address of organization or government	(b) 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)		Description of ash assistance	(h) Purpose of gor assistance	grant
(1) FORT WAYNE URBAN ENTERPRISE ASSN 1830 WAYNE TRACE FORT WAYNE, IN 46803	31-1103390	(C)(3)	10,000					ENTREPRENEUR PLATFOR	
2 Enter total number of sect	ion 501(c)(3) and go	overnment organizations	listed in the line 1 table .				•		1
3 Enter total number of othe	. , , ,	-					•		
For Paperwork Reduction Act Notice	-			Cat. No. 50055				edule I (Form 990)	2019

chedule I (Form 990) 2019 Part III Grants and Other Assistanc Part III can be duplicated if ac		ls. Complete if the organiz	ation answered "Yes" on For	m 990, Part IV, line 22.	Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1)					
2)					
3)					
·)					
)					
5)					
)					
Part IV Supplemental Inform	nation. Provide the info	rmation required in Par	t I, line 2; Part III, colun	nn (b); and any other addition	al information.
Return Reference Expla	nation				
CHEDULE I, PAGE 1, PART I, LINE THE OF	RGANIZATION VERIFIES EX	EMPT ORGANIZATION STA	TUS WITH THE IRS AND DO	CUMENTS THE PLANNED USE OF 1	THE FUNDS PRIOR TO APPROVING GRANTS

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. Part IV, line 23. Part II Part III Part I	OMB No.		0047
For certain Officers, Directors, Trustees, key Employees, and Highest Compensated Employees Compensated Employees Compensated Employees Attach to Form 990. Department of the Treasury Internal Revenue Service Name of the organization GREATER FORT WAYNE METRO CHAMBER ALLIANCE INC 12 Questions Regarding Compensation Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	Open	110	
Name of the organization GREATER FORT WAYNE METRO CHAMBER ALLIANCE INC 1a Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel			
Part I Questions Regarding Compensation Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	Ins	pectio	
Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel			
990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel			
Travel for companions Tax idemnification and gross-up payments Discretionary spending account Tax idemnification and gross-up payments Discretionary spending account Tax idemnification and gross-up payments Discretionary spending account Tax idemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		Yes	No
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	1b		
☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization related organization: a Receive a severance payment or change-of-control payment?	n or a		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	. 4b		No
c Participate in, or receive payment from, an equity-based compensation arrangement?	. 4c		No
 Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 			
a The organization?	5a		<u> </u>
b Any related organization?	5b		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		<u> </u>
b Any related organization?	6b		\vdash
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations sec 53.4958-6(c)?			

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	1a, applicable column (D) (D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 JOHN URBAHNS CEO AND PRESIDENT	(i) (ii)	202,303	20,000		6,577	4,688	233,568	
	(")							
i								



Department of the Treasury Internal Revenue Service Name of the organiz GREATER FORT WAYNE ALLIANCE INC Part I Excess	Complet	e if the orga		ons with Ir	ntorosto	d Doroor					1B No.	1 - 1 -	
Internal Revenue Service Name of the organiz GREATER FORT WAYNE ALLIANCE INC Part I Excess	Complet	e if the orga			11616916	u Person	เร				10 110.	1545-	-0047
GREATER FORT WAYNE ALLIANCE INC Part I Excess	, ► G	_,,,,		n answered "Yes 28c, or Form 99	on Form 9	90, Part IV, li	nes 2	5a, 2	25b, 26	i,	20	10	9
Internal Revenue Service Name of the organiz GREATER FORT WAYNE ALLIANCE INC Part I Excess	[/]		► Att	tach to Form 990	0 or Form 99	0-EZ.							
GREATER FORT WAYNE ALLIANCE INC Part I Excess		io to <u>www.ii</u>	rs.gov/F	orm990 for inst	ructions and	the latest inf	rorma	tion.		(pen t Insp		
Part I Excess		₹						•		ntifica	ition ni		
	Benefit Tran	sactions (section 50	01(c)(3), section !	501(c)(4) and	d section 501(c		07031		s only)			
Complete		•		n Form 990, Part		,		_					
1 (a) Name of disqualified person		(1	(b) Relationship between disqualified person and			nd	(c) Description of			<u>``</u>		ected?	
					organization		_	transaction			Ye	s	No
							-						
							+						
2 Enter the amou		, -	-	-	•	_	year u	ınder	_	¹ \$ ——			
3 Enter the amou	int of tax, if any	, on line 2, a	bove, rei	mbursed by the o	rganization .		•	: :		\$ —— \$			
B- 1 1													
	to and/or F te if the organi			'ersons. ' on Form 990-EZ,	Part V, line 3	38a, or Form 99	90, Par	rt IV,	line 26	; or if	the orga	anizat	ion
reporte	d an amount o	n Form 990, I	Part X, lir	ne 5, 6, or 22	,								
(a) Name of (b) Relationship (c) Purpose (d) nterested person with organization of loan			Loan to or from the (e) Original (f) Balance organization? principal due			(g) In (h) default? Approved			(i) Written I by agreement?				
				J	amount		boa		boar	d or			
			То	From	-		Yes	No	comm	No	Yes		No.
			10	From			res	NO	res	NO	res		40
					<u> </u>								
Total Part III Grants		D			\$								
	s or Assistan ete if the orga	nization an	swered '	erested Person "Yes" on Form 9	ns. 990 Part IV	line 27							
(a) Name of intereste		Relationship				(d) Type (of assi	stanc	e	(e) Pu	rpose of	f assis	stance
(-,		erested perso	n and the							(-, -			
		organizat	ion			1							
						+			_				
						†			_				

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shorganiz	f ation's
				Yes	No
(1) FT WAYNE ALLEN CTY AIRPORT AUTHORIT	DIRECTOR	327,220	GRANTS, FEE FOR SERV		No
(2) FT WAYNE ALLEN CTY ECONOMIC DEVELOP	EMPLOYEE/ED	789,131	GRANTS, FEE FOR SERV		No

Explanation

Schedule I (Form 990 or 990-F7) 2019

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference

Supplemental Information

Part V

efile GRAPHIC p	rint - DO NOT PROCESS	As Filed Data -		DLN	: 93493294010020
SCHEDULE O	Supplement	al Informatio	n to Form 990 or 9	90-F7	OMB No. 1545-0047
(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.					2019
Department of the Treasury		► Attach to Form ww.irs.gov/Form99	n 990 or 990-EZ. <u>90</u> for the latest information.		Open to Public Inspection
Namel Betherofgamea GREATER FORT WAYNE M ALLIANCE INC				Employer ident 35-0315995	ification number
990 Schedule O,	Supplemental Information	1			
Return Reference			Explanation		
FORM 990 - ORGANIZATION'S MISSION	GREATER FORT WAYNE (GF ORGANIZA TION FOR FORT WAYNE & AL INESS, ATTRACTING NEW BL S, WAGES, AND THE ECONO	LLEN COUNTY, INDI JSINESS, AND IMPR	ANA. AT GFW INC., WE FOCU OVING OUR COMMUNITY'S Q	S ON SUPPORTII UALITY OF PLAC	NG LOCAL BUS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990,	GREATER FORT WAYNE METRO CHAMBER ALLIANCE, INCORPORATED D/B/A GREATER FORT WAYNE INC. (ORG
PAGE 2,	ANIZATION OR GFW INC.), A NONPROFIT ORGANIZATION, IS THE CHAMBER OF COMMERCE AND ECONOMIC
PART III,	DEVELOPMENT ORGANIZATION FOR FORT WAYNE & ALLEN COUNTY, INDIANA. GFW INC. FOCUSES ON SUPPO
LINE 4A	RTING LOCAL BUSINESS, ATTRACTING NEW BUSINESS AND IMPROVING THE AREA'S QUALITY OF PLACE TO
	GROW JOBS, WAGES AND THE ECONOMY. FOR ITS MEMBER/INVESTOR BUSINESSES AND INDIVIDUALS, GFW
	NC. PROVIDES NETWORKING, EDUCATIONAL, AND PROMOTIONAL OPPORTUNITIES THROUGH A VARIETY OF
	EVENTS AND ACTIVITIES. GFW INC.S SIGNATURE PROGRAMS INCLUDE LEADERSHIP FORT WAYNE, FELLOW
	S, AND INTER-CITY VISITS. GFW INC. ADVOCATES FOR BUSINESS AT ALL LEVELS OF GOVERNMENT ON B
	EHALF OF ITS MEMBERS/INVESTORS. GFW INC. ALSO PROVIDES PROFESSIONAL SERVICES TO THE FORT W
	AYNE ALLEN COUNTY AIRPORT AUTHORITY IN IMPLEMENTING THE ECONOMIC DEVELOPMENT PLAN FOR SMIT
	HEILD AIRPORT AND THE FORT WAYNE INTERNATIONAL AIRPORT.

Return Explanation
Reference

LINE 6

FORM 990, THIS ORGANIZATION IS MEMBERSHIP BASED WHERE MEMBERS PAY DUES.
PAGE 6,
PART VI.

Return Explanation
Reference

FORM 990, PAGE 6, PART VI, LINE 7A

Return Explanation
Reference

FORM 990,	THE FORM 990 IS REVIEWED IN DETAIL BY MANAGEMENT. IN ADDITION, THE FINANCE COMMITTEE APPROV
PAGE 6,	ES THE TAX RETURN AND A FULL COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PR
PART VI,	IOR TO FILING. THE BOARD OF DIRECTORS MAY COMMENT ON OR ASK QUESTIONS REGARDING ANY PORTIO
LINE 11B	N OF FORM 990.

990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990,
PAGE 6,
PART VI,
LINE 12C

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 T
HAT MAY AFFECT THEIR ABILITY TO EXERCISE IMPARTIAL AND ETHICAL JUDGEMENTS IN FUFILLING RES
PONSIBILITIES TO THE ORGANIZATION. IF A BOARD MEMBER HAS A CONFLICT, THEY ABSTAIN FROM DIS
CUSSION AND VOTING ON THE CONFLICTED ITEM.

Return Explanation
Reference

FORM 990, 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 RE GION AND OTHER CHAMBERS NATIONWIDE.

Return Explanation
Reference

FORM 990,	THE EXECUTIVE BOARD COMMITTEE REVIEWS AND RECOMMENDS COMPENSATION FOR THE TOP MANAGEMENT O
PAGE 6,	FFICIAL. THE CEO REVIEWS AND RECOMMENDS COMPENSATION FOR THE EXECUTIVE TEAM.
PART VI,	
LINE 15B	

Return Explanation
Reference

FORM 990, THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
PAGE 6,
PART VI,
LINE 19

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

DLN: 93493294010020

Open to Public Inspection

Name of the organization GREATER FORT WAYNE METRO CHAMBER	Employer identification number							
ALLIANCE INC				35-0315995				
Part I Identification of Disregarded Entities. Complete if t	he organization answe	ered "Yes" on Form	990, Part IV, line 3	33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (sta or foreign country		(e) End-of-year assets	(f) Direct controllir entity	g		
(1) DRAVA LLC 200 E MAIN ST 8TH FLOOR FORT WAYNE, IN 46802	ECONOMIC	IN	105,199	252,040	GREATER FO		_	
							_	
							_	
							_	
							-	
Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.	 s. Complete if the orga	 nnization answered	"Yes" on Form 990	 , Part IV, line 34 l	 pecause it had one c	r more	_	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	(g) on 512(b controlled	
						Yes	No	
(1)FW-ALLEN CTY ECONOMIC DEV ALLIANCE 200 E MAIN ST STE 800	CHARITABLE	IN	501C3	12A	GREATER FO		No	
FORT WAYNE, IN 46802 35-1787258								
For Paperwork Reduction Act Notice, see the Instructions for Form 99	0	Cat. No. 50135			Schedule R (Forn	2 990) 24	119	

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	ıse it h	ad
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	(g) Share of end-of-year assets	(h) Disproprtionate r allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	alor Pe	(k) ercentage wnership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organizations.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	(13)	(i) lon 512(b) controlled entity?
			,,									16	S NO
				-						Calcadada D	/ E	- 000)	2010

Schedule R (Form 990) 2019		Page 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Y	es No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c Ye	es
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No

f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1 g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	10	No
p Reimbursement paid to related organization(s) for expenses	1 p	No
q Reimbursement paid by related organization(s) for expenses	1 q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s Yes	5

Schedule R (Form 990) 2019

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
			1			ı				Schedul	e R (Form	990	0) 2019		

Schedule R (Form 990) 2019									
Part VII	Supplemental Information								
	Provide additional information for responses to questions on Schedule R. (see instructions).								
Return Reference		Explanation							