

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
555 E WAYNE STREET

City or town, state or province, country, and ZIP or foreign postal code
FORT WAYNE, IN 46802

D Employer identification number
35-1119450

E Telephone number
(260) 426-4083

G Gross receipts \$ 63,970,277

F Name and address of principal officer
DAVID BENNETT
555 E WAYNE ST
FORT WAYNE, IN 46802

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW CFGFW ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1922

M State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE QUALITY OF LIFE BY BUILDING PERMANENT ENDOWMENTS, PROMOTING EFFECTIVE GRANTMAKING, FOSTERING PHILANTHROPY, STIMULATING COMMUNITY DIALOGUE, AND HELPING DONORS ACHIEVE THEIR CHARITABLE GOALS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	19
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	11
6 Total number of volunteers (estimate if necessary)	92
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	8,027,541
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,801,390	792,110
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-210,412	54,150
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,015,739	7,824,735

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,316,443	9,952,369
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	844,848	823,949
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶245,053		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	642,342	596,046
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,803,633	11,372,364
19 Revenue less expenses Subtract line 18 from line 12	-1,787,894	-3,547,629

	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	135,375,348
21 Total liabilities (Part X, line 26)	8,356,137	10,979,919
22 Net assets or fund balances Subtract line 21 from line 20	127,019,211	129,984,730

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: *****
Date: 2017-04-21
DAVID BENNETT EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: TODD E HAINES
Preparer's signature: TODD E HAINES
Date: 2017-08-11
Check if self-employed
PTIN: P00691953
Firm's name: HAINES ISENBARGER & SKIBA LLC
Firm's EIN: 52-2127371
Firm's address: 4630 W JEFFERSON BLVD 8 FORT WAYNE, IN 46804
Phone no: (260) 436-9500

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO IMPROVE THE QUALITY OF LIFE BY BUILDING PERMANENT ENDOWMENTS, PROMOTING EFFECTIVE GRANTMAKING, FOSTERING PHILANTHROPY, STIMULATING COMMUNITY DIALOGUE, AND HELPING DONORS ACHIEVE THEIR CHARITABLE GOALS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 5,600,847 including grants of \$ 5,428,920) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 2,613,949 including grants of \$ 2,535,800) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 1,207,736 including grants of \$ 1,170,225) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 830,059 including grants of \$ 817,424) (Revenue \$)

ARTS, CULTURE & OTHER GRANT DOLLARS IN THIS AREA SUPPORT VARIOUS ORGANIZATIONS PROVIDING ARTS AND CULTURAL EXPERIENCES THAT INSPIRE, EDUCATE, AND ENGAGE CITIZENS OF OUR COMMUNITY OTHER INSTITUTIONS, SUCH AS FAITH BASED ORGANIZATIONS, ARE SUPPORTED AS WELL THROUGH THESE GRANT DOLLARS

4d Other program services (Describe in Schedule O)
(Expenses \$ 830,059 including grants of \$ 817,424) (Revenue \$)

4e Total program service expenses ▶ 10,252,591

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
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>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		No
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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, contributions, and organizational details.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (19); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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? If "Yes," provide the names and addresses in Schedule O (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (No); 16b 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?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (IN); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 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: [X] Own website, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (DAVID BENNETT 555 E WAYNE STREET FORT WAYNE, IN 46802 (260) 426-4083)

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

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

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

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

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANE GERARDOT DIRECTOR	1 00	X		X				0	0	0
(2) CHRIS RUPP PRESIDENT	1 00	X		X				0	0	0
(3) SHANNON HARDIEK VICE PRESIDE	1 00	X		X				0	0	0
(4) TOM TRENT SECRETARY	1 00	X		X				0	0	0
(5) JONATHAN HANCOCK TREASURER	1 00	X		X				0	0	0
(6) MICHAEL BARRANDA DIRECTOR	1 00	X						0	0	0
(7) IAN BOYCE DIRECTOR	1 00	X						0	0	0
(8) ROBERT FRANCIS DIRECTOR	1 00	X						0	0	0
(9) TROIS HART DIRECTOR	1 00	X						0	0	0
(10) TODD JACOBS DIRECTOR	1 00	X						0	0	0
(11) GREGORY A JOHNSON DIRECTOR	1 00	X						0	0	0
(12) KATHY KOLB DIRECTOR	1 00	X						0	0	0
(13) CAROL LINDQUIST DIRECTOR	1 00	X						0	0	0
(14) DEBORAH MCMAHAN DIRECTOR	1 00	X						0	0	0
(15) BRUCE MENSHY DIRECTOR	1 00	X						0	0	0
(16) BEN MILES DIRECTOR	1 00	X						0	0	0
(17) DON STEININGER DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NICK TALARICO DIRECTOR	1 00	X						0	0	0
(19) IRENE WALTERS DIRECTOR	1 00	X						0	0	0
(20) ROB PATRICK DIRECTOR	1 00	X						0	0	0
(21) MIKE CAHILL DIRECTOR	1 00	X						0	0	0
(22) SUN HUYNH DIRECTOR	1 00	X						0	0	0
(23) DAVID BENNETT EXECUTIVE DI	40 00 8 00			X				151,475	0	22,367
(24) HEIDI LUDWIG ASSOCIATE DI	32 00 0 50			X				83,294	0	16,234
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								234,769		38,601

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
FUND EVALUATION GROUP 201 E FIFTH STREET ST 1600 CINCINNATI, OH 45202	INV CONSULTING	236,355

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **1**

Part VIII Statement of Revenue

Check if Schedule O contains a response 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,978,475			
	g Noncash contributions included in lines 1a-1f \$ _____		4,303,905			
	h Total. Add lines 1a-1f		6,978,475			
Program Service Revenue	2a _____	Business Code				
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,241,905		3,241,905	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	53,695,747			
		(ii) Other				
		b Less cost or other basis and sales expenses	56,145,542			
		c Gain or (loss)	-2,449,795			
	d Net gain or (loss)		-2,449,795		-2,449,795	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses	b			
		c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a CHANGE IN VALUE OF SPLIT INTE		46,881	46,881			
b MISCELLANEOUS INCOME		3,764	3,764			
c ADMINISTRATIVE FEE		3,505	3,505			
d All other revenue						
e Total. Add lines 11a-11d		54,150				
12 Total revenue. See Instructions		7,824,735	54,150	792,110		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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.	9,677,369	9,677,369		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	275,000	275,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	254,116	58,872	173,503	21,741
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.	429,233	122,967	186,574	119,692
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	12,328	3,527	5,486	3,315
9 Other employee benefits.	77,680	24,197	45,066	8,417
10 Payroll taxes.	50,592	13,400	26,533	10,659
11 Fees for services (non-employees):				
a Management.				
b Legal.	1,319	357	700	262
c Accounting.	30,950	8,375	16,421	6,154
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	286,448		286,448	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12 Advertising and promotion.	24,073			24,073
13 Office expenses.	10,563	2,859	5,604	2,100
14 Information technology.	71,555	19,363	37,965	14,227
15 Royalties.				
16 Occupancy.	69,252	18,740	36,743	13,769
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	18,019	4,876	9,560	3,583
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	18,060	4,876	9,211	3,973
23 Insurance.	23,041	6,235	12,225	4,581
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 MISCELLANEOUS	19,382	5,250	10,274	3,858
b TELEPHONE	12,288	3,325	6,520	2,443
c COMMUNITY INITIATIVES	6,443	1,744	3,418	1,281
d DUES AND SUBSCRIPTIONS	4,653	1,259	2,469	925
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	11,372,364	10,252,591	874,720	245,053
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	346,820	1	184,228
	2 Savings and temporary cash investments	5,714,935	2	11,259,670
	3 Pledges and grants receivable, net	782,320	3	3,730,860
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	206,644		
	b Less accumulated depreciation	194,177	30,527	10c 12,467
	11 Investments—publicly traded securities	99,125,289	11	95,079,648
	12 Investments—other securities See Part IV, line 11	23,020,606	12	24,629,163
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	6,354,851	15	6,068,613
16 Total assets. Add lines 1 through 15 (must equal line 34)	135,375,348	16	140,964,649	
Liabilities	17 Accounts payable and accrued expenses	31,997	17	30,264
	18 Grants payable	1,288,542	18	4,348,249
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	7,035,598	25	6,601,406
	26 Total liabilities. Add lines 17 through 25	8,356,137	26	10,979,919
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	124,319,611	27	127,248,162
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	2,699,600	29	2,736,568
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	127,019,211	33	129,984,730
	34 Total liabilities and net assets/fund balances	135,375,348	34	140,964,649

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,824,735
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,372,364
3	Revenue less expenses Subtract line 2 from line 1	3	-3,547,629
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	127,019,211
5	Net unrealized gains (losses) on investments	5	6,426,258
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	86,890
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	129,984,730

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 35-1119450

Name: COMMUNITY FOUNDATION OF GREATER
FORT WAYNE INC

Form 990 (2016)

Form 990, Part III, Line 4a:

COMMUNITY DEVELOPMENT GRANT DOLLARS IN THIS AREA SUPPORT VARIOUS CAUSES WHERE THE COMMUNITY COMES TOGETHER FOR COLLECTIVE SOLUTIONS TO EMPOWER INDIVIDUALS WITH SKILLS THEY NEED TO EFFECT CHANGE WITHIN OUR COMMUNITY THIS AREA INCLUDES PROJECTS SUCH AS ADULT WORKER RETRAINING AND ADVANCED TRAINING SKILLS, TEACHING WORKFORCE READY SKILLS TO HIGH SCHOOL STUDENTS, AND SUPPORT OF COMMUNITY WIDE PROJECTS THAT BRING PEOPLE TOGETHER

Form 990, Part III, Line 4b:

HEALTH AND HUMAN SERVICES GRANT DOLLARS IN THIS AREA SUPPORT SOCIAL SERVICE AGENCIES IN IMPROVING THE QUALITY OF LIFE FOR THOUSANDS WHO ARE SERVED THROUGH PROGRAMS FOCUSED ON BASIC NECESSITY ITEMS SUCH AS EMERGENCY FOOD, EMERGENCY SHELTER, TRANSITIONAL HOUSING, PERSONAL DEVELOPMENT, PROGRAMS FOR THE MENTALLY AND PHYSICALLY DISABLED, PROGRAMS FOR DISADVANTAGED CHILDREN, AND VARIOUS HEALTH RELATED PROGRAMS, AS WELL AS SUPPORT FOR ANIMAL WELFARE

Form 990, Part III, Line 4c:

EDUCATION GRANT DOLLARS IN THIS AREA SUPPORT VARIOUS PRIVATE AND PAROCHIAL SCHOOLS, COLLEGES, AND UNIVERSITIES WITH FINANCIAL ASSISTANCE AND SCHOLARSHIPS AS WELL AS SUPPORT FOR VARIOUS EDUCATIONAL INITIATIVES

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF GREATER
FORT WAYNE INC

Employer identification number
35-1119450

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	29,150,475	2,946,600	4,019,512	8,027,541	6,978,475	51,122,603
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	29,150,475	2,946,600	4,019,512	8,027,541	6,978,475	51,122,603
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,889,423
6 Public support. Subtract line 5 from line 4						48,233,180

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	29,150,475	2,946,600	4,019,512	8,027,541	6,978,475	51,122,603
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,688,811	4,654,665	3,955,848	3,400,562	3,241,905	17,941,791
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						69,064,394
12 Gross receipts from related activities, etc (see instructions)					12	54,150
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	69.840 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	71.930 %

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC

Employer identification number
35-1119450

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	116	25
2 Aggregate value of contributions to (during year)	4,801,279	25,600
3 Aggregate value of grants from (during year)	5,725,932	207,775
4 Aggregate value at end of year	50,543,591	4,664,228

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education)
 - Preservation of an historically important land area
 - Protection of natural habitat
 - Preservation of a certified historic structure
 - Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4** Number of states where property subject to conservation easement is located ▶ _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	448,424	489,244	503,470	452,935	514,201
b Contributions	6,840	89	88	87	172
c Net investment earnings, gains, and losses	20,522	-14,216	12,632	71,435	54,199
d Grants or scholarships	25,222	21,160	21,786	16,200	14,500
e Other expenditures for facilities and programs					96,651
f Administrative expenses	4,789	5,533	5,160	4,787	4,486
g End of year balance	445,775	448,424	489,244	503,470	452,935

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		206,644	194,177	12,467
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				12,467

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) HEDGE FUNDS	20,150,724	F
(B) PRIVATE CAPITAL	4,478,439	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	24,629,163	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 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, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ASSETS HELD FOR OTHER AGENCIES	5,886,584
ANNUITIES PAYABLE	714,822
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	6,601,406

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	14,130,720
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	6,426,258	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	6,426,258
3	Subtract line 2e from line 1		3	7,704,462
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	120,273	
c	Add lines 4a and 4b		4c	120,273
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	7,824,735

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	11,165,201
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	11,165,201
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	207,163	
c	Add lines 4a and 4b		4c	207,163
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	11,372,364

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 35-1119450

Name: COMMUNITY FOUNDATION OF GREATER
FORT WAYNE INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE FOUNDATION AND ITS AFFILIATED SUPPORTING ORGANIZATIONS ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) AND SECTION 509(A)(3), RESPECTIVELY, OF THE INTERNAL REVENUE CODE AND SIMILAR PROVISIONS OF STATE LAW HOWEVER, THE FOUNDATION AND ITS AFFILIATED SUPPORTING ORGANIZATIONS ARE SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME MANAGEMENT BELIEVES THE FOUNDATION AND ITS AFFILIATED SUPPORTING ORGANIZATIONS ARE NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2013

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	CONTRIBUTIONS RECEIVED FOR AGENCY ENDOWMENTS 116,768 ADMINISTRATIVE FEES 3,505

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	ADMINISTRATIVE FEES 3,505 GRANTS MADE FOR AGENCY ENDOWMENTS 203,658

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
COMMUNITY FOUNDATION OF GREATER
FORT WAYNE INC

Employer identification number
35-1119450

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	-------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 155

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	40	275,000			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	THE ORGANIZATION MONITORS ITS GRANTS TO ENSURE THAT GRANTS ARE USED FOR PROPER PURPOSES AND ARE NOT DIVERTED FROM THE INTENDED USE CERTAIN GRANTS TO ORGANIZATIONS REQUIRE SIGNED GRANT AGREEMENTS AS WELL AS PERIODIC REPORTS AND/OR FIELD INVESTIGATIONS PRIOR TO INITIAL AND/OR FUTURE PAYMENTS CERTAIN GRANTS AWARDED TO INDIVIDUALS REQUIRE MONITORING THE USE OF GRANT FUNDS BY OBTAINING A REPORT OF A RECIPIENT'S WORK FOR EACH ACADEMIC PERIOD THE ORGANIZATION RESERVES THE RIGHT TO CANCEL OR RESCIND ITS GRANT SUPPORT AT ANY TIME SHOULD THERE BE A SUBSTANTIAL CHANGE AFFECTING THE RECIPIENT ORGANIZATION OR INDIVIDUAL

Additional Data

Software ID:
Software Version:
EIN: 35-1119450
Name: COMMUNITY FOUNDATION OF GREATER
FORT WAYNE INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A HOPE CENTER PREGNANCY 3630 HOBSON RD FORT WAYNE, IN 46815	31-1113254	501C3	6,573				OPERATING SUPPORT
AGING AND IN-HOME SERVICES OF NORTH 2927 LAKE AVE FORT WAYNE, IN 46805	35-1341437	501C3	10,000				ADVANCE CARE PLANNIN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALIVE HOSPICE NASHVILLE 1718 PATTERSON ST NASHVILLE, TN 37203	62-0983550	501C3	10,000				OPPERATING SUPPORT
ALLEN COUNTY CHRISTMAS BUREAU INC PO BOX 13265 FORT WAYNE, IN 46868	35-1862437	GOV	6,500				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEN COUNTY COURTHOUSE PRESERVATION TRUST INC 715 S CALHOUN ST RM 300 FORT WAYNE, IN 46802	35-1932033	501C3	29,183				OPERATING SUPPORT
ALLEN COUNTY EDUCATION PARTNERSHIP PROJECT READS 709 CLAY ST STE 101 FORT WAYNE, IN 46802	35-1823402	501C3	26,392				PROJECT READS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEN COUNTY FW HISTORICAL SOCIETY 302 E BERRY ST FORT WAYNE, IN 46802	35-1043456	501C3	34,685				2016 DISTRIBUTION
ALLEN COUNTY PUBLIC LIBRARY FOUNDAT 900 LIBRARY PLAZA FORT WAYNE, IN 46802	31-1121023	501C3	33,100				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEN COUNTY SOCIETY FOR PREVENTION 4914 S HANNA ST FORT WAYNE, IN 46806	35-6042135	GOV	13,500				CAPITAL CAMPAIGN
AMERICAN HEART ASSOCIATION INC 208 S LASALLE ST STE 900 CHICAGO, IL 60604	13-5613797	501C3	6,145				OPERATING SUPPORT

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AMERICAN RED CROSS OF NORTHEAST IND PO BOX 5508 FORT WAYNE, IN 46895	53-0196605	501C3	30,500				GENERAL OPERATING
ARCH INC 818 LAFAYETTE ST FORT WAYNE, IN 46802	35-1367895	501C3	13,400				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ARTS UNITED OF GREATER FORT WAYNE 300 E MAIN ST STE 100 FORT WAYNE, IN 46802	35-0992067	501C3	95,795				OPERATING SUPPORT
ASSOCIATED CHURCHES OF FORT WAYNE 602 E WAYNE ST FORT WAYNE, IN 46802	35-0905944	501C3	60,096				OPERATING SUPPORT

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AUDIENCES UNLIMITED INC 1005 W RUDISILL BLVD STE 304 FORT WAYNE, IN 468072172	31-0946267	501C3	17,385				CULTURAL PROGRAMS
BEACON HEIGHTS CHURCH OF BRETHREN 2810 BEACON ST FORT WAYNE, IN 46805	35-6029449	501C3	9,322				FOOD BANK

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BIG BROTHER BIG SISTER - NE INDIANA 1005 W RUDISILL BLVD SET A101 FORT WAYNE, IN 46807	35-1271943	501C3	64,361				OPERATING SUPPORT
BISHOP DWENGER HIGH SCHOOL 1300 E WASHINGTON CENTER RD FORT WAYNE, IN 46825	35-1090327	501C3	39,000				SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BISHOP LUERS HIGH SCHOOL 333 E PAULDING RD FORT WAYNE, IN 46816	35-1041555	501C3	43,751				SCHOLARSHIPS
BLUE JACKET INC 2826 S CALHOUN ST FORT WAYNE, IN 46807	35-2210669	501C3	15,000				VOCATIONAL TRAINING

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BOY SCOUTS OF AMERICA ANTHONY WAYNE AREA COUNCIL 8315 W JEFFERSON BLVD FORT WAYNE, IN 468048302	35-0876343	501C3	21,652				YOUTH LEADERSHIP
BOYS AND GIRLS CLUB OF FORT WAYNE 2609 FAIRFIELD AVE FORT WAYNE, IN 468071214	35-1778767	501C3	49,500				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOYS AND GIRLS CLUB OF OAKLAND PO BOX 18770 OAKLAND, CA 94619	94-1279794	501C3	10,000				OPERATING SUPPORT
CANCER SERVICES OF NORTHEAST IN 6316 MUTUAL DR FORT WAYNE, IN 46825	35-0965609	501C3	76,918				CLIENT SERVICE PROG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CANTERBURY SCHOOL 5601 COVINGTON RD FORT WAYNE, IN 46804	35-1410931	501C3	29,750				ANNUAL FUND
CARING ABOUT PEOPLE INC 1417 N ANTHONY BLVD FORT WAYNE, IN 46805	35-2144427	501C3	6,000				UPGRADE PHONES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CATHOLIC CHARITIES FWSOUTH BEND PO BOX 10630 FORT WAYNE, IN 46853	35-1038653	501C3	21,650				ECHO PROGRAM
CENTER FOR NONVIOLENCE INC 235 W CREIGHTON AVE FORT WAYNE, IN 46807	31-1045334	501C3	25,000				INTERVENTION PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CITY OF FORT WAYNE 200 E BERRY ST STE 420 FORT WAYNE, IN 46802	35-6001029	501C3	230,121				RIVERFRONT PROJECTS
COMMUNITY ACTION OF NE INDIANA INC PO BOX 10570 FORT WAYNE, IN 468530570	35-1111819	501C3	29,000				COVERING KIDS & FAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY FOUNDATION OF GRTR FLINT 500 S SAGINAW ST STE 200 FLINT, MI 48502	38-2190667	501C3	10,000				HEALTH AND DEVEOPMEN
COMMUNITY HARVEST FOOD BANK PO BOX 10967 FORT WAYNE, IN 46855	31-1100607	501C3	61,049				OPERATING SUPPORT

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COMMUNITY TRANSPORTATION NETWORK 5601 INDUSTRIAL RD FORT WAYNE, IN 46825	35-2109955	501C3	50,000				SPECIALIZED TRANS
CONCORDIA EDUCATION FOUNDATION 1601 ST JOE RIVER DR FORT WAYNE, IN 46805	35-0883501	501C3	6,000				SCHOLARSHIPS

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CONCORDIA EDUCATIONAL ASSOCIATION 1601 ST JOE RIVER DR FORT WAYNE, IN 46805	43-0658188	501C3	20,000				SCHOLARSHIP
CONCORDIA LUTHERAN CHURCH AND SCHOO 4245 LAKE AVE FORT WAYNE, IN 46815	43-0658188	501C3	15,464				SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COUNCIL ON FOUNDATIONS INC 2121 CRYSTAL DR STE 700 ARLINGTON, VA 22202	13-6068327	501C3	13,850				ANNUAL DUES
CRIME VICTIM CARE OF ALLEN COUNTY 2456 LAKE AVE FORT WAYNE, IN 46805	41-2205791	501C3	25,750				IMMIGRANT & REFUGEE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CROSSING EDUCATION CENTER OF FW 1331 E BERRY ST FORT WAYNE, IN 46803	26-0588186	501C3	10,000				JOB TRAINING
CROSSROAD CHILD & FAMILY SERVICES 2525 LAKE AVE FORT WAYNE, IN 46805	35-0869050	501C3	10,000				OPERATING SUPPORT

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CYSTIC FIBROSIS FOUNDATION 1261 W 86TH ST STE E2 INDIANAPOLIS, IN 46260	23-7117120	501C3	7,500				2015 WINE OPENER
DR BILL LEWIS CENTER FOR CHILDREN 2730 E STATE ST STE C FORT WAYNE, IN 46805	35-2096006	501C3	10,000				FORENSIC INTERVIEW

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DR SARAH GIAQUINTA 5947 PINE BLUFF DR AVON, IN 46123			100,000				CONTRACT
EARLY CHILDHOOD ALLIANCE INC 3320 FAIRFIELD AVE FORT WAYNE, IN 46807	35-0953465	501C3	44,000				EARLY EDUCATION

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EAST WAYNE STREET CENTER INC 801 E WAYNE ST FORT WAYNE, IN 46803	35-1587206	501C3	25,750				HOLIDAY BASKETS
EASTER SEALS ARC OF NE INDIANA INC 4919 COLDWATER RD FORT WAYNE, IN 46825	35-0998711	501C3	30,981				EMPLOYMENT SERVICES

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EMBASSY THEATRE FOUNDATION INC 125 W JEFFERSON BLVD FORT WAYNE, IN 46802	23-7355731	501C3	41,000				OPERATING SUPPORT
EMMANUEL-ST MICHAEL LUTHERAN SCHOOL 1123 UNION ST FORT WAYNE, IN 46802	35-1079607	501C3	5,131				SCHOLARSHIP

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ERIN'S HOUSE FOR GRIEVING CHILDREN 5670 YMCA PARK DRIVE WEST FORT WAYNE, IN 46835	35-1884264	501C3	35,500				GRIEF SUPPORT
EUELL A WILSON CENTER INC 1512 OXFORD ST FORT WAYNE, IN 46806	35-1893381	501C3	25,025				AFTERSCHOOL PROGRAM

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FAMILY & CHILDREN SERVICES OF FW HEADWATERS COUNSELING 2712 S CALHOUN ST FORT WAYNE, IN 46807	35-0868078	501C3	20,000				OPERATING SUPPORT
FELDERMAN DESIGN-BUILD 5644 COVENTRY LANE FORT WAYNE, IN 46804			12,450				RIVERFRONT BANDSHELL

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FIRST PRESBYTERIAN CHURCH 300 W WAYNE ST FORT WAYNE, IN 46802	13-5562176	501C3	57,286				OPERATING SUPPORT
FORENSIC NURSING SPECIALTIES INC FW SEXUAL ASSAULT TREATMENT 2270 LAKE AVE STE 201 FORT WAYNE, IN 46805	35-1943648	501C3	35,000				OPERATING SUPPORT

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FORT WAYNE BALLET INC 300 E MAIN ST FORT WAYNE, IN 468021919	35-6006394	501C3	27,592				OPERATING SUPPORT
FORT WAYNE CINEMA CENTER 437 E BERRY ST STE 1 FORT WAYNE, IN 46802	35-1414723	501C3	10,000				OPPERATING SUPPORT

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FORT WAYNE CIVIC THEATRE INC ARTS UNITED CENTER 303 E MAIN ST FORT WAYNE, IN 46802	35-6001476	501C3	36,580				OPERATING SUPPORT
FORT WAYNE CLUBHOUSE INC THE CARRIAGE HOUSE 3327 LAKE AVE FORT WAYNE, IN 46805	35-2026647	501C3	40,000				OPERATING SUPPORT

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FORT WAYNE DANCE COLLECTIVE INC 437 E BERRY ST STE 203 FORT WAYNE, IN 46802	31-0958473	501C3	15,000				OPERATING SUPPORT
FORT WAYNE HABITAT FOR HUMANITY 2020 E WASHINGTON BLVD STE 500 FORT WAYNE, IN 46803	35-1687064	501C3	19,739				OPERATING SUPPORT

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FORT WAYNE MEDICAL SOCIETY FDN 709 CLAY ST STE 300 FORT WAYNE, IN 46802	35-6049685	501C3	16,200				HEALTHIER MOMS & BABY
FORT WAYNE MUSEUM OF ART INC 311 E MAIN ST FORT WAYNE, IN 46802	35-0953440	501C3	55,263				OPERATING SUPPORT

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FORT WAYNE PARKS & RECREATION 705 E STATE BLVD FORT WAYNE, IN 46805	35-6001029	GOV	31,954				LIFETIME SPORTS ACAD
FORT WAYNE PHILHARMONIC ORCHESTRA 4901 FULLER DR FORT WAYNE, IN 46835	35-0791163	501C3	63,867				OPERATING SUPPORT

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FORT WAYNE PUBLIC TELEVISION INC WFWA PBS39 KACHMANN TELEPLEX 2501 E COLISEUM BLVD FORT WAYNE, IN 468051562	23-7173906	501C3	15,508				OPERATING SUPPORT
FORT WAYNE RESCUE MISSION MINISTRY PO BOX 11116 FORT WAYNE, IN 468551116	35-1054670	501C3	64,450				OPERATING SUPPORT

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FORT WAYNE SISTER CITIES INTL 5231 CHIPPEWA TRAIL FORT WAYNE, IN 46804	31-1105602	501C3	41,865				STUDENT TRAVEL EXP
FORT WAYNE TRAILS 300 E MAIN ST STE 131 FORT WAYNE, IN 46802	42-1545637	501C3	12,500				TRAIL NETWORK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FORT WAYNE URBAN LEAGUE INC 2135 S HANNA ST FORT WAYNE, IN 468032429	35-0869052	501C3	40,500				COLLEGE READINESS PR
FORT WAYNE YOUTHEATRE INC 303 E MAIN ST FORT WAYNE, IN 46802	35-1551064	501C3	8,764				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FORT WAYNE ZOOLOGICAL SOCIETY 3411 SHERMAN BLVD FORT WAYNE, IN 46808	35-6068234	501C3	55,235				OPERATING SUPPORT
FOUNDATION FOR ART AND MUSIC AUER CENTERS FOR ARTS AND CULTURE 300 E MAIN ST FORT WAYNE, IN 46802	35-1719238	501C3	10,000				MULTICULTURAL ARTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FRIENDS OF THE RIVERS INC 1919 FOREST PARK BLVD FORT WAYNE, IN 46805	05-0608001	501C3	617,851				RIVERBOAT
GENNESARET FREE CLINIC INC 615 N ALABAMA ST STE B INDIANAPOLIS, IN 46204	35-1776518	501C3	6,500				OPERATING SUPPORT

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GIGIS PLAYHOUSE INC 6081 N CLINTON ST FORT WAYNE, IN 46825	47-4861688	501C3	15,000				OPERATING SUPPORT
GIRLS SCOUTS OF NORTHERN IN-MI INC 10008 DUPONT CIRCLE E FORT WAYNE, IN 46825	35-0868091	501C3	20,000				LEADERSHIP DEV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GOOD SHEPERD LUTHERAN CHURCH 600 S ENOTA DR NE GAINESVILLE, GA 30501	58-1077602	501C3	8,500				OPERATING SUPPORT
HARLAN CHRISTIAN YOUTH CENTER PO BOX 467 HARLAN, IN 46743	35-2125040	501C3	23,380				OPERATING SUPPORT

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HAROLD W MCMILLEN CENTER FOR HEALTH EDUCATION INC 600 JIM KELLEY BLVD FORT WAYNE, IN 46816	35-1186994	501C3	130,000				HEALTH EDUCATION
HARRISON HILL ELEMENTARY SCHOOL 355 CORNELL CIR FORT WAYNE, IN 46807	35-6006351	GOV	7,541				S T A R S PROGRAM

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HEARTLAND SINGS 1516 LEESBURG RD FORT WAYNE, IN 46808	35-1733497	501C3	5,100				OPERATING SUPPORT
HOOSIERS FEEDING THE HUNGRY 4490A STATE ROAD 327 GARRETT, IN 46738	45-2402892	501C3	7,000				OPERATING SUPPORT

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IMANI BAPTIST TEMPLE 2920 INDIANA AVE FORT WAYNE, IN 46807	26-1199518	501C3	9,000				OPERATING SUPPORT
INDIANA INSTITUTE OF TECHNOLOGY INC INDIANA TECH 1600 E WASHINGTON BLVD FORT WAYNE, IN 46803	35-0845258	501C3	19,275				SCHOLARSHIPS

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INDIANA PHILANTHROPY ALLIANCE 32 E WASHINGTON ST STE 1100 INDIANAPOLIS, IN 462043583	35-1835134	501C3	5,550				MEMBERSHIP RENEWAL
INDIANA UNIV-PURDUE UNIV FORT WAYNE 2101 E COLISEUM BLVD FORT WAYNE, IN 468051499	35-6002041	501C3	65,939				SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47402	35-6018940	501C3	4,000,739				VARIOUS PROG & CLUBS
INDIANA WESLEYAN UNIVERSITY 1900 W 50TH ST MARION, IN 46953	35-0885591	501C3	5,654				SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INNER CITY HOPE CORPORATION MISS VIRGINIAS FOOD PANTRY PO BOX 12045 FORT WAYNE, IN 46802	35-1967440	501C3	10,000				FOOD BANK
INTERFAITH HOSPITALITY NETWORK JUST NEIGHBORS INTERFAITH HOMELESS 2925 E STATE BLVD FORT WAYNE, IN 46805	35-2089785	501C3	31,000				SHELTER & SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ISAAC KNAPP DENTAL EDUCATOIN FOUNDA 709 CLAY ST STE 300 FORT WAYNE, IN 46802	35-1710974	501C3	7,547				OPERATING SUPPORT
IVY TECH FOUNDATION INC 3800 N ANTHONY BLVD FORT WAYNE, IN 46805	23-7073977	501C3	9,869				SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JUNIOR ACHIEVEMENT OF NORTHERN IN 601 NOBLE DR FORT WAYNE, IN 46825	35-0922731	501C3	42,500				JA FINANCE PARK
KATES KART INC 10376 LEO RD STE A FORT WAYNE, IN 46825	26-2615368	501C3	6,000				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFELINE YOUTH & FAMILY SERVICES 4150 ILLINOIS RD FORT WAYNE, IN 46804	32-0420745	501C3	13,795				OPERATING SUPPORT
LITERACY ALLIANCE INC 1005 W RUDISILL BLVD STE 307 FORT WAYNE, IN 46807	35-1710780	501C3	30,000				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE RIVER WETLANDS PROJECT 7209 ENGLE RD STE 200 FORT WAYNE, IN 46804	35-1809569	501C3	6,930				OPERATING SUPPORT
LUTHERAN FOUNDATION INC 3024 FAIRFIELD AVE FORT WAYNE, IN 468071697	35-0886840	501C3	42,208				OPIOID EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES OF INDIANA PO BOX 11329 FORT WAYNE, IN 468571329	35-0868124	501C3	50,822				OPERATING SUPPORT
MARTIN LUTHER KING MONTESSORI SCHOO 6001 S ANTHONY BLVD FORT WAYNE, IN 46816	35-1161409	501C3	35,000				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MATTHEW 25 HEALTH AND DENTAL CLINIC 413 E JEFFERSON BLVD FORT WAYNE, IN 46802	35-1484951	501C3	92,656				OPERATING SUPPORT
MAYO CLINIC ROCHESTER 200 FIRST ST SW ROCHESTER, MN 55905	41-6011702	501C3	10,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MEMORIAL HIGH SCHOOL BOOSTER CLUB I 932 ECHO LN HOUSTON, TX 77024	76-0632864	501C3	10,000				OPERATING SUPPORT
MENTAL HEALTH AMERICA ALLEN COUNTY 2200 LAKE AVE STE 105 FORT WAYNE, IN 46805	46-1326514	501C3	24,400				COMM ADVOCACY PROG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MUSTARD SEED FURNITURE BANK OF FW 3636 ILLINOIS RD FORT WAYNE, IN 46804	35-2149283	501C3	27,500				OPERATING SUPPORT
NATIONAL LEAGUE OF CUBAN AMERICAN 3000 S WAYNE AVE FORT WAYNE, IN 46807	31-0974403	501C3	25,000				CLASSES & SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEIGHBORHOOD HEALTH CLINICS INC PO BOX 11949 FORT WAYNE, IN 46862	35-1922483	501C3	20,000				EQUIPMENT PURCHASES
NEW HAVEN ADAMS TOWNSHIP PARKS & REC 1125 HARTZELL ST NEW HAVEN, IN 46774	35-1105050	501C3	48,962				BAND SHELL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HAVEN POLICE DEPARTMENT 815 LINCOLN HWY NEW HAVEN, IN 46774	35-1105050	GOV	7,000				POLICE SERVICE DOG
NORTH SIDE HIGH SCHOOL ALUMNI ASSOC 475 E STATE BLVD FORT WAYNE, IN 46805	31-1250392	501C3	6,577				SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTHEAST INDIANA POSITIVE RESOURCE 525 OXFORD ST FORT WAYNE, IN 46806	31-1191147	501C3	35,000				OPERATING SUPPORT
NORTHEAST INDIANA PUBLIC RADIO INC PO BOX 8459 FORT WAYNE, IN 468988459	35-1514924	501C3	23,063				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ORINDA COMMUNITY FOUNDATION PO BOX 21 ORINDA, CA 94563	27-2134212	501C3	10,000				OPERATING SUPPORT
PARK TUDOR FOUNDATION 7200 NORTH COLLEGE AVE INDIANAPOLIS, IN 46240	35-0909976	501C3	15,000				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PARKVIEW HEALTH SYSTEMS 10501 CORPORATE DR FORT WAYNE, IN 46845	35-0868085	501C3	6,077				OPERATING SUPPORT
POWER HOUSE YOUTH CENTER INC 830 MAIN ST NEW HAVEN, IN 46774	35-2022371	501C3	7,064				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PROJECT HOME INDY PO BOX 44146 INDIANAPOLIS, IN 46244	20-5045345	501C3	6,500				OPERATING SUPPORT
QUESTA FOUNDATION 6502 CONSTITUTION DR FORT WAYNE, IN 46804	35-6025795	501C3	10,253				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RONALD MCDONALD HOUSE OF INDIANA 435 LIMESTONE ST INDIANAPOLIS, IN 46202	35-1497202	501C3	12,000				FAMILY ASSISTANCE
RSVP OF ALLEN COUNTY INC VOLUNTEER CENTER RSVP 3401 LAKE AVE STE 4 FORT WAYNE, IN 46805	36-4559850	501C3	25,000				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SAINT ROSE CATHOLIC SCHOOL 401 MONROE ST MONROEVILLE, IN 46773	53-0196617	501C3	6,746				SCHOLORSHIPS
SALVATION ARMY 2901 N CLINTON ST FORT WAYNE, IN 468051909	13-3485289	501C3	22,131				SOCIAL SERVICE PROG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SCAN INC 500 W MAIN ST FORT WAYNE, IN 46802	31-0899309	501C3	36,047				OPERATING SUPPORT
SCIENCE CENTRAL INC 1950 N CLINTON ST FORT WAYNE, IN 46805	31-1032583	501C3	30,000				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOULMEDIC MEDIA GROUP INC 6429 OAKBROOK PARKWAY FORT WAYNE, IN 46825	27-2417633	501C3	20,000				OPERATING SUPPORT
SOUTH SIDE HIGH SCHOOL FOUNDATION 10824 PATRICIAN PL FORT WAYNE, IN 46845	35-1924095	501C3	9,000				2016 DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOUTHEAST YOUTH COUNCIL INC CORNERSTONE YOUTH CENTER 19819 MONROEVILLE RD PO BOX 236 MONROEVILLE, IN 46773	35-2131053	501C3	23,070				YOUTH DEVELOPMENT
ST CHARLES BORROMEO CATHOLIC CHURC 4916 TRIER RD FORT WAYNE, IN 46815	53-0196617	501C3	10,600				BISHOP'S APPEAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST JOSEPH CATHOLIC SCHOOL 2211 BROOKLYN AVE FORT WAYNE, IN 46802	35-2051396	501C3	12,500				SCHOLARSHIPS
ST JUDE ELEMENTARY 2110 PEMBERTON DR FORT WAYNE, IN 46805	35-0876373	501C3	12,500				SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STREETWISE 4554 N BROADWAY STE 350 CHICAGO, IL 60640	36-3892424	501C3	6,000				OPERATING SUPPORT
SUPER SHOT INC 709 CLAY ST STE 300 FORT WAYNE, IN 46802	35-2122575	501C3	20,000				IMMUNIZATION CLINIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TEACH OUR CHILDREN FUND INC FORT WAYNE CENTER FOR LEARNING 2510 E DUPONT RD STE 203 FORT WAYNE, IN 46825	71-0951614	501C3	5,500				OPERATING SUPPORT
THE CHAPEL 2505 W HAMILTON RD S FORT WAYNE, IN 46814	35-1930152	501C3	120,100				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE LEAGUE 5821 S ANTHONY BLVD FORT WAYNE, IN 46816	35-0876341	501C3	35,621				OPERATING SUPPORT
THREE RIVERS JUNCTION INC 10424 INDIAN RIDGE DR FORT WAYNE, IN 46814	35-2130681	501C3	13,285				PLAYGROUND MAINT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TRINITY ENGLISH EVANGELICAL LUTHERA 405 W WAYNE ST FORT WAYNE, IN 46802	35-0876356	501C3	25,006				OPERATING SUPPORT
TURNSTONE CENTER FOR CHILDREN & ADULTS WITH DISABLY 3320 N CLINTON ST FORT WAYNE, IN 46805	35-0913541	501C3	82,004				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNITED WAY OF ALLEN COUNTY PO BOX 11784 FORT WAYNE, IN 46860	35-0867932	501C3	108,513				OPERATING SUPPORT
UNITED WAY METROPOLITAN NASHVILLE 250 VENTURE CIRCLE NASHVILLE, TN 37228	62-0533104	501C3	20,000				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF SAINT FRANCIS 2701 SPRING ST FORT WAYNE, IN 46808	35-0886846	501C3	55,633				SCHOLARSHIPS
VERA BRADLEY FOUNDATION FOR BREAST CANCER 12420 STONEBRIDGE RD ROANOKE, IN 46783	35-2058177	501C3	46,850				CLASSIC SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VINCENT VILLAGE INC 2827 HOLTON AVE FORT WAYNE, IN 46806	35-1780135	501C3	48,500				OPERATING SUPPORT
VISITING NURSE AND HOSPICE HOME INC 5910 HOMESTEAD RD FORT WAYNE, IN 46814	35-1687026	501C3	302,743				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WABASH COLLEGE FINANCIAL AID OFFICE PO BOX 352 CRAWFORDSVILLE, IN 47933	35-0868202	501C3	13,000				OPERATING SUPPORT
WELLSPRING INTERFAITH SOCIAL SERVIC 1316 BROADWAY AVE FORT WAYNE, IN 468023304	51-0151621	501C3	46,314				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WOMEN'S BUREAU INC 2417 FAIRFIELD AVE FORT WAYNE, IN 468071210	35-1367133	501C3	30,000				OPERATING SUPPORT
WUNDERKAMMER COMPANY 3402 FAIRFIELD AVE FORT WAYNE, IN 46807	26-1329112	501C3	46,000				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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XI CHAPTER FOUNDATION INC 11244 WOODS BAY LN INDIANAPOLIS, IN 46236	35-1989898	501C3	10,000				SIGMA CHI HOUSE
YMCA OF GREATER FORT WAYNE 347 E BERRY ST STE 500 FORT WAYNE, IN 46802	35-0886850	501C3	55,072				YOUTH DEV PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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YOUNG LEADERS OF NORTHEAST INDIANA PO BOX 10774 FORT WAYNE, IN 46853	47-3026258	501C3	20,000				2017 MY CITY SUMMIT
YOUNG LIFE PO BOX 70065 PRESCOTT, AZ 86304	84-0385934	501C3	8,000				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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YWCA NORTHEAST INDIANA INC 1610 SPY RUN AVE FORT WAYNE, IN 468054033	35-0868220	501C3	52,000				OPERATING SUPPORT
ZION LUTHERAN CHURCH 2313 S HANNA ST FORT WAYNE, IN 46803	35-0895833	501C3	15,000				OPERATING SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.

2015
Open to Public Inspection

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC	Employer identification number 35-1119450
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Part I Questions Regarding Compensation

	Yes	No
<p>1a 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.</p> <p><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p>b If any of the boxes in 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.</p>	1b	
<p>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 in line 1a?</p>	2	
<p>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.</p> <p><input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract</p> <p><input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study</p> <p><input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee</p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	No
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No
<p>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:</p> <p>a The organization?</p>	6a	No
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued 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.</p>	8	No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID BENNETT EXECUTIVE DIRECTOR	(i)	151,475 -----	-----	-----	4,729 -----	17,638 -----	173,842 -----	-----
	(ii)							

Part III **Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF GREATER
FORT WAYNE INC

Employer identification number
35-1119450

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	22	673,905	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PLEDGE)	X	1	3,630,000	FAIR MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a** No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31** Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31	Yes	
32a		No

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC

Employer identification number
35-1119450

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	THE COMMUNITY FOUNDATION OF GREATER FORT WAYNE IS FORTUNATE TO HAVE A WIDE GROUP OF PROFESSIONALS DEDICATED TO SERVING AS VOLUNTEERS FOR THE ORGANIZATION VOLUNTEER OPPORTUNITIES RANGE FROM SERVING ON THE BOARD OF DIRECTORS TO VARIOUS COMMITTEE POSITIONS INCLUDING GRANT REVIEW, TECHNOLOGY GRANT ADVISORS, SCHOLARSHIP SELECTION, AND INVESTMENT, AUDIT, AND PERSONNEL COMMITTEES EACH OF THE COMMITTEES PROVIDES THE ORGANIZATION WITH VALUABLE ADVICE AND GUIDANCE WHICH AIDS THE ORGANIZATION IN MEETING ITS MISSION IN AN EFFICIENT AND EFFECTIVE MANNER THE ORGANIZATION ESTIMATES THAT 92 VOLUNTEERS PROVIDE OVER 1,000 HOURS PER YEAR IN DONATED SERVICE OF TIME TO THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	ARTS, CULTURE & OTHER GRANT DOLLARS IN THIS AREA SUPPORT VARIOUS ORGANIZATIONS PROVIDING ARTS AND CULTURAL EXPERIENCES THAT INSPIRE, EDUCATE, AND ENGAGE CITIZENS OF OUR COMMUNITY OTHER INSTITUTIONS, SUCH AS FAITH BASED ORGANIZATIONS, ARE SUPPORTED AS WELL THROUGH THESE GRANT DOLLARS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI	RELATED PARTY INFORMATION AMONG OFFICERS INCLUDES OFFICERS JANE GERARDOT AND IAN BOYCE AS BOARD MEMBERS AT UNIVERSITY OF SAINT FRANCIS AND OFFICER TROIS HART AS UNIVERSITY OF SAINT FRANCIS EMPLOYEE ALSO, OFFICER TODD JACOBS AS BOARD MEMBER AT CANTERBURY SCHOOL AND OFFICER JONATHAN HANCOCK AS CANTERBURY SCHOOL EMPLOYEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE ORGANIZATION'S OFFICERS AND DIRECTORS WERE PROVIDED A COPY OF THE ORGANIZATION'S FINAL FORM 990, INCLUDING REQUIRED SCHEDULES, ON AUGUST 10 AS ULTIMATELY FILED WITH THE IRS PRIOR TO DISTRIBUTION TO OFFICERS AND DIRECTORS, MANAGEMENT AND THE AUDIT COMMITTEE OF THE COMMUNITY FOUNDATION OF GREATER FORT WAYNE REVIEWED THE FORM 990 AT A MEETING HELD ON JULY 27

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION'S OFFICERS AND DIRECTORS ARE REQUIRED TO ANNUALLY, AND AS INFORMATION CHANGES, DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS BY COMPLETING AND SIGNING A STATEMENT OF AFFIRMATION AND CONFLICT OF INTEREST DISCLOSURE STATEMENT THE INFORMATION IS SUMMARIZED IN A SPREADSHEET AND DISTRIBUTED TO THE ORGANIZATION'S BOARD PRESIDENT PRIOR TO BOARD MEETINGS DURING BOARD MEETINGS, ANY POSSIBLE CONFLICTS ARE DISCLOSED BEFORE DISCUSSION BEGINS AND THE MINUTES OF THE MEETING REFLECT ANY DISCLOSURE AFTER ACKNOWLEDGING THE POTENTIAL CONFLICT, THE INTERESTED PERSON MAY BRIEFLY ADDRESS THE OTHER MEMBERS REGARDING THE MATTER THE KNOWLEDGE ON THE ISSUE MAY BE OF ASSISTANCE TO THE OTHER MEMBERS IN REACHING THEIR DECISIONS THE INTERESTED PERSON, HOWEVER, WILL ABSTAIN FROM VOTING ON THE ISSUE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE ORGANIZATION'S PROCESS FOR DETERMINING COMPENSATION OF THE EXECUTIVE DIRECTOR INCLUDES AN ANNUAL COMPENSATION REVIEW AND APPROVAL BY THE ORGANIZATION'S OFFICERS OF THE BOARD, WHICH INCLUDES COMPARISONS OF COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS DISCUSSION REGARDING THE COMPENSATION ARRANGEMENT IS CONTEMPORANEOUSLY DOCUMENTED AND MAINTAINED BY THE BOARD PRESIDENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE ORGANIZATION'S PROCESS FOR DETERMINING COMPENSATION OF OFFICERS OF THE CORPORATION, OTHER THAN THE EXECUTIVE DIRECTOR, INCLUDES AN ANNUAL COMPENSATION REVIEW AND APPROVAL BY THE ORGANIZATION'S OFFICERS OF THE BOARD, WHICH INCLUDES COMPARISONS OF COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. DISCUSSION REGARDING THE COMPENSATION ARRANGEMENT IS CONTEMPORANEOUSLY DOCUMENTED AND MAINTAINED BY THE EXECUTIVE DIRECTOR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE, AND BY PROVIDING COPIES UPON REQUEST OR INSPECTION AT THE OFFICE OF THE COMMUNITY FOUNDATION OF GREATER FORT WAYNE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET CONTRIBUTIONS FROM AGENCY ENDOWMENTS 86,890

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF GREATER
FORT WAYNE INC

Employer identification number

35-1119450

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) COMMUNITY PARTNERSHIPS INC 555 E WAYNE STREET FT WAYNE, IN 46802 35-1948487	PROJECTS	IN	501C3	12A	N/A		No
(2) FORT WAYNE CENTRAL IMPROVEMENT FDN 555 E WAYNE STREET FT WAYNE, IN 46802 35-1527622	REAL ESTAT	IN	501C3	12A	N/A		No
(3) SUMMIT INITIATIVES FOUNDATION INC 555 E WAYNE STREET FT WAYNE, IN 46802 45-4671150	ECON DEV	IN	501C3	12A	N/A		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

	Yes	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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FORT WAYNE CENTRAL IMPROVEMENT INC	K	52,279	CASH

Part VII **Supplemental Information**

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

Return Reference**Explanation**