

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
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- 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 \$ 82,584,748

F Name and address of principal officer
R BRADLEY LITTLE NEW JAN 2018
555 E WAYNE STR
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)	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	18
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	10
6 Total number of volunteers (estimate if necessary)	90
7a Total unrelated business revenue from Part VIII, column (C), line 12	-8,753
7b Net unrelated business taxable income from Form 990-T, line 34	-8,753

	Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	6,978,475
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	792,110	8,056,545
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,150	278,518
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,824,735	11,592,286

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,952,369	8,023,483
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)	823,949	857,967
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶278,211		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	596,046	593,789
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,372,364	9,475,239
19 Revenue less expenses Subtract line 18 from line 12	-3,547,629	2,117,047

	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	140,964,649
21 Total liabilities (Part X, line 26)	10,979,919	10,658,128
22 Net assets or fund balances Subtract line 21 from line 20	129,984,730	143,107,032

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: 2018-05-15
R BRADLEY LITTLE NEW JAN 2018 PRESIDENT/ CEO
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: 2018-08-10
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 \$ 3,583,630 including grants of \$ 3,453,514) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 2,449,226 including grants of \$ 2,361,473) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 1,278,002 including grants of \$ 1,232,613) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 1,015,220 including grants of \$ 975,883) (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 \$ 1,015,220 including grants of \$ 975,883) (Revenue \$)

4e Total program service expenses ▶ 8,326,078

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)?	Yes	
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>	Yes	
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, charitable contributions, and organizational information.

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 (18); 1b Enter the number of voting members included in line 1a, above, who are independent (18); 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: R BRADLEY LITTLE NEW JAN 2018 555 E WAYNE STR 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) SHANNON HARDIEK PRESIDENT	1 00	X		X				0	0	0
(2) TOM TRENT TERM MAY 2017 SECRETARY	1 00	X		X				0	0	0
(3) JONATHAN HANCOCK VICE PRESIDE	1 00	X		X				0	0	0
(4) BRUCE MENSHY TREASURER	1 00	X		X				0	0	0
(5) ROBERT FRANCIS EFF MAY 2017 SECRETARY	1 00	X		X				0	0	0
(6) MICHAEL BARRANDA DIRECTOR	1 00	X						0	0	0
(7) MIKE CAHILL DIRECTOR	1 00	X						0	0	0
(8) TROIS HART DIRECTOR	1 00	X						0	0	0
(9) SUN HUYNH 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) DEBORAH MCMAHAN DIRECTOR	1 00	X						0	0	0
(14) BEN MILES DIRECTOR	1 00	X						0	0	0
(15) ROB PATRICK DIRECTOR	1 00	X						0	0	0
(16) CHRIS RUPP DIRECTOR	1 00	X						0	0	0
(17) HEATHER SCHOEGLER 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) DON STEININGER DIRECTOR	1 00	X						0	0	0
(19) NICK TALARICO DIRECTOR	1 00	X						0	0	0
(20) IRENE WALTERS DIRECTOR	1 00	X						0	0	0
(21) DOUG WOOD DIRECTOR	1 00	X						0	0	0
(22) DAVID BENNETT RET JAN 2018 EXECUTIVE DI	40 00 8 00			X				151,229	0	24,125
(23) HEIDI LUDWIG ASSOCIATE DI	32 00 0 50			X				84,795	0	17,358
(24) R BRADLEY LITTLE NEW JAN 2018 PRESIDENT/ C				X				0	0	0
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								236,024		41,483

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
MASON INVESTMENT ADVISORY SERVICES 11130 SUNRISE VALLEY DR STE 200 RESTON, VA 20191	INV CONSULTING	157,389

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	3,257,223				
	g Noncash contributions included in lines 1a-1f \$ _____		1,632,318				
	h Total. Add lines 1a-1f		3,257,223				
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)		4,765,701			4,765,701	
	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	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)		3,290,844			3,290,844
	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		281,651	281,651				
b MISCELLANEOUS INCOME		5,177	5,177				
c ADMINISTRATIVE FEE		443	443				
d All other revenue		-8,753		-8,753			
e Total. Add lines 11a-11d		278,518					
12 Total revenue. See Instructions		11,592,286	287,271	-8,753		8,056,545	

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	7,736,283	7,736,283		
2 Grants and other assistance to domestic individuals See Part IV, line 22	287,200	287,200		
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	236,024	63,061	120,328	52,635
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	459,453	122,756	234,234	102,463
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	20,087	5,367	10,239	4,481
9 Other employee benefits	91,585	24,470	46,691	20,424
10 Payroll taxes	50,818	13,576	25,908	11,334
11 Fees for services (non-employees)				
a Management				
b Legal	2,301	615	1,173	513
c Accounting	33,225	8,877	16,938	7,410
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	292,647		292,647	
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				
13 Office expenses	50,120	6,542	12,482	31,096
14 Information technology				
15 Royalties				
16 Occupancy	68,057	18,183	34,696	15,178
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,910	4,518	8,621	3,771
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,457	3,061	5,841	2,555
23 Insurance	24,019	6,417	12,245	5,357
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 EQUIPMENT/MAINTENANCE	72,421	19,349	36,921	16,151
b MISCELLANEOUS	12,274	3,036	6,705	2,533
c COMMUNITY INITIATIVES	10,358	2,767	5,281	2,310
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,475,239	8,326,078	870,950	278,211
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	184,228	1	29,985
	2 Savings and temporary cash investments	11,259,670	2	315,849
	3 Pledges and grants receivable, net	3,730,860	3	75,158
	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	5,081
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	210,282		
	b Less accumulated depreciation	205,635	12,467	10c 4,647
	11 Investments—publicly traded securities	95,079,648	11	138,304,797
	12 Investments—other securities See Part IV, line 11	24,629,163	12	8,703,288
	13 Investments—program-related See Part IV, line 11		13	1,169,811
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	6,068,613	15	5,156,544
16 Total assets. Add lines 1 through 15 (must equal line 34)	140,964,649	16	153,765,160	
Liabilities	17 Accounts payable and accrued expenses	30,264	17	30,925
	18 Grants payable	4,348,249	18	2,864,392
	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	6,601,406	25	7,762,811
	26 Total liabilities. Add lines 17 through 25	10,979,919	26	10,658,128
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	127,248,162	27	140,064,405
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	2,736,568	29	3,042,627
	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	129,984,730	33	143,107,032
	34 Total liabilities and net assets/fund balances	140,964,649	34	153,765,160

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	11,592,286
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,475,239
3	Revenue less expenses Subtract line 2 from line 1	3	2,117,047
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	129,984,730
5	Net unrealized gains (losses) on investments	5	10,962,394
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	42,861
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	143,107,032

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 (2017)

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.

2017

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 **section 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	2,946,600	4,019,512	8,027,541	6,978,475	3,257,223	25,229,351
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	2,946,600	4,019,512	8,027,541	6,978,475	3,257,223	25,229,351
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)						4,064,463
6	Public support. Subtract line 5 from line 4						21,164,888

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	2,946,600	4,019,512	8,027,541	6,978,475	3,257,223	25,229,351
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,654,665	3,955,848	3,400,562	3,241,905	4,765,701	20,018,681
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						45,248,032
12	Gross receipts from related activities, etc. (see instructions)					12	261,741

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**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	46.780%
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	69.840%

16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
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? If "Yes," provide detail in Part VI .		
	9b		
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? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

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 (explain in Part VI). **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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

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	121	26
2 Aggregate value of contributions to (during year)	2,220,374	39,970
3 Aggregate value of grants from (during year)	2,476,641	190,227
4 Aggregate value at end of year	58,039,981	3,755,396

- 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	445,775	448,424	489,244	503,470	452,935
b Contributions		6,840	89	88	87
c Net investment earnings, gains, and losses	67,717	20,522	-14,216	12,632	71,435
d Grants or scholarships	34,437	25,222	21,160	21,786	16,200
e Other expenditures for facilities and programs					
f Administrative expenses	4,953	4,789	5,533	5,160	4,787
g End of year balance	474,102	445,775	448,424	489,244	503,470

- 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		210,282	205,635	4,647
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,647

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) PRIVATE CAPITAL	6,628,027	F
(B) GLOBAL MARKET FUND	2,075,261	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	8,703,288	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ASSETS HELD FOR OTHER AGENCIES	6,772,086
ANNUITIES PAYABLE	990,725
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,762,811

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	22,414,642
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	10,962,394
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	10,962,394
3	Subtract line 2e from line 1	3	11,452,248
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	140,038
c	Add lines 4a and 4b	4c	140,038
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	11,592,286

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	9,348,614
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	9,348,614
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	126,625
c	Add lines 4a and 4b	4c	126,625
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	9,475,239

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, 2014

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	AGENCY CONTRIBUTIONS 139,595 ADMINISTRATIVE FEES 443

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	GRANTS FROM AGENCY FUNDS 126,182 ADMINISTRATIVE FEES 443

**Schedule I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC

**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

2017

Open to Public Inspection

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 ▶ _____ 156

3 Enter total number of other organizations listed in the line 1 table ▶ _____ 5

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	38	287,200			
(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
ACRES INC 1802 CHAPMAN RD HUNTERTOWN, IN 46748	31-0976955	501C3	47,785				OPERATING SUPPORT
ALLEN COUNTY COURTHOUSE PRESERVATION TRUST INC 715 S CALHOUN ST RM 300 FORT WAYNE, IN 46802	35-1932033	501C3	28,759				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 EDUCATION PARTNERSHIP PROJECT READS 1005 W RUDISILL BLVD FORT WAYNE, IN 46807	35-1823402	501C3	21,755				PROJECT READS
ALLEN COUNTY FW HISTORICAL SOCIETY 302 E BERRY ST FORT WAYNE, IN 46802	35-1043456	501C3	32,565				2017 DISTRIBUTION

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 THE PREVEN OF CRUELTY TO ANIMALS 4914 S HANNA ST FORT WAYNE, IN 46806	35-6042135	501C3	9,400				CAPITAL CAMPAIGN
AMANI FAMILY SERVICES 2456 LAKE AVE FORT WAYNE, IN 46805	41-2205791	501C3	27,500				SUPPORT SERVICES

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
AMERICAN HEART ASSOCIATION INC 208 S LASALLE ST STE 900 CHICAGO, IL 60604	13-5613797	501C3	5,041				OPERATING SUPPORT
ANTHONY RIZZO FAMILY FOUNDATION 860 W BLACKHAWK 2707 CHICAGO, IL 60642	45-5636633	501C3	17,500				SPONSORSHIP

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
ARCH INC 818 LAFAYETTE ST FORT WAYNE, IN 46802	35-1367895	501C3	10,400				OPERATING SUPPORT
ARIZONA MUSIC FESTIVAL PO BOX 25455 SCOTTSDALE, AZ 85255	86-1034396	501C3	10,000				OPERATING SUPPORT

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

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ARTLINK INC AUER CENTER FOR ARTS & CULTURE 300 E MAIN STR FORT WAYNE, IN 46802	35-1461761	501C3	48,200				OPERATING SUPPORT
ARTS UNITED OF GREATER FORT WAYNE 300 E MAIN ST STE 100 FORT WAYNE, IN 46802	35-0992067	501C3	148,470				OPERATING SUPPORT

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

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ASSOCIATED CHURCHES OF FORT WAYNE 602 E WAYNE ST FORT WAYNE, IN 46802	35-0905944	501C3	44,907				OPERATING SUPPORT
AUDIENCES UNLIMITED INC 1005 W RUDISILL BLVD STE 304 FORT WAYNE, IN 468072172	31-0946267	501C3	17,354				CULTURAL PROGRAMS

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

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BEACON HEIGHTS CHURCH OF BRETHREN 2810 BEACON ST FORT WAYNE, IN 46805	35-6029449	501C3	8,899				FOOD BANK
BIG BROTHER BIG SISTER - NE INDIANA 1005 W RUDISILL BLVD STE A101 FORT WAYNE, IN 46807	35-1271943	501C3	69,877				OPERATING SUPPORT

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

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BISHOP DWENGER HIGH SCHOOL 1300 E WASHINGTON CENTER RD FORT WAYNE, IN 46825	35-1090327	501C3	39,000				SCHOLARSHIPS
BISHOP LUERS HIGH SCHOOL 333 E PAULDING RD FORT WAYNE, IN 46816	35-1041555	501C3	34,121				SCHOLARSHIPS

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

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BLACKHAWK BAPTIST CHURCH 7400 E STATE BLVD FORT WAYNE, IN 46815		501C3	16,000				CAPITAL CAMPAIGN
BLUE JACKET INC 2826 S CALHOUN ST FORT WAYNE, IN 46807	35-2210669	501C3	17,500				VOCATIONAL TRAINING

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

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BOY SCOUTS OF AMERICA ANTHONY WAYNE AREA COUNCIL 8315 W JEFFERSON BLVD FORT WAYNE, IN 468048302	35-0876343	501C3	23,514				YOUTH LEADERSHIP
BOYS AND GIRLS CLUB OF FORT WAYNE 2609 FAIRFIELD AVE FORT WAYNE, IN 468071214	35-1778767	501C3	382,988				OPERATING SUPPORT

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

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CANCER SERVICES OF NORTHEAST IN 6316 MUTUAL DR FORT WAYNE, IN 46825	35-0965609	501C3	74,515				SUPPORT/SERVICE PRGM
CANTERBURY SCHOOL 5601 COVINGTON RD FORT WAYNE, IN 46804	35-1410931	501C3	26,965				ANNUAL FUND

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	30,000				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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CERUTI'S CATERING 6601 INNOVATION BLVD FORT WAYNE, IN 46818			7,021				CHILD MALTREATMENT S
CHARITABLE ADVISORS PO BOX 501245 INDIANAPOLIS, IN 46250			14,002				NP TRAINING SESSIONS

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
CHILDREN'S HOPE INC HOPE HOUSE 7922 W JEFFERSON BLVD FORT WAYNE, IN 46804	35-2032408	501C3	7,500				OPERATING SUPPORT
CITY OF FORT WAYNE 200 E BERRY ST STE 420 FORT WAYNE, IN 46802	35-6001029	GOV	251,000				RIVERFRONT PROJECTS

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

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COMMUNITY ACTION OF NE INDIANA INC PO BOX 10570 FORT WAYNE, IN 468530570	35-1111819	501C3	32,000				COVERING KIDS & FAM
COMMUNITY HARVEST FOOD BANK PO BOX 10967 FORT WAYNE, IN 46855	31-1100607	501C3	66,233				OPERATING SUPPORT

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

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COMMUNITY TRANSPORTATION NETWORK 5601 INDUSTRIAL RD FORT WAYNE, IN 46825	35-2109955	501C3	50,743				SPECIALIZED TRANS
CONCORDIA LUTHERAN CHURCH & SCHOOL 4245 LAKE AVE FORT WAYNE, IN 46815	43-0658188	501C3	6,058				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
CROSSROAD CHILD & FAMILY SERVICES 2525 LAKE AVE FORT WAYNE, IN 46805	35-0869050	501C3	20,800				OPERATING SUPPORT

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

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CROSSWINDS INC 4150 ILLINOIS RD FORT WAYNE, IN 46804	45-4222417	501C3	46,300				OPERATING SUPPORT
CURRICULUM OPPORTUNITIES & RESOURCE 841 NORTHCREST SHOPPING CENTER FORT WAYNE, IN 46805	30-0526171	501C3	10,000				VOCATIONAL TRAINING

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

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CYSTIC FIBROSIS FOUNDATION 1261 W 86TH ST STE E2 INDIANAPOLIS, IN 46260	23-7117120	501C3	7,500				SPONSORSHIP
CYSTIC FIBROSIS FOUNDATION HOUSTON CHAPTER 50 BRIAR HOLLOW LN STE 250 E HOUSTON, TX 77027	13-1930701	501C3	8,620				OPERATING SUPPORT

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

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DAVE HEFNER INTERNATIONAL EXCHANGE 118 E LUDWIG RD FORT WAYNE, IN 46825	23-7413166	501C3	46,000				SCHOLARSHIPS
DR BILL LEWIS CENTER FOR CHILDREN 2730 E STATE ST STE C FORT WAYNE, IN 46805	35-2096006	501C3	7,000				OPERATING SUPPORT

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

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EARLY CHILDHOOD ALLIANCE INC 3320 FAIRFIELD AVE FORT WAYNE, IN 46807	35-0953465	501C3	48,733				EARLY EDUCATION
EAST WAYNE STREET CENTER INC 801 E WAYNE ST FORT WAYNE, IN 46803	35-1587206	501C3	25,750				FAMILY LITERACY

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

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EASTER SEALS ARC OF NE INDIANA INC 4919 COLDWATER RD FORT WAYNE, IN 46825	35-0998711	501C3	31,590				EMPLOYMENT SERVICES
EMBASSY THEATRE FOUNDATION INC 125 W JEFFERSON BLVD FORT WAYNE, IN 46802	23-7355731	501C3	61,250				OPERATING SUPPORT

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EMMANUEL-ST MICHAEL LUTHERAN SCHOOL 1123 UNION ST FORT WAYNE, IN 46802	35-1079607	501C3	5,111				SCHOLARSHIP
ERIN'S HOUSE FOR GRIEVING CHILDREN 5670 YMCA PARK DRIVE WEST FORT WAYNE, IN 46835	35-1884264	501C3	34,150				GRIEF SUPPORT

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

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EUELL A WILSON CENTER INC 1512 OXFORD ST FORT WAYNE, IN 46806	35-1893381	501C3	25,000				AFTERSCHOOL PROGRAM
FIRST BOOK 1319 F STREET NW STE 1000 WASHINGTON, DC 20004			10,022				BOOKS

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

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FIRST PRESBYTERIAN CHURCH 300 W WAYNE ST FORT WAYNE, IN 46802	13-5562176	501C3	27,219				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	20,000				2017-2018 SEASON
FORT WAYNE CINEMA CENTER 437 E BERRY ST STE 1 FORT WAYNE, IN 46802	35-1414723	501C3	10,200				CINEMATIC ART PROGRA

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

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FORT WAYNE CIVIC THEATRE INC ARTS UNITED CENTER 303 E MAIN ST FORT WAYNE, IN 46802	35-6001476	501C3	35,300				2017-2018 SEASON
FORT WAYNE DANCE COLLECTIVE INC 437 E BERRY ST STE 203 FORT WAYNE, IN 46802	31-0958473	501C3	15,000				OPERATING SUPPORT

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FORT WAYNE DOWNTOWN DEVELOPMENT TRU C/O GREATER FORT WAYNE INC 200 E MAIN ST STE 800 FORT WAYNE, IN 46802	35-2090277	501C3	890,600				RIVERFRONT DEVELOPME
FORT WAYNE FIREFIGHTERS MUSEUM INC 226 W WASHINGTON BLVD FORT WAYNE, IN 46802	31-0896650	501C3	10,000				SECURITY SYSTEM AND

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

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FORT WAYNE MEDICAL SOCIETY FDN 709 CLAY ST STE 101 FORT WAYNE, IN 46802	35-6049685	501C3	35,200				HEALTHIER MOMS & BAB
FORT WAYNE MUSEUM OF ART INC 311 E MAIN ST FORT WAYNE, IN 46802	35-0953440	501C3	60,603				OPERATING SUPPORT

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FORT WAYNE PARK FOUNDATION INC 705 E STATE BLVD FORT WAYNE, IN 46805	23-7358430	501C3	501,818				RIVERFRONT DEVELOPME
FORT WAYNE PARKS & RECREATION 705 E STATE BLVD FORT WAYNE, IN 46805	35-6001029	GOV	992,224				DEVELOPMENT PROJECTS

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

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FORT WAYNE PHILHARMONIC ORCHESTRA 4901 FULLER DR FORT WAYNE, IN 46835	35-0791163	501C3	66,197				OPERATING SUPPORT
FORT WAYNE RESCUE MISSION MINISTRY PO BOX 11116 FORT WAYNE, IN 468551116	35-1054670	501C3	73,021				OPERATING SUPPORT

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FORT WAYNE SISTER CITIES INTERNATIO 927 S HARRISON ST FORT WAYNE, IN 46802	31-1105602	501C3	35,116				2017 DISTRIBUTION
FORT WAYNE TRAILS INC AUER CENTERS FOR ARTS AND CULTURE 300 E MAIN ST STE 131 FORT WAYNE, IN 46802	42-1545637	501C3	14,300				OPERATING SUPPORT

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	45,450				OPERATING SUPPORT
FORT WAYNE YOUTHEATRE INC ARTS UNITED CENTER 303 E MAIN ST FORT WAYNE, IN 46802	35-1551064	501C3	11,722				NEW COPIER

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

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FORT WAYNE ZOOLOGICAL SOCIETY INC 3411 SHERMAN BLVD FORT WAYNE, IN 46808	35-6068234	501C3	12,300				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 ALLEN COUNTY JUVENIL 2929 WELLS ST FORT WAYNE, IN 46808	47-1885694	501C3	10,000				CHECK & CONNECT MATC
FRIENDS OF THE RIVERS INC 1919 FOREST PARK BLVD FORT WAYNE, IN 46805	05-0608001	501C3	158,393				BOAT EXPENSES

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

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GIGI'S PLAYHOUSE INC 6081 N CLINTON ST FORT WAYNE, IN 46825	47-4861688	501C3	10,000				MATCHING FUNDS & GAL
GIRLS SCOUTS OF NORTHERN IN-MI INC 10008 DUPONT CIRCLE E FORT WAYNE, IN 46825	35-0868091	501C3	20,400				OPERATING SUPPORT

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	11,500				BUILDING FUND
GREATER FORT WAYNE INC FW ALLEN CO ECON DEV ALLIANCE 200 E MAIN ST STE 800 FORT WAYNE, IN 46802	35-1787258	501C3	120,000				ONLINE STORYTELLING

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

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HABITAT FOR HUMANITY OF GREATER FW 2020 E WASHINGTON BLVD STE 500 FORT WAYNE, IN 46803	35-1687064	501C3	22,873				OPERATING SUPPORT
HARLAN CHRISTIAN YOUTH CENTER INC 17308 SECOND ST HARLAN, IN 46743	35-2125040	501C3	23,776				AFTERSCHOOL PROGRAM

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

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HAROLD W MCMILLEN CENTER FOR HEALTH EDUCATION INC 600 JIM KELLEY BLVD FORT WAYNE, IN 46816	35-1186994	501C3	31,450				HEALTH EDUCATION
HARRISON HILL ELEMENTARY SCHOOL 355 CORNELL CIR FORT WAYNE, IN 46807	35-6006351	GOV	7,288				S T A R S PROGRAM

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

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HEADWATERS PARK ALLIANCE INC 110 W BERRY ST STE 2012 FORT WAYNE, IN 46807	35-2117385	501C3	10,000				ICE RINK
HEARCARE CONNECTION INC D/B/A GIVEHEAR 130 W MAIN ST STE 150 FORT WAYNE, IN 46802	45-2803181	501C3	10,000				HEARING LOSS SCREENI

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

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HEART OF THE CITY MISSION FOUNDATIO 1651 CASS ST FORT WAYNE, IN 46808	74-3046561	501C3	10,000				OPERATING SUPPORT
HEARTLAND SINGS INC 2402 LAKE AVE FORT WAYNE, IN 46805	35-1733497	501C3	5,100				FW VOCAL ARTS COMPAN

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

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HOMEBOUND MEALS INC 611 W BERRY ST GARDEN LEVEL FORT WAYNE, IN 46802	35-1186741	501C3	6,000				MEALS
HOOSIERS FEEDING THE HUNGRY 4490A STATE ROAD 327 GARRETT, IN 46738	45-2402892	501C3	7,000				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
HOPE ALIVE INC 1747 N WELLS ST FORT WAYNE, IN 46808	35-1365346	501C3	5,327				FINAL DISTRIBUTION
HOPE INTERNATIONAL 227 GRANITE RUN DR STE 250 LANCASTER, PA 17601	23-2836648	501C3	10,000				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
INDIANA DEPARTMENT OF NATURAL RESOU 402 W WASHINGTON ST RM W256 INDIANAPOLIS, IN 46204		GOV	11,000				OPERATING SUPPORT
INDIANA INSTITUTE OF TECHNOLOGY INC INDIANA TECH 1600 E WASHINGTON BLVD FORT WAYNE, IN 46803	35-0845258	501C3	11,500				GENERAL 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
INDIANA NONPROFIT RESOURCE NETWORK INDIANA UNITED WAYS 2955 N MERIDIAN ST STE 200 INDIANAPOLIS, IN 46208	35-1441961	501C3	55,000				TRAINING
INDIANA PHILANTHROPY ALLIANCE 32 E WASHINGTON ST STE 1100 INDIANAPOLIS, IN 462043583	35-1835134	501C3	5,550				MEMBERSHIP RENEWAL

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

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INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47402	35-6018940	501C3	30,714				VARIOUS PROG & CLUBS
INDIANA UNIV-PURDUE UNIV FORT WAYNE 2101 E COLISEUM BLVD FORT WAYNE, IN 468051499	35-6002041	501C3	66,227				SCHOLARSHIPS

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

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INDIANA WESLEYAN UNIVERSITY FINANCIAL AID OFFICE 1900 W 50TH ST MARION, IN 46953	35-0885591	501C3	5,601				SCHOLARSHIPS
INNER CITY HOPE CORPORATION MISS VIRGINIA'S FOOD PANTRY PO BOX 12045 FORT WAYNE, IN 46802	35-1967440	501C3	25,000				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
INTERFAITH HOSPITALITY NETWORK JUST NEIGHBORS INTERFAITH HOMELESS 2925 E STATE BLVD FORT WAYNE, IN 46805	35-2089785	501C3	35,000				SHELTER & SUPPORT
IVY TECH FOUNDATION INC 3800 N ANTHONY BLVD FORT WAYNE, IN 46805	23-7073977	501C3	11,195				SCHOLARSHIPS

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

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JAMES WHITCOMB RILEY MEMORIAL ASSOC D/B/A RILEY CHILDREN'S FNDT 30 S MERIDIAN ST STE 200 INDIANAPOLIS, IN 46204	35-0868147	501C3	5,600				RILEY'S CHILDREN FOU
JOHNSON GROSSNICKLE & ASSOCIATES I 29 S PARK BLVD GREENWOOD, IN 46143			6,506				DEVELOPMENT TRAINING

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
JUNIOR ACHIEVEMENT OF NORTHERN IN 601 NOBLE DR FORT WAYNE, IN 46825	35-0922731	501C3	51,817				LITERACY PROGRAM
LATINOS COUNT 428 W SHERWOOD TERRACE FORT WAYNE, IN 46807	46-1151642	501C3	12,500				OPERATING SUPPORT

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

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LITERACY ALLIANCE INC 1005 W RUDISILL BLVD STE 307 FORT WAYNE, IN 46807	35-1710780	501C3	30,000				OPERATING SUPPORT
LITTLE RIVER WETLANDS PROJECT 5000 SMITH RD FORT WAYNE, IN 46804	35-1809569	501C3	12,200				OPERATING SUPPORT

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

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LUTHERAN FOUNDATION INC 3024 FAIRFIELD AVE FORT WAYNE, IN 468071697	35-0886840	501C3	7,000				DINNER PROGRAM
LUTHERAN SOCIAL SERVICES OF INDIANA 333 E LEWIS ST FORT WAYNE, IN 46802	35-0868124	501C3	61,383				OPERATING SUPPORT

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

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MARTIN LUTHER KING MONTESSORI SCHOO 6001 S ANTHONY BLVD FORT WAYNE, IN 46816	35-1161409	501C3	35,000				OPERATING SUPPORT
MATTHEW 25 HEALTH AND DENTAL CLINIC 413 E JEFFERSON BLVD FORT WAYNE, IN 46802	35-1484951	501C3	81,528				OPERATING SUPPORT

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

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MAYO CLINIC ROCHESTER 200 FIRST ST SW ROCHESTER, MN 55905	41-6011702	501C3	10,000				RESEARCH
MENTAL HEALTH AMERICA OF NORTHEAST 1025 W RUDISILL BLVD BOX 8 FORT WAYNE, IN 46807	46-1326514	501C3	6,930				2017 DISTRIBUTION

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	38,350				OPERATING SUPPORT
NATIONAL LEAGUE OF CUBAN AMERICAN 3000 S WAYNE AVE FORT WAYNE, IN 46807	31-0974403	501C3	12,500				EDUCATIONAL PROGRAMS

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

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NATURE CONSERVANCY IN INDIANA INC EFROYMSON CONSERVATION CENTER 620 E OHIO ST INDIANAPOLIS, IN 46202	53-0242652	501C3	9,350				OPERATING SUPPORT
NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 347 W BERRY ST STE 101 FORT WAYNE, IN 46802	35-1916572	501C3	5,500				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
NEIGHBORHOOD HEALTH CLINICS INC PO BOX 11949 FORT WAYNE, IN 46862	35-1922483	501C3	20,000				HEALTH SERVICES
NEIGHBORLINK FORT WAYNE FOUNDATION 2826 S CALHOUN ST FORT WAYNE, IN 46807	52-2389393	501C3	10,000				OPERATING SUPPORT

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

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NORTH SIDE HIGH SCHOOL ALUMNI ASSOC 475 E STATE BLVD FORT WAYNE, IN 46805	31-1250392	501C3	5,517				SCHOLARSHIPS
NORTHEAST INDIANA FOUNDATION INC 200 E MAIN ST STE 910 FORT WAYNE, IN 46802	59-3812438	501C3	50,000				TECHNOLOGY SUPPORT

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	35,200				MEDICAL TESTING
NORTHEAST INDIANA PUBLIC RADIO INC PO BOX 8459 FORT WAYNE, IN 468988459	35-1514924	501C3	27,180				OPERATING SUPPORT

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OTIS R BOWEN CENTER FOR HUMAN SERV 2100 GOSHEN RD FORT WAYNE, IN 46808	35-1057889	501C3	10,000				OPIOID TREATMENT CEN
PARK TUDOR FOUNDATION INC 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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POWER HOUSE YOUTH CENTER INC 830 MAIN ST NEW HAVEN, IN 46774	35-2022371	501C3	10,750				YOUTH PROGRAMS
QUESTA FOUNDATION FOR EDUCATION INC 6502 CONSTITUTION DR FORT WAYNE, IN 46804	35-6025795	501C3	10,033				2017 DISTRIBUTION

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

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RSVP OF ALLEN COUNTY INC VOLUNTEER CENTER RSVP 3401 LAKE AVE STE 4 FORT WAYNE, IN 46805	36-4559850	501C3	25,000				OPERATING SUPPORT
SAINT ROSE CATHOLIC SCHOOL 401 MONROE ST MONROEVILLE, IN 46773	53-0196617	501C3	6,645				SCHOLARSHIPS

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

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SALVATION ARMY 2901 N CLINTON ST FORT WAYNE, IN 468051909	13-3485289	501C3	12,812				SOCIAL SERVICE PROG
SCAN INC 500 W MAIN ST FORT WAYNE, IN 46802	31-0899309	501C3	42,400				FAMILY SERVICES & BO

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

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SCIENCE CENTRAL INC 1950 N CLINTON ST FORT WAYNE, IN 46805	31-1032583	501C3	34,350				OPERATING SUPPORT
SOARIN' HAWK RAPTOR REHABILITATION PO BOX 13698 FORT WAYNE, IN 46865	35-1987697	501C3	5,400				VETERINARY TECH SUPP

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	22,825				YOUTH DEVELOPMENT
SPARKS OF PROMISE FOUNDATION 5002 OLD MILL RD FORT WAYNE, IN 46807	46-4763576	501C3	10,000				OPERATING SUPPORT

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

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ST CHARLES BORROMEO CATHOLIC CHURC 4916 TRIER RD FORT WAYNE, IN 46815	53-0196617	501C3	8,000				EXPENSES
ST JOHN THE BAPTIST CATHOLIC CHURC 4525 ARLINGTON AVE FORT WAYNE, IN 46807	53-0196617	501C3	110,000				RENOVATIONS

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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ST MARY'S CATHOLIC CHURCH PO BOX 11383 FORT WAYNE, IN 468571383	53-0196617	501C3	5,871				SOUP KITCHEN
START FORT WAYNE INC 111 W BERRY ST STE 211 FORT WAYNE, IN 46802	47-4606907	501C3	20,000				OPERATING SUPPORT

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SUPER SHOT INC 709 CLAY ST STE 101 FORT WAYNE, IN 46802	35-2122575	501C3	23,591				IMMUNIZATION CLINIC
TEACH OUR CHILDREN FUND INC FORT WAYNE CENTER FOR LEARNING 2510 E DUPONT RD STE 203 FORT WAYNE, IN 46825	71-0951614	501C3	6,429				SCHOLARSHIPS

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

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THE CHAPEL 2505 W HAMILTON RD S FORT WAYNE, IN 46814	35-1930152	501C3	20,000				OPERATING SUPPORT
THE LEAGUE 5821 S ANTHONY BLVD FORT WAYNE, IN 46816	35-0876341	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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THREE RIVERS JUNCTION INC 10424 INDIAN RIDGE DR FORT WAYNE, IN 46814	35-2130681	501C3	12,000				PLAYGROUND MAINT
TRINITY ENGLISH EVANGELICAL LUTHERA 450 W WASHINGTON BLVD FORT WAYNE, IN 46802	35-0876356	501C3	20,941				OPERATING SUPPORT

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

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TRUE NORTH STRATEGIC ADVISORS 347 W BERRY ST STE 100 FORT WAYNE, IN 46802			10,200				HUMAN SERVICES PROJE
TURNSTONE CENTER FOR CHILDREN AND ADULTS WITH DISABILITIES INC 3320 N CLINTON ST FORT WAYNE, IN 46805	35-0913541	501C3	87,632				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	65,640				OPERATING SUPPORT
UNIVERSITY OF SAINT FRANCIS 2701 SPRING ST FORT WAYNE, IN 46808	35-0886846	501C3	54,050				SCHOLARSHIPS

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

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VERA BRADLEY FOUNDATION FOR BREAST CANCER 12420 STONEBRIDGE RD ROANOKE, IN 46783	35-2058177	501C3	26,421				CLASSIC SPONSORSHIP
VINCENT VILLAGE INC 2827 HOLTON AVE FORT WAYNE, IN 46806	35-1780135	501C3	12,957				OPERATING SUPPORT

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

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VISIT FORT WAYNE FOUNDATION 927 S HARRISON ST FORT WAYNE, IN 46802	47-4637946	501C3	50,000				EVENTS CALENDAR
WABASH COLLEGE FINANCIAL AID OFFICE PO BOX 352 CRAWFORDSVILLE, IN 47933	35-0868202	501C3	13,000				OPERATING SUPPORT

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

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WELLSPRING INTERFAITH SOCIAL SERVIC 1316 BROADWAY AVE FORT WAYNE, IN 468023304	51-0151621	501C3	54,565				OPERATING SUPPORT
WHITINGTON HOMES AND SERVICES FOR FAMILIES AND CHILDREN INC 2423 FAIRFIELD AVE FORT WAYNE, IN 46807	31-0884478	501C3	17,893				COMPUTER UPGRADES

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

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WIND ROSE LEARNING INC 4211 HOBSON ST STE A FORT WAYNE, IN 46815	47-4377890	501C3	70,000				OPERATING SUPPORT
WOMEN'S BUREAU INC 2417 FAIRFIELD AVE FORT WAYNE, IN 468071210	35-1367133	501C3	30,000				VARIOUS PROGRAMS

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

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YMCA OF GREATER FORT WAYNE 347 E BERRY ST STE 500 FORT WAYNE, IN 46802	35-0886850	501C3	59,585				YOUTH DEV PROGRAM
YOUNG LEADERS OF NORTHEAST INDIANA PO BOX 10774 FORT WAYNE, IN 46853	47-3026258	501C3	10,000				NEW YEAR'S EVE BALL

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

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YOUNG LIFE PO BOX 70065 PRESCOTT, AZ 86304	84-0385934	501C3	8,000				GIFT
YWCA NORTHEAST INDIANA INC 5920 DECATUR RD FORT WAYNE, IN 46816	35-0868220	501C3	49,850				VARIOUS SERVICES

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

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ZION LUTHERAN CHURCH 2313 S HANNA ST FORT WAYNE, IN 46803	35-0895833	501C3	15,000				OPERATING SUPPORT

Schedule J
(Form 990)

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

2017

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 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> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<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> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <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>	4a	No								
	4b	No								
	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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</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 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

2017

▶ **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	40	1,632,318	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	4	39,000	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**

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

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.

2017

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 90 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, 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 9 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 18

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	TRANSFER FROM SUPPORT ORG 56,274 CHANGE IN AGENCY FUNDS -13,413 TOTAL 42,861

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**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	CFGFW	Yes	
(2) FORT WAYNE CENTRAL IMPROVEMENT FDN 555 E WAYNE STREET FT WAYNE, IN 46802 35-1527622	REAL ESTAT	IN	501C3	12A	CFGFW	Yes	
(3) SUMMIT INITIATIVES FOUNDATION INC 555 E WAYNE STREET FT WAYNE, IN 46802 45-4671150	ECON DEV	IN	501C3	12A	CFGFW	Yes	

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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	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
(2) SUMMIT INITIATIVES FOUNDATION	C	56,078	CASH

Part VII **Supplemental Information**

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