

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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 \$ 34,254,527

F Name and address of principal officer
R BRADLEY LITTLE
555 E WAYNE ST
FORT WAYNE, IN 46802

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW CFGFW ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1922

M State of legal domicile IN

Part I Summary

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

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

| | | |
|--|----|----|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 18 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 18 |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 12 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 90 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 7b | |

| | Prior Year | Current Year |
|---|---------------------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 3,257,223 | 5,658,613 |
| 9 Program service revenue (Part VIII, line 2g) | | 0 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 8,056,545 | 7,158,137 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 278,518 | -400,132 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 11,592,286 | 12,416,618 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 8,023,483 | 5,601,399 |
| 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) | 857,967 | 1,070,205 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶237,545 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 593,789 | 965,332 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 9,475,239 | 7,636,936 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 2,117,047 | 4,779,682 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 153,765,160 | 139,725,829 |
| 21 Total liabilities (Part X, line 26) | 10,658,128 | 9,057,288 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 143,107,032 | 130,668,541 |

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: [Signature] Date: 2019-08-15

R BRADLEY LITTLE PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: HAINES ISENBARGER & SKIBA LLC
Preparer's signature: [Signature]
Date: 2019-08-16
Check if self-employed
PTIN: P00691953
Firm's EIN: 52-2127371
Firm's address: 4630 W JEFFERSON BLVD 8 FORT WAYNE, IN 46804
Phone no: (260) 436-9500

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 5,743,856 including grants of \$ 5,601,399) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 37,347 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 117,446 including grants of \$) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 5,898,649

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|--|-----|----|
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 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 |
| 24b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24d | 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 |
| 25b | 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) | | |
| 28a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 28b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 28c | 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 | |
| 35b | 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

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | Yes | |

| | | | | | |
|--|--|------------|----|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | 2a | 12 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 2b | | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | | No |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | | 3b | | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | | No |
| b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | 6a | | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | | | No |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | 7d | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | | | No |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | | No |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | | No |
| 10 Section 501(c)(7) organizations. Enter | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | 10a | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | 10b | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | |
| a Gross income from members or shareholders | | 11a | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | 11b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | | 13a | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | 13b | | | |
| c Enter the amount of reserves on hand | | 13c | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | | No |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | | 14b | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | | 15 | | | No |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | | 16 | | | No |

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



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 1 column: Question. 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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [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 (BRADLEY LITTLE, 555 E WAYNE ST, 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 2 00 | X | | X | | | | 0 | 0 | 0 |
| (2) JONATHAN HANCOCK VICE PRESIDE | 1 00 2 00 | X | | X | | | | 0 | 0 | 0 |
| (3) BRUCE MENSHY TREASURER | 1 00 3 00 | X | | X | | | | 0 | 0 | 0 |
| (4) ROBERT FRANCIS SECRETARY | 1 00 | X | | X | | | | 0 | 0 | 0 |
| (5) MICHAEL BARRANDA DIRECTOR | 1 00 1 00 | X | | | | | | 0 | 0 | 0 |
| (6) MIKE CAHILL DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (7) TROIS HART DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (8) SUN HUYNH DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (9) TODD JACOBS DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (10) GREGORY A JOHNSON DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (11) BEN MILES DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (12) ROB PATRICK DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (13) CHRIS RUPP DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (14) HEATHER SCHOEGLER DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (15) IRENE WALTERS DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (16) DOUG WOOD DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (17) CINDY GOODMAN DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |

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 | 5,658,613 | | | | |
| | g Noncash contributions included in lines 1a - 1f \$ _____ | | 2,713,098 | | | | |
| | h Total. Add lines 1a-1f | | | 5,658,613 | | | |
| Program Service Revenue | 2a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| | 9 Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 4,653,763 | | | 4,653,763 | |
| | 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) | | 2,504,374 | | | 2,504,374 |
| | 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 MISCELLANEOUS INCOME | | 32,668 | 32,668 | | | | |
| b ADMINISTRATIVE FEE | | 306 | 306 | | | | |
| c CHANGE IN VALUE OF SPLIT INT | | -433,106 | -433,106 | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | -400,132 | | | | |
| 12 Total revenue. See Instructions | | | 12,416,618 | -400,132 | | 7,158,137 | |

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 | 5,332,289 | 5,332,289 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 269,110 | 269,110 | | |
| 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 | 470,376 | 90,661 | 331,680 | 48,035 |
| 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 | 456,687 | 101,768 | 265,790 | 89,129 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 13,058 | 3,379 | 6,859 | 2,820 |
| 9 Other employee benefits | 68,421 | 16,712 | 37,780 | 13,929 |
| 10 Payroll taxes | 61,663 | 12,994 | 39,259 | 9,410 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 29,354 | 6,185 | 18,689 | 4,480 |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | 259,046 | | 259,046 | |
| 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 | 31,645 | | | 31,645 |
| 13 Office expenses | 22,209 | 4,680 | 14,140 | 3,389 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 69,629 | 14,672 | 44,331 | 10,626 |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 28,270 | 5,957 | 17,999 | 4,314 |
| 20 Interest | 378,659 | | 378,659 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 4,024 | | 4,024 | |
| 23 Insurance | 25,215 | 5,313 | 16,054 | 3,848 |
| 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 | 81,819 | 17,241 | 52,092 | 12,486 |
| b MISCELLANEOUS | 22,511 | 4,737 | 14,340 | 3,434 |
| c COMMUNITY INITIATIVES | 12,951 | 12,951 | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 7,636,936 | 5,898,649 | 1,500,742 | 237,545 |
| 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 | 29,985 | 1 | 30,635 |
| | 2 Savings and temporary cash investments | 315,849 | 2 | 222,438 |
| | 3 Pledges and grants receivable, net | 75,158 | 3 | 208,560 |
| | 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 | 5,081 | 9 | 1,924 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 273,500 | | |
| | b Less accumulated depreciation | 209,659 | | |
| | | 4,647 | 10c | 63,841 |
| | 11 Investments—publicly traded securities | 138,304,797 | 11 | 122,446,814 |
| | 12 Investments—other securities See Part IV, line 11 | 8,703,288 | 12 | 10,699,649 |
| | 13 Investments—program-related See Part IV, line 11 | 1,169,811 | 13 | 1,332,499 |
| | 14 Intangible assets | | 14 | |
| 15 Other assets See Part IV, line 11 | 5,156,544 | 15 | 4,719,469 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 153,765,160 | 16 | 139,725,829 | |
| Liabilities | 17 Accounts payable and accrued expenses | 30,925 | 17 | 38,108 |
| | 18 Grants payable | 2,864,392 | 18 | 1,736,593 |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D | 7,762,811 | 25 | 7,282,587 |
| | 26 Total liabilities. Add lines 17 through 25 | 10,658,128 | 26 | 9,057,288 |
| 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 | 140,064,405 | 27 | 127,920,582 |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | 3,042,627 | 29 | 2,747,959 |
| | 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 | 143,107,032 | 33 | 130,668,541 |
| | 34 Total liabilities and net assets/fund balances | 153,765,160 | 34 | 139,725,829 |

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 | 12,416,618 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7,636,936 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 4,779,682 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 143,107,032 |
| 5 | Net unrealized gains (losses) on investments | 5 | -16,843,005 |
| 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 | -375,168 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 130,668,541 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 35-1119450

Name: COMMUNITY FOUNDATION OF GREATER
FORT WAYNE INC

Form 990 (2018)

Form 990, Part III, Line 4a:

THE COMMUNITY FOUNDATION GIVES GRANTS TO NONPROFITS FOR A VARIETY OF CHARITABLE PURPOSES IN GREATER FORT WAYNE AND ACROSS THE UNITED STATES THESE GRANTS HELP TO ADDRESS A VARIETY OF NEEDS FROM THE DAY TO DAY OPERATIONS OF NONPROFITS TO ADDRESSING PRESSING SOCIAL ISSUES THE GRANTMAKING PROGRAM INCLUDES AWARDING SCHOLARSHIPS TO STUDENTS FURTHERING THEIR EDUCATION

Form 990, Part III, Line 4b:

THE COMMUNITY FOUNDATION MANAGES CHARITABLE FUNDS FOR INDIVIDUALS, FAMILIES, AND ORGANIZATIONS TO HELP THEM MAKE THEIR CHARITABLE GIVING MORE IMPACTFUL IN THE AREAS THAT MATTER MOST TO THEM THIS PROGRAM ALSO HELPS PEOPLE TO CONSIDER THEIR LEGACY AND HOW IT WILL LIVE ON AND CONTINUE TO IMPROVE THE QUALITY OF LIFE IN ALLEN COUNTY FOR FUTURE GENERATIONS

Form 990, Part III, Line 4c:

THE COMMUNITY FOUNDATION PROVIDES LEADERSHIP TO ADDRESS COMMUNITY NEEDS AND IMPROVE QUALITY OF LIFE IN ALLEN COUNTY THE COMMUNITY FOUNDATION ACCOMPLISHES THIS BY BEING A COMMUNITY PARTNER IN PURSING THE COMMUNITY'S GREATEST OPPORTUNITIES AND ADDRESSING OUR MOST CRITICAL CHALLENGES

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC

Employer identification number

35-1119450

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|----------|---|-----------|-----------|-----------|-----------|-----------|------------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | 4,019,512 | 8,027,541 | 6,978,475 | 3,257,223 | 5,658,613 | 27,941,364 |
| 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 | 4,019,512 | 8,027,541 | 6,978,475 | 3,257,223 | 5,658,613 | 27,941,364 |
| 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) | | | | | | 4,901,947 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 23,039,417 |

Section B. Total Support

| | Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|-----------|--|-----------|-----------|-----------|-----------|-----------|------------|
| 7 | Amounts from line 4 | 4,019,512 | 8,027,541 | 6,978,475 | 3,257,223 | 5,658,613 | 27,941,364 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 3,955,848 | 3,400,562 | 3,241,905 | 4,765,701 | 4,653,763 | 20,017,779 |
| 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 | | | | | | 47,959,143 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 236,708 |

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 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 48.040% |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | 46.780% |

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2018. 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—2017. 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** 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 2018 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-2018 | (iii) Distributable Amount for 2018 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

Additional Data

Software ID:

Software Version:

EIN: 35-1119450

Name: COMMUNITY FOUNDATION OF GREATER
FORT WAYNE INC

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

OMB No 1545-0047
2018
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 | 136 | 26 |
| 2 Aggregate value of contributions to (during year) | 3,598,790 | 17,400 |
| 3 Aggregate value of grants from (during year) | 2,130,780 | 235,970 |
| 4 Aggregate value at end of year | 54,527,706 | 3,428,757 |

- 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 7/25/06, 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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 | 474,102 | 445,775 | 448,424 | 489,244 | 503,470 |
| b Contributions | 202 | | 6,840 | 89 | 88 |
| c Net investment earnings, gains, and losses | -29,395 | 67,717 | 20,522 | -14,216 | 12,632 |
| d Grants or scholarships | 21,065 | 34,437 | 25,222 | 21,160 | 21,786 |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 4,356 | 4,953 | 4,789 | 5,533 | 5,160 |
| g End of year balance | 419,488 | 474,102 | 445,775 | 448,424 | 489,244 |

- 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 | | 273,500 | 209,659 | 63,841 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 63,841 |

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 | 8,646,655 | F |
| (B) GLOBAL MARKET FUND | 2,052,994 | F |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) | 10,699,649 | |

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 | 6,346,320 |
| ANNUITIES PAYABLE | 936,267 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | 7,282,587 |

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 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| 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 | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 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 | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 | |

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

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 |
|------------------|-------------|
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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 COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC 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 COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC AND ITS AFFILIATED SUPPORTING ORGANIZATIONS ARE SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME THE COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC AND ITS AFFILIATED SUPPORTING ORGANIZATIONS PROVIDE LIABILITIES FOR UNCERTAIN INCOME TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN OR EXPECTS TO BE TAKEN AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT SHOULD BE RECOGNIZED, MEASURED OR DISCLOSED IN THE COMBINED FINANCIAL STATEMENTS MANAGEMENT BELIEVES THE COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC AND ITS AFFILIATED SUPPORTING ORGANIZATIONS ARE NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2015 |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC

Employer identification number 35-1119450

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 164
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 | 40 | 269,110 | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
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| (7) | | | | | |

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

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

Additional Data

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

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| A HOPE CENTER PREGNANCY & RELATIONSHIP CENTER 3630 HOBSON RD FORT WAYNE, IN 46815 | 31-1113254 | 501C3 | 7,202 | | | | OPERATING SUPPORT |
| A MOTHER'S HOPE PO BOX 308 GRABILL, IN 46741 | 47-2760786 | 501C3 | 8,800 | | | | OPERATING SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ADAMS COUNTY COMMUNITY FOUNDATION 102 N 2ND ST DECATUR, IN 46733 | 35-1834664 | 501C3 | 49,267 | | | | DAF DISTRIBUTION |
| ALLEN COUNTY CASA COALITION INC 1 E MAIN ST 421 FORT WAYNE, IN 46802 | 31-1253983 | 501C3 | 10,652 | | | | 2018 DISTRIBUTION |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALLEN COUNTY COURTHOUSE PRESERVATION TRUST INC 715 S CALHOUN ST RM 300 FORT WAYNE, IN 46802 | 35-1932033 | 501C3 | 28,809 | | | | OPERATING SUPPORT |
| ALLEN COUNTY EDUCATION PARTNERSHIP D/B/A PROJECT READS 1005 W RUDISILL BLVD STE 308 FORT WAYNE, IN 46807 | 35-1823402 | 501C3 | 12,003 | | | | PROJECT READS |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALLEN COUNTY FORT WAYNE HISTORICAL SOCIETY INC 302 E BERRY ST FORT WAYNE, IN 46802 | 35-1043456 | 501C3 | 31,994 | | | | OPERATING SUPPORT |
| ALLEN COUNTY SPCA 4914 S HANNA ST FORT WAYNE, IN 46806 | 35-6042135 | 501C3 | 10,250 | | | | OPERATING SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMANI FAMILY SERVICES 2456 LAKE AVE FORT WAYNE, IN 46805 | 41-2205791 | 501C3 | 30,500 | | | | SVCS FOR IMMIGRANTS |
| AMERICAN HEART ASSOCIATION INC 300 SOUTH RIVERSIDE PLAZA STE 120 CHICAGO, IL 60606 | 13-5613797 | 501C3 | 5,949 | | | | OPERATING SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICAN RED CROSS OF NORTHEAST IN PO BOX 5508 FORT WAYNE, IN 46895 | 53-0196605 | 501C3 | 30,500 | | | | EMERGENCY SVCS |
| ARCH INC 818 LAFAYETTE ST FORT WAYNE, IN 46802 | 35-1367895 | 501C3 | 13,000 | | | | SUPPORT MISSION |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ARIZONA MUSICFEST PO BOX 25455 SCOTTSDALE, AZ 85255 | 86-1034396 | 501C3 | 20,000 | | | | OPERATING SUPPORT |
| ARTS UNITED OF GREATER FORT WAYNE 300 E MAIN ST STE 100 FORT WAYNE, IN 46802 | 35-0992067 | 501C3 | 128,191 | | | | 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 FT WAYNE IN 602 E WAYNE ST FORT WAYNE, IN 46802 | 35-0905944 | 501C3 | 51,744 | | | | OPERATING SUPPORT |
| AUDIENCES UNLIMITED INC 1005 W RUDISILL BLVD STE 304 FORT WAYNE, IN 46807 | 31-0946267 | 501C3 | 18,794 | | | | ARTIST FEES AND DIST |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AVOW - ADVANCING VOICES OF WOMEN 3401 N WASHINGTON RD FORT WAYNE, IN 46802 | 82-3579510 | 501C3 | 13,724 | | | | PROGRAM EXPENSES |
| BEACON HEIGHTS CHURCH OF BRETHERN 2810 BEACON STREET FORT WAYNE, IN 46805 | 35-6029449 | 501C3 | 7,615 | | | | COMMUNITY FOOD |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BIG BROTHERS BIG SISTERS OF NE IN 1005 W RUDISILL BLVD STE A101 FORT WAYNE, IN 46807 | 35-1271943 | 501C3 | 102,459 | | | | OPERATING SUPPORT |
| BISHOP DWENGER HIGH SCHOOL 1300 E WASHINGTON CENTER RD FORT WAYNE, IN 46825 | 35-1090327 | 501C3 | 60,440 | | | | OPERATING SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BISHOP LUERS HIGH SCHOOL 333 E PAULDING RD FORT WAYNE, IN 46816 | 35-1041555 | 501C3 | 22,776 | | | | SCHOLARSHIP |
| BLACKHAWK BAPTIST CHURCH 7400 E STATE BLVD FORT WAYNE, IN 46815 | 13-5563018 | 501C3 | 9,000 | | | | OPERATING SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BLESSINGS IN A BACKPACK INC 111 E WAYNE ST STE 555 FORT WAYNE, IN 46802 | 26-2627847 | 501C3 | 8,000 | | | | OPERATING SUPPORT |
| BLUE JACKET INC 2826 S CALHOUN ST FORT WAYNE, IN 46807 | 35-2210669 | 501C3 | 17,700 | | | | OPERATING SUPPORT |

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 46804 | 35-0876343 | 501C3 | 21,848 | | | | YOUTH LEADERSHIP DEV |
| BOYS AND GIRLS CLUB OF FORT WAYNE 2323 FAIRFIELD AVE FORT WAYNE, IN 46807 | 35-1778767 | 501C3 | 113,791 | | | | OPERATING SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BRIDGE OF GRACE COMPASSIONATE MINISTRIES CENTER 5100 GAYWOOD DR FORT WAYNE, IN 46806 | 45-4056745 | 501C3 | 10,000 | | | | PHONE/COMPUTER SYS |
| CANCER SERVICES OF NORTHEAST IN 6316 MUTUAL DR FORT WAYNE, IN 46825 | 35-0965609 | 501C3 | 100,739 | | | | OPERATING SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CANTERBURY SCHOOL INC 5601 COVINGTON RD FORT WAYNE, IN 46804 | 35-1410931 | 501C3 | 28,750 | | | | ANNUAL FUND |
| CARING ABOUT PEOPLE INC 1417 N ANTHONY BLVD FORT WAYNE, IN 46805 | 35-2144427 | 501C3 | 13,000 | | | | RESTRUCTURING PROJ |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CATHOLIC CHARITIES FORT WAYNE /SOUTH BEND DIOCESE PO BOX 10630 FORT WAYNE, IN 46853 | 35-1038653 | 501C3 | 27,500 | | | | OPERATING SUPPORT |
| CENTER FOR NONVIOLENCE INC 235 W CREIGHTON AVE FORT WAYNE, IN 46807 | 31-1045334 | 501C3 | 30,000 | | | | ENDING VIOLENCE |

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 | | | 5,402 | | | | ANNUAL SEMINAR |
| CHARITABLE ADVISORS PO BOX 501245 INDIANAPOLIS, IN 46250 | | | 13,800 | | | | SALARY SURVEY |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHILDREN'S HOPE INC DBA MAD ANTHONY'S CHILDREN'S HOPE HOUSE 7922 W JEFFERSON BLVD FORT WAYNE, IN 46804 | 35-2032408 | 501C3 | 5,500 | | | | OPERATING SUPPORT |
| CITY OF FORT WAYNE 200 E BERRY ST STE 420 FORT WAYNE, IN 46802 | 35-6001029 | GOV | 30,124 | | | | FW UNITED |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY ACTION OF NORTHEAST IN D/B/A BRIGHTPOINT PO BOX 10570 FORT WAYNE, IN 46853 | 35-1111819 | 501C3 | 32,000 | | | | KIDS AND FAMILIES |
| COMMUNITY HARVEST FOOD BANK OF NORTHEAST INDIANA INC PO BOX 10967 FORT WAYNE, IN 46855 | 31-1100607 | 501C3 | 63,570 | | | | OPERATING SUPPORT |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY TRANSPORTATION NETWORK 5601 INDUSTRIAL RD FORT WAYNE, IN 46825 | 35-2109955 | 501C3 | 51,504 | | | | SPECIAL TRANSPORT |
| CONCORDIA EDUCATIONAL FOUNDATION 1601 ST JOE RIVER DR FORT WAYNE, IN 46805 | 35-0883501 | 501C3 | 6,000 | | | | SCHOLARSHIPS |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CONCORDIA LUTHERAN CHURCH & SCHOOL 4245 LAKE AVE FORT WAYNE, IN 46815 | 43-0658188 | 501C3 | 6,028 | | | | SCHOLARSHIPS |
| COVENANT UNITED METHODIST CHURCH 10001 COLDWATER RD FORT WAYNE, IN 46825 | 35-0996143 | 501C3 | 7,000 | | | | OPERATING SUPPORT |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CROSSROAD CHILD AND FAMILY SERVICES 1825 BEACON STREET FORT WAYNE, IN 46805 | 35-0869050 | 501C3 | 130,250 | | | | CAPITAL CAMPAIGN |
| CROSSWINDS INC 4150 ILLINOIS RD FORT WAYNE, IN 46804 | 45-4222417 | 501C3 | 54,000 | | | | COUNSELING |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CYSTIC FIBROSIS FOUNDATION /TEXAS GULF COAST CHAPTER - HOUSTON 50 BRIAR HOLLOW LN STE 250E HOUSTON, TX 77027 | 13-1930701 | 501C3 | 7,080 | | | | GOLF CLASSIC |
| DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 02445 | 04-2263040 | 501C3 | 10,000 | | | | FINANCIAL ASSISTANCE |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DAVE HEFNER INTERNATIONAL EXCHANGE FUND INC 12323 BENDING OAKS CT FORT WAYNE, IN 46845 | 23-7413166 | 501C3 | 47,397 | | | | SCHOLARSHIPS |
| DR BILL LEWIS CENTER FOR CHILDREN 2730 E STATE STREET STE C FORT WAYNE, IN 46805 | 35-2096006 | 501C3 | 20,000 | | | | OPERATING SUPPORT |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DR SARAH GIAQUINTA 2911 COVINGTON HOLLOW TRAIL FORT WAYNE, IN 46804 | | | 54,167 | | | | DIRECTOR OF CHC |
| EAST WAYNE STREET CENTER INC 801 E WAYNE ST FORT WAYNE, IN 46803 | 35-1587206 | 501C3 | 25,750 | | | | PROGRAM EXPENSES |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EASTER SEALS ARC OF NORTHEAST IN 4919 COLDWATER RD FORT WAYNE, IN 46825 | 35-0998711 | 501C3 | 39,011 | | | | OPERATING SUPPORT |
| EMBASSY THEATRE FOUNDATION INC 125 W JEFFERSON BLVD FORT WAYNE, IN 46802 | 23-7355731 | 501C3 | 66,750 | | | | OPERATING SUPPORT |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EMMANUEL-ST MICHAEL LUTHERAN SCHOOL 1123 UNION ST FORT WAYNE, IN 46802 | 35-1079607 | 501C3 | 10,065 | | | | SCHOLARSHIPS |
| ERIN'S HOUSE FOR GRIEVING CHILDREN 5670 YMCA PARK DRIVE WEST FORT WAYNE, IN 46835 | 35-1884264 | 501C3 | 38,550 | | | | OPERATING SUPPORT |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EUELL A WILSON CENTER INC 1512 OXFORD ST FORT WAYNE, IN 46806 | 35-1893381 | 501C3 | 25,000 | | | | PROGRAM EXPENSES |
| FAMILY AND CHILDREN'S SERVICES FW D/B/A HEADWATERS COUNSELING 2712 S CALHOUN ST FORT WAYNE, IN 46807 | 35-0868078 | 501C3 | 20,000 | | | | OPERATING SUPPORT |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FIRST BOOK 1319 F STREET NW STE 1000 WASHINGTON, DC 20004 | 52-1779606 | 501C3 | 11,998 | | | | BOOKS FOR CHILDREN |
| FIRST PRESBYTERIAN CHURCH OF FW 300 W WAYNE ST FORT WAYNE, IN 46802 | 13-5562176 | 501C3 | 55,846 | | | | MAINTENANCE UPKEEP |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FORENSIC NURSING SPECIALTIES INC D/B/A FW SEXUAL ASSAULT TREATMENT 2270 LAKE AVE STE 201 FORT WAYNE, IN 46805 | 35-1943648 | 501C3 | 35,000 | | | | MEDICAL EXAMS |
| FORT WAYNE BALLET INC 300 E MAIN ST FORT WAYNE, IN 46802 | 35-6006394 | 501C3 | 23,706 | | | | OPERATING SUPPORT |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FORT WAYNE CHILDREN'S CHOIR INC 2101 E COLISEUM BLVD FORT WAYNE, IN 46805 | 35-1638989 | 501C3 | 10,486 | | | | OPERATING SUPPORT |
| FORT WAYNE CINEMA CENTER INC 437 E BERRY ST STE 1 FORT WAYNE, IN 46802 | 35-1414723 | 501C3 | 10,300 | | | | OPERATING SUPPORT |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FORT WAYNE CIVIC THEATRE INC 303 E MAIN ST FORT WAYNE, IN 46802 | 35-6001476 | 501C3 | 41,100 | | | | OPERATING SUPPORT |
| FORT WAYNE CLUBHOUSE INC D/B/A THE CARRIAGE HOUSE 3327 LAKE AVE FORT WAYNE, IN 46805 | 35-2026647 | 501C3 | 40,250 | | | | REHABILITATION |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FORT WAYNE COMMUNITY SCHOOLS 1200 S CLINTON ST FORT WAYNE, IN 46802 | 35-6006351 | 501C3 | 12,040 | | | | PROGRAM EXPENSES |
| FORT WAYNE DANCE COLLECTIVE INC 437 E BERRY ST STE 203 FORT WAYNE, IN 46802 | 31-0958473 | 501C3 | 15,000 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FORT WAYNE MEDICAL EDUCATION PROG 750 BROADWAY STE 250 FORT WAYNE, IN 46802 | 35-6049685 | 501C3 | 45,833 | | | | CHILD HEALTH COLLAB |
| FORT WAYNE MEDICAL SOCIETY FDN 709 CLAY ST STE 101 FORT WAYNE, IN 46802 | 35-6049685 | 501C3 | 27,500 | | | | HEALTHY MOMS/BABIES |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FORT WAYNE MUSEUM OF ART INC 311 E MAIN ST FORT WAYNE, IN 46802 | 35-0953440 | 501C3 | 58,779 | | | | OPERATING SUPPORT |
| FORT WAYNE PARK FOUNDATION INC 705 E STATE BLVD FORT WAYNE, IN 46805 | 23-7358430 | 501C3 | 26,817 | | | | LIFETIME SPORTS ACAD |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FORT WAYNE PARKS AND RECREATION 705 E STATE BLVD FORT WAYNE, IN 46805 | 35-6001029 | GOV | 38,841 | | | | PROGRAM EXPENSES |
| FORT WAYNE PHILHARMONIC ORCHESTRA 4901 FULLER DR FORT WAYNE, IN 46835 | 35-0791163 | 501C3 | 116,261 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FORT WAYNE PUBLIC TELEVISION INC WFWA PBS39 2501 E COLISEUM BLVD FORT WAYNE, IN 46805 | 23-7173906 | 501C3 | 15,450 | | | | OPERATING SUPPORT |
| FORT WAYNE RESCUE MISSION MINISTRIES INC PO BOX 11116 FORT WAYNE, IN 46855 | 35-1054670 | 501C3 | 212,450 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FORT WAYNE SISTER CITIES INTERNATIONAL INC 7924 STELLHORN RD FORT WAYNE, IN 46815 | 31-1105602 | 501C3 | 37,913 | | | | FW SISTER CITIES |
| FORT WAYNE TRAILS INC 300 E MAIN ST STE 131 FORT WAYNE, IN 46802 | 42-1545637 | 501C3 | 15,500 | | | | 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 46803 | 35-0869052 | 501C3 | 25,450 | | | | OPERATING SUPPORT |
| FORT WAYNE ZOOLOGICAL SOCIETY INC 3411 SHERMAN BLVD FORT WAYNE, IN 46808 | 35-6068234 | 501C3 | 14,695 | | | | OPERATING SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FOUNDATION FOR ART AND MUSIC IN ELEMENTARY EDUCATION INC 300 E MAIN ST FORT WAYNE, IN 46802 | 35-1719238 | 501C3 | 10,000 | | | | PROGRAM EXPENSES |
| FRIENDS OF THE LINCOLN COLLECTION OF INDIANA INC PO BOX 11083 FORT WAYNE, IN 46855 | 35-2101024 | 501C3 | 6,964 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FRIENDS OF THE RIVERS INC 1919 FOREST PARK BLVD FORT WAYNE, IN 46805 | 05-0608001 | 501C3 | 21,250 | | | | SWEET BREEZE |
| GIGI'S PLAYHOUSE INC 6081 N CLINTON ST FORT WAYNE, IN 46825 | 47-4861688 | 501C3 | 18,169 | | | | PROGRAM EXPENSES |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GIRL SCOUTS OF NORTHERN INDIANA-MICHIANA INC 10008 DUPONT CIRCLE E FORT WAYNE, IN 46825 | 35-0868091 | 501C3 | 20,000 | | | | LEADERSHIP DEV |
| GOOD SHEPHERD LUTHERAN CHURCH 600 S ENOTA DR NE GAINESVILLE, GA 30501 | 58-1077602 | 501C3 | 7,600 | | | | BLDG FUND/OP SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GRACE PRESBYTERIAN CHURCH 10219 ELLA LEE LANE HOUSTON, TX 77042 | 74-1216230 | 501C3 | 8,700 | | | | SCHOLARSHIPS |
| HABITAT FOR HUMANITY OF GREATER FW 2020 E WASHINGTON BLVD STE 500 FORT WAYNE, IN 46803 | 35-1687064 | 501C3 | 29,134 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HARLAN CHRISTIAN YOUTH CENTER INC 17308 SECOND ST HARLAN, IN 46743 | 35-2125040 | 501C3 | 23,594 | | | | OPERATING SUPPORT |
| HAROLD W MCMILLEN CTR FOR HEALTH EDUC D/B/A MCMILLEN HEALTH 600 JIM KELLEY BLVD FORT WAYNE, IN 46816 | 35-1186994 | 501C3 | 30,250 | | | | PREVENTIVE HEALTH ED |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HARRISON HILL ELEMENTARY SCHOOL 355 CORNELL CIR FORT WAYNE, IN 46807 | 35-6006351 | GOV | 7,282 | | | | S T A R S PROGRAM |
| HEADWATERS JUNCTION INC 6914 WOODCROFT LN FORT WAYNE, IN 46804 | 81-3860902 | 501C3 | 20,000 | | | | TITLE AND SURVEY EXP |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HEADWATERS PARK ALLIANCE INC 110 W BERRY ST STE 2012 FORT WAYNE, IN 46802 | 35-2117385 | 501C3 | 10,500 | | | | OPERATING SUPPORT |
| HEARCARE CONNECTION INC D/B/A GIVEHEAR 130 W MAIN ST STE 150 FORT WAYNE, IN 46802 | 45-2803181 | 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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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HEARTLAND SINGS INC 2402 LAKE AVE FORT WAYNE, IN 46805 | 35-1733497 | 501C3 | 7,750 | | | | OPERATING SUPPORT |
| HOMEBOUND MEALS INC 611 W BERRY ST - GARDEN LEVEL FORT WAYNE, IN 46802 | 35-1186741 | 501C3 | 7,500 | | | | MEALS TO HOMEBOUND |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HOOSIERS FEEDING THE HUNGRY 4490A STATE ROAD 327 GARRETT, IN 46738 | 45-2402892 | 501C3 | 12,000 | | | | MEAT PROCESSING FEES |
| INDIANA ARTS COMMISSION 100 N SENATE AVENUE ROOM N505 INDIANAPOLIS, IN 46204 | | GOV | 10,000 | | | | IN ARTS HOMECOMING |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| INDIANA CENTER FOR MIDDLE EAST PEACE INC PO BOX 12005 FORT WAYNE, IN 46862 | 26-2152801 | 501C3 | 6,500 | | | | OPERATING SUPPORT |
| INDIANA INSTITUTE OF TECHNOLOGY INC 1600 E WASHINGTON BLVD FORT WAYNE, IN 46803 | 35-0845258 | 501C3 | 19,250 | | | | OPERATING SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| INDIANA PHILANTHROPY ALLIANCE 32 E WASHINGTON ST STE 1100 INDIANAPOLIS, IN 46204 | 35-1835134 | 501C3 | 11,500 | | | | 2018 MEMBERSHIP DUES |
| INDIANA UNITED WAYS 2955 N MERIDIAN ST STE 200 INDIANAPOLIS, IN 46208 | 35-1441961 | 501C3 | 6,500 | | | | LEADERSHIP DEV |

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 | 52,714 | | | | OPERATING SUPPORT |
| INDIANA WESLEYAN UNIVERSITY 1900 W 50TH ST MARION, IN 46953 | 35-0885591 | 501C3 | 5,578 | | | | SCHOLARSHIPS |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| INNER CITY HOPE CORPORATION D/B/A MISS VIRGINIA'S FOOD PANTRY P O BOX 12045 FORT WAYNE, IN 46802 | 35-1967440 | 501C3 | 20,000 | | | | PROGRAM EXPENSES |
| INTERFAITH HOSPITALITY NETWORK GREATER FW D/B/A JUST NEIGHBORS 2925 E STATE BLVD FORT WAYNE, IN 46805 | 35-2089785 | 501C3 | 35,000 | | | | PROGRAM EXPENSES |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| IVY TECH FOUNDATION (REGION 3 FW) 3800 N ANTHONY BLVD FORT WAYNE, IN 46805 | 23-7073977 | 501C3 | 16,565 | | | | SCHOLARSHIPS |
| JUNIOR ACHIEVEMENT OF NORTHERN IN 601 NOBLE DR FORT WAYNE, IN 46825 | 35-0922731 | 501C3 | 35,450 | | | | PROGRAM EXPENSES |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| KATE'S KART INC 10376 LEO RD STE A FORT WAYNE, IN 46825 | 26-2615368 | 501C3 | 5,500 | | | | PROGRAM EXPENSES |
| LILLY CENTER FOR LAKES AND STREAMS 200 SEMINARY DR WINONA LAKE, IN 46590 | 35-0868095 | 501C3 | 18,000 | | | | FLOW SENSOR & EQUIP |

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 | 30,600 | | | | OPERATING SUPPORT |
| LITTLE RIVER WETLANDS PROJECT INC 5000 SMITH RD FORT WAYNE, IN 46804 | 35-1809569 | 501C3 | 11,113 | | | | 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 46807 | 35-0886840 | 501C3 | 32,000 | | | | PROGRAM EXPENSES |
| LUTHERAN SOCIAL SERVICES OF INDIANA 333 E LEWIS ST FORT WAYNE, IN 46802 | 35-0868124 | 501C3 | 55,875 | | | | 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 SCHOOL INC 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 | 82,348 | | | | 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 | 15,000 | | | | CANCER RESEARCH |
| MCLAREN NORTHERN MICHIGAN FND 360 CONNABLE AVE PETOSKEY, MI 49770 | 38-2445611 | 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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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MENTAL HEALTH AMERICA OF NE IN 1025 W RUDISILL BLVD - BOX 8 FORT WAYNE, IN 46807 | 46-1326514 | 501C3 | 24,404 | | | | SUPPORT SERVICES |
| MUSTARD SEED FURNITURE BANK OF FW 3636 ILLINOIS RD FORT WAYNE, IN 46804 | 35-2149283 | 501C3 | 30,250 | | | | OPERATING SUPPORT |

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 620 E OHIO ST INDIANAPOLIS, IN 46202 | 53-0242652 | 501C3 | 9,000 | | | | OPERATING SUPPORT |
| THE NAVIGATORS P O BOX 6079 ALBERT LEA, MN 56007 | 84-6007896 | 501C3 | 7,100 | | | | OPERATING SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 347 W BERRY ST STE 101 FORT WAYNE, IN 46802 | 35-1916572 | 501C3 | 10,000 | | | | OPERATING SUPPORT |
| NEIGHBORHOOD HEALTH CLINICS INC PO BOX 11949 FORT WAYNE, IN 46862 | 35-1922483 | 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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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NEIGHBORLINK FORT WAYNE FOUNDATION 2826 S CALHOUN ST FORT WAYNE, IN 46807 | 52-2389393 | 501C3 | 10,250 | | | | OPERATING SUPPORT |
| NORTH SIDE HIGH SCHOOL ALUMNI ASSOC 475 E STATE BLVD FORT WAYNE, IN 46805 | 31-1250392 | 501C3 | 7,800 | | | | SCHOLARSHIPS |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NE IN BASE COMMUNITY COUNCIL FKA FW BASE COMMUNITY COUNCIL PO BOX 25506 FORT WAYNE, IN 46825 | 45-3537037 | 501C4 | 7,715 | | | | SUPPORT FUND |
| NORTHEAST INDIANA FOUNDATION INC D/B/A NORTHEAST INDIANA FUND INC 200 E MAIN ST STE 910 FORT WAYNE, IN 46802 | 59-3812438 | 501C3 | 10,000 | | | | VISION 2030 |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NORTHEAST INDIANA POSITIVE RESOURCE CONNECTION INC 525 OXFORD ST FORT WAYNE, IN 46806 | 31-1191147 | 501C3 | 35,825 | | | | OPERATING SUPPORT |
| NORTHEAST INDIANA PUBLIC RADIO INC PO BOX 8459 FORT WAYNE, IN 46898 | 35-1514924 | 501C3 | 31,325 | | | | OPERATING SUPPORT |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| OCEAN ACCELERATOR INC D/B/A OCEAN NEI 2845 E DUPONT RD FORT WAYNE, IN 46825 | 46-5760733 | 501C3 | 10,000 | | | | FORT WAYNE BALL DROP |
| 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 | 11,800 | | | | AGENCY SUPPORT |
| PURDUE UNIVERSITY FORT WAYNE 2101 E COLISEUM BLVD FORT WAYNE, IN 46805 | 35-6002041 | 501C3 | 86,890 | | | | OPERATING SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PURDUE UNIVERSITY FORT WAYNE FDN 2101 E COLISEUM BLVD FORT WAYNE, IN 46805 | 35-6033698 | 501C3 | 6,346 | | | | SCHOLARSHIPS |
| QUESTA FOUNDATION FOR EDUCATION INC 6502 CONSTITUTION DR FORT WAYNE, IN 46804 | 35-6025795 | 501C3 | 9,947 | | | | 2018 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RSVP OF ALLEN COUNTY INC D/B/A VOLUNTEER CENTER RSVP 3401 LAKE AVE STE 4 FORT WAYNE, IN 46805 | 36-4559850 | 501C3 | 25,000 | | | | OPERATING SUPPORT |
| SAINT ALOYSIUS CATHOLIC CHURCH AND SCHOOL 14623 BLUFFTON RD YODER, IN 46798 | 53-0196617 | 501C3 | 17,393 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SAINT ROSE CATHOLIC SCHOOL 401 MONROE ST MONROEVILLE, IN 46773 | 53-0196617 | 501C3 | 6,389 | | | | OPERATING SUPPORT |
| SCAN INC 500 W MAIN ST FORT WAYNE, IN 46802 | 31-0899309 | 501C3 | 20,209 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SCIENCE CENTRAL INC 1950 N CLINTON ST FORT WAYNE, IN 46805 | 31-1032583 | 501C3 | 33,250 | | | | OPERATING SUPPORT |
| SOULMEDIC MEDIA GROUP INC D/B/A REMEDYLIVE 6429 OAKBROOK PARKWAY FORT WAYNE, IN 46825 | 27-2417633 | 501C3 | 20,000 | | | | PROGRAM EXPENSES |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOUTH SIDE HIGH SCHOOL FOUNDATION 10824 PATRICIAN PL FORT WAYNE, IN 46845 | 35-1924095 | 501C3 | 9,845 | | | | SCHOLARSHIPS |
| SOUTHEAST YOUTH COUNCIL INC D/B/A CORNERSTONE YOUTH CENTER 19819 MONROEVILLE RD MONROEVILLE, IN 46773 | 35-2131053 | 501C3 | 22,797 | | | | YOUTH 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST CHARLES BORROMEO CATHOLIC CHURCH 4916 TRIER RD FORT WAYNE, IN 46815 | 53-0196617 | 501C3 | 10,000 | | | | PROGRAM EXPENSES |
| ST JOHN THE BAPTIST CATHOLIC CHURCH (FW) 4525 ARLINGTON AVE FORT WAYNE, IN 46807 | 53-0196617 | 501C3 | 20,000 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| 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.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| START FORT WAYNE INC 111 W BERRY ST STE 211 FORT WAYNE, IN 46802 | 47-4606907 | 501C3 | 15,000 | | | | SPECIAL PROGRAMS |
| SUPER SHOT INC 709 CLAY ST STE 101 FORT WAYNE, IN 46802 | 35-2122575 | 501C3 | 25,500 | | | | PROGRAM EXPENSES |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SUPPLIES FOR DREAMS P O BOX 8130 EVANSTON, IL 60204 | 32-0270714 | 501C3 | 6,000 | | | | U OF CHICAGO |
| THE CHAPEL 2505 W HAMILTON RD S FORT WAYNE, IN 46814 | 35-1930152 | 501C3 | 20,000 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE LEAGUE 5821 S ANTHONY BLVD FORT WAYNE, IN 46816 | 35-0876341 | 501C3 | 26,000 | | | | OPERATING SUPPORT |
| THREE RIVERS JUNCTION INC 10424 INDIAN RIDGE DR FORT WAYNE, IN 46814 | 35-2130681 | 501C3 | 10,000 | | | | MAINTENANCE UPKEEP |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TRINITY ENGLISH EVANGELICAL LUTHERAN CHURCH 450 WEST WASHINGTON BLVD FORT WAYNE, IN 46802 | 35-0876356 | 501C3 | 32,085 | | | | OPERATING SUPPORT |
| TRUE NORTH STRATEGIC ADVISORS 347 W BERRY ST STE 100 FORT WAYNE, IN 46802 | | | 6,000 | | | | ALLIANCE PROJECT |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TURNSTONE CENTER FOR CHILDREN AND ADULTS WITH DISABILITIES INC 3320 N CLINTON ST FORT WAYNE, IN 46805 | 35-0913541 | 501C3 | 73,285 | | | | OPERATING SUPPORT |
| UNITED WAY OF ALLEN COUNTY INC 334 E BERRY ST FORT WAYNE, IN 46802 | 35-0867932 | 501C3 | 67,414 | | | | 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 METRO NASHVILLE 250 VENTURE CIRCLE NASHVILLE, TN 37228 | 62-0533104 | 501C3 | 10,000 | | | | OPERATING SUPPORT |
| UNITY PERFORMING ARTS FOUNDATION PO BOX 10394 FORT WAYNE, IN 46852 | 35-2110907 | 501C3 | 10,500 | | | | OPERATING SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIVERSITY OF MICHIGAN 2011 STUDENT ACTIVITIES BLDG ANN ARBOR, MI 48109 | 38-6006309 | 501C3 | 5,500 | | | | OPERATING SUPPORT |
| UNIVERSITY OF SAINT FRANCIS 2701 SPRING ST FORT WAYNE, IN 46808 | 35-0886846 | 501C3 | 59,826 | | | | SCHOLARSHIPS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VERA BRADLEY FOUNDATION FOR BREAST CANCER 12420 STONEBRIDGE RD ROANOKE, IN 46783 | 35-2058177 | 501C3 | 26,600 | | | | OPERATING SUPPORT |
| VINCENT VILLAGE INC 2827 HOLTON AVE FORT WAYNE, IN 46806 | 35-1780135 | 501C3 | 62,250 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VOLUNTEER LAWYER PROGRAM OF NE IN 111 W WAYNE ST FORT WAYNE, IN 46802 | 01-0718469 | 501C3 | 6,500 | | | | OPERATING SUPPORT |
| WELLSPRING INTERFAITH SOCIAL SVCS 1316 BROADWAY AVE FORT WAYNE, IN 46802 | 51-0151621 | 501C3 | 51,937 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WOMEN'S CARE CENTER INC 4600 W JEFFERSON BLVD FORT WAYNE, IN 46804 | 35-1609945 | 501C3 | 12,750 | | | | OPERATING SUPPORT |
| YMCA OF GREATER FORT WAYNE 347 W BERRY ST STE 500 FORT WAYNE, IN 46802 | 35-0886850 | 501C3 | 64,536 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| YOUNG LIFE FORT WAYNE 3308 ARROWWOOD DR FORT WAYNE, IN 46815 | 84-0385934 | 501C3 | 6,000 | | | | YOUNG LIVES FW |
| YWCA OF NORTHEAST INDIANA INC 5920 DECATUR RD FORT WAYNE, IN 46816 | 35-0868220 | 501C3 | 69,500 | | | | CLIENT 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ZION LUTHERAN CHURCH 2313 S HANNA ST FORT WAYNE, IN 46803 | 35-0895833 | 501C3 | 16,000 | | | | OPERATING SUPPORT |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

| | |
|--|--|
| 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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table> <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> | <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | 1a | | |
| <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | |
| <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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table> | <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | |
| <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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 | 15 | 2,463,098 | FAIR MARKET VALUE |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (PLEDGE) | X | 1 | 250,000 | 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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

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 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 15, 2019 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 30, 2019 |

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 SUPPORTING ORG 96,367 CHANGE IN AGENCY FUNDS -40,964 TRANSFER TO SUPPORTING ORG -430,571 TOTAL -375,168 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

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

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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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 | |
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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 | |
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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 |
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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 | No |
| 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 | Yes |
| s Other transfer of cash or property from related organization(s) | 1s | Yes |

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 | R | 430,571 | CASH |
| (2) FORT WAYNE CENTRAL IMPROVEMENT INC | S | 96,367 | CASH |
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
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