

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>555 E. WAYNE STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>FORT WAYNE IN 46802</b>	<b>D</b> Employer identification number <b>35-1119450</b> <b>E</b> Telephone number <b>260-426-4083</b> <b>G</b> Gross receipts \$ <b>63,970,277</b>
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<b>F</b> Name and address of principal officer: <b>DAVID BENNETT</b> <b>555 E. WAYNE ST</b> <b>FORT WAYNE IN 46802</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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**I** Tax-exempt status:  501(c)(3)  501(c) ( ) **t** (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.CFGFW.ORG** **H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u** **L** Year of formation: **1922** **M** State of legal domicile: **IN**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>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.</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3 19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4 19</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5 11</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6 92</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a 0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b 0</b>

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>8,027,541</b>	<b>6,978,475</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-1,801,390</b>	<b>792,110</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-210,412</b>	<b>54,150</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>6,015,739</b>	<b>7,824,735</b>

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

		Beginning of Current Year	End of Year
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>135,375,348</b>	<b>140,964,649</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>8,356,137</b>	<b>10,979,919</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>127,019,211</b>	<b>129,984,730</b>

**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.

<b>Sign Here</b>	Signature of officer <b>DAVID BENNETT</b>	Date <b>EXECUTIVE DIRECTOR</b>
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TODD E. HAINES</b>	Preparer's signature Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00691953</b>
	Firm's name } <b>HAINES ISENBARGER &amp; SKIBA LLC</b> <b>4630 W JEFFERSON BLVD # 8</b> Firm's address } <b>FORT WAYNE, IN 46804</b>	Firm's EIN } <b>52-2127371</b> Phone no. <b>260-436-9500</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ **5,600,847** including grants of \$ **5,428,920** ) (Revenue \$ )

**COMMUNITY DEVELOPMENT:**

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

4b (Code: ) (Expenses \$ **2,613,949** including grants of \$ **2,535,800** ) (Revenue \$ )

**HEALTH AND HUMAN SERVICES:**

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

4c (Code: ) (Expenses \$ **1,207,736** including grants of \$ **1,170,225** ) (Revenue \$ )

**EDUCATION:**

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

4d Other program services (Describe in Schedule O.)

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

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

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>X</b>	
<b>23</b>	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>	<b>X</b>	
<b>24a</b>	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>		<b>X</b>
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		<b>X</b>
<b>25b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b>	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>		<b>X</b>
<b>27</b>	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>		<b>X</b>
<b>28</b>	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):		
<b>28a</b>	<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28b</b>	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28c</b>	<b>c</b> 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>		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b>	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>		<b>X</b>
<b>33</b>	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>		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>	<b>X</b>	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>35b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b>	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>		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> <b>19</b>		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> <b>19</b>		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12b</b>			
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization	<b>X</b>	
<b>15b</b>	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u** **IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  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: **u**

**DAVID BENNETT** **555 E. WAYNE STREET** **IN 46802** **260-426-4083**  
**FORT WAYNE**

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANE GERARDOT	1.00									
DIRECTOR	0.00	X		X			0	0	0	
(2) CHRIS RUPP	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(3) SHANNON HARDIEK	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(4) TOM TRENT	1.00									
SECRETARY	0.00	X		X			0	0	0	
(5) JONATHAN HANCOCK	1.00									
TREASURER	0.00	X		X			0	0	0	
(6) MICHAEL BARRANDA	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) IAN BOYCE	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) ROBERT FRANCIS	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) TROIS HART	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) TODD JACOBS	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) GREGORY A. JOHNSON	1.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>KATHY KOLB</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) <b>CAROL LINDQUIST</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) <b>DEBORAH MCMAHAN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) <b>BRUCE MENSHY</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) <b>BEN MILES</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) <b>DON STEININGER</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) <b>NICK TALARICO</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(19) <b>IRENE WALTERS</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>234,769</b>		<b>38,601</b>	
<b>d Total (add lines 1b and 1c)</b>							<b>234,769</b>		<b>38,601</b>	

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

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>			
	<b>b</b> Membership dues	<b>1b</b>			
	<b>c</b> Fundraising events	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> <b>6,978,475</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	<b>4,303,905</b>			
	<b>h Total.</b> Add lines 1a-1f	<b>u</b> <b>6,978,475</b>			
<b>Program Service Revenue</b>	<b>2a</b> .....	<b>Busn. Code</b>			
	<b>b</b> .....				
	<b>c</b> .....				
	<b>d</b> .....				
	<b>e</b> .....				
	<b>f</b> All other program service revenue				
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b> <b>3,241,905</b>			<b>3,241,905</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>			
	<b>5</b> Royalties	<b>u</b>			
	<b>6a</b> Gross rents	(i) Real (ii) Personal			
	<b>b</b> Less: rental exps.				
	<b>c</b> Rental inc. or (loss)				
	<b>d</b> Net rental income or (loss)	<b>u</b>			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	<b>b</b> Less: cost or other basis & sales exps.	<b>53,695,747</b>			
	<b>c</b> Gain or (loss)	<b>56,145,542</b>			
	<b>d</b> Net gain or (loss)	<b>-2,449,795</b>	<b>u</b> <b>-2,449,795</b>		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>			
	<b>b</b> Less: direct expenses	<b>b</b>			
	<b>c</b> Net income or (loss) from fundraising events	<b>u</b>			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>			
<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>				
<b>b</b> Less: cost of goods sold	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>				
Miscellaneous Revenue		<b>Busn. Code</b>			
<b>11a</b> CHANGE IN VALUE OF SPLIT INTE		<b>46,881</b>	<b>46,881</b>		
<b>b</b> MISCELLANEOUS INCOME		<b>3,764</b>	<b>3,764</b>		
<b>c</b> ADMINISTRATIVE FEE		<b>3,505</b>	<b>3,505</b>		
<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d	<b>u</b>	<b>54,150</b>			
<b>12 Total revenue.</b> See instructions.	<b>u</b>	<b>7,824,735</b>	<b>54,150</b>	<b>0</b>	<b>792,110</b>

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>9,677,369</b>	<b>9,677,369</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	<b>275,000</b>	<b>275,000</b>		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>254,116</b>	<b>58,872</b>	<b>173,503</b>	<b>21,741</b>
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>429,233</b>	<b>122,967</b>	<b>186,574</b>	<b>119,692</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>12,328</b>	<b>3,527</b>	<b>5,486</b>	<b>3,315</b>
<b>9</b> Other employee benefits	<b>77,680</b>	<b>24,197</b>	<b>45,066</b>	<b>8,417</b>
<b>10</b> Payroll taxes	<b>50,592</b>	<b>13,400</b>	<b>26,533</b>	<b>10,659</b>
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	<b>1,319</b>	<b>357</b>	<b>700</b>	<b>262</b>
<b>c</b> Accounting	<b>30,950</b>	<b>8,375</b>	<b>16,421</b>	<b>6,154</b>
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	<b>286,448</b>		<b>286,448</b>	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	<b>24,073</b>			<b>24,073</b>
<b>13</b> Office expenses	<b>10,563</b>	<b>2,859</b>	<b>5,604</b>	<b>2,100</b>
<b>14</b> Information technology	<b>71,555</b>	<b>19,363</b>	<b>37,965</b>	<b>14,227</b>
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>69,252</b>	<b>18,740</b>	<b>36,743</b>	<b>13,769</b>
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>18,019</b>	<b>4,876</b>	<b>9,560</b>	<b>3,583</b>
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>18,060</b>	<b>4,876</b>	<b>9,211</b>	<b>3,973</b>
<b>23</b> Insurance	<b>23,041</b>	<b>6,235</b>	<b>12,225</b>	<b>4,581</b>
<b>24</b> 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.)				
<b>a MISCELLANEOUS</b>	<b>19,382</b>	<b>5,250</b>	<b>10,274</b>	<b>3,858</b>
<b>b TELEPHONE</b>	<b>12,288</b>	<b>3,325</b>	<b>6,520</b>	<b>2,443</b>
<b>c COMMUNITY INITIATIVES</b>	<b>6,443</b>	<b>1,744</b>	<b>3,418</b>	<b>1,281</b>
<b>d DUES AND SUBSCRIPTIONS</b>	<b>4,653</b>	<b>1,259</b>	<b>2,469</b>	<b>925</b>
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>11,372,364</b>	<b>10,252,591</b>	<b>874,720</b>	<b>245,053</b>
<b>26</b> 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 X

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

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>7,824,735</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>11,372,364</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-3,547,629</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>127,019,211</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>6,426,258</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>86,890</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>129,984,730</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	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>X</b>
<b>3b</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.		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>ROB PATRICK</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(21) <b>MIKE CAHILL</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(22) <b>SUN HUYNH</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(23) <b>DAVID BENNETT</b>	40.00									
EXECUTIVE DIRECTOR	8.00			X			151,475	0	22,367	
(24) <b>HEIDI LUDWIG</b>	32.00									
ASSOCIATE DIRECTOR	0.50			X			83,294	0	16,234	
<b>1b Sub-total</b>							<b>234,769</b>		<b>38,601</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**u Attach to Form 990 or Form 990-EZ.**

**u** Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.**

Employer identification number

**35-1119450**

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4	29,150,475	2,946,600	4,019,512	8,027,541	6,978,475	51,122,603
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,688,811	4,654,665	3,955,848	3,400,562	3,241,905	17,941,791
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						69,064,394

**12** Gross receipts from related activities, etc. (see instructions) 12 54,150

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 69.84%

**15** Public support percentage from 2015 Schedule A, Part II, line 14 15 71.93%

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

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 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 in line 12 on 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? 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.		
<b>1</b>		
<b>2</b> 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? 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.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? 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.		
<b>2a</b>		
<b>b</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? 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.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? Provide details in Part VI.		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	
<b>Section B - Minimum Asset Amount</b>		(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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

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

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
u 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.
u Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.

Employer identification number

35-1119450

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and end of year, and yes/no questions regarding donor advisement and grant fund usage.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for 'Held at the End of the Tax Year' with rows 2a-2d, and various questions about monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a, 2b regarding reporting requirements and asset values.

**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:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

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 on Part XIII

**Part V Endowment Funds.**

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment    %
  - b Permanent endowment 100.00 %
  - 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

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

**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 <b>HEDGE FUNDS</b>	<b>20,150,724</b>	<b>MARKET</b>
(A) <b>PRIVATE CAPITAL</b>	<b>4,478,439</b>	<b>MARKET</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>	<b>24,629,163</b>	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	

**Part X Other Liabilities.**

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

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

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



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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART X - FIN 48 FOOTNOTE**

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

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

CONTRIBUTIONS RECEIVED FOR AGENCY ENDOWMENTS \$ 116,768

**Part XIII Supplemental Information** *(continued)*

ADMINISTRATIVE FEES \$ 3,505

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

ADMINISTRATIVE FEES \$ 3,505

GRANTS MADE FOR AGENCY ENDOWMENTS \$ 203,658

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization <b>COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.</b>	Employer identification number <b>35-1119450</b>
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**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) A HOPE CENTER PREGNANCY 3630 HOBSON RD FORT WAYNE IN 46815	31-1113254	501C3	6,573				OPERATING SUPPORT
(2) AGING AND IN-HOME SERVICES OF NORTH 2927 LAKE AVE FORT WAYNE IN 46805	35-1341437	501C3	10,000				ADVANCE CARE PLANNIN
(3) ALIVE HOSPICE NASHVILLE 1718 PATTERSON ST NASHVILLE TN 37203	62-0983550	501C3	10,000				OPPERATING SUPPORT
(4) ALLEN COUNTY CHRISTMAS BUREAU INC PO BOX 13265 FORT WAYNE IN 46868	35-1862437	GOV	6,500				OPERATING SUPPORT
(5) ALLEN COUNTY COURTHOUSE 715 S CALHOUN ST RM 300 FORT WAYNE IN 46802	35-1932033	501C3	29,183				OPERATING SUPPORT
(6) ALLEN COUNTY EDUCATION PARTNERSHIP 709 CLAY ST., STE. 101 FORT WAYNE IN 46802	35-1823402	501C3	26,392				PROJECT READS
(7) ALLEN COUNTY FW HISTORICAL SOCIETY 302 E BERRY ST FORT WAYNE IN 46802	35-1043456	501C3	34,685				2016 DISTRIBUTION
(8) ALLEN COUNTY PUBLIC LIBRARY FOUNDAT 900 LIBRARY PLAZA FORT WAYNE IN 46802	31-1121023	501C3	33,100				OPERATING SUPPORT
(9) ALLEN COUNTY SOCIETY FOR PREVENTION 4914 S HANNA ST FORT WAYNE IN 46806	35-6042135	GOV	13,500				CAPITAL CAMPAIGN

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u 155
- 3 Enter total number of other organizations listed in the line 1 table u 0

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

Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization <b>COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.</b>	Employer identification number <b>35-1119450</b>
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**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN HEART ASSOCIATION INC 208 S. LASALLE ST., STE. 900 CHICAGO IL 60604	13-5613797	501C3	6,145				OPERATING SUPPORT
(2) AMERICAN RED CROSS OF NORTHEAST IND PO BOX 5508 FORT WAYNE IN 46895	53-0196605	501C3	30,500				GENERAL OPERATING
(3) ARCH INC 818 LAFAYETTE ST. FORT WAYNE IN 46802	35-1367895	501C3	13,400				OPERATING SUPPORT
(4) ARTS UNITED OF GREATER FORT WAYNE 300 E MAIN ST, STE 100 FORT WAYNE IN 46802	35-0992067	501C3	95,795				OPERATING SUPPORT
(5) ASSOCIATED CHURCHES OF FORT WAYNE 602 E. WAYNE ST. FORT WAYNE IN 46802	35-0905944	501C3	60,096				OPERATING SUPPORT
(6) AUDIENCES UNLIMITED INC 1005 W. RUDISILL BLVD. STE. 304 FORT WAYNE IN 46807-2172	31-0946267	501C3	17,385				CULTURAL PROGRAMS
(7) BEACON HEIGHTS CHURCH OF BRETHREN 2810 BEACON ST FORT WAYNE IN 46805	35-6029449	501C3	9,322				FOOD BANK
(8) BIG BROTHER BIG SISTER - NE INDIANA 1005 W. RUDISILL BLVD., SET. A101 FORT WAYNE IN 46807	35-1271943	501C3	64,361				OPERATING SUPPORT
(9) BISHOP DWENGER HIGH SCHOOL 1300 E. WASHINGTON CENTER RD FORT WAYNE IN 46825	35-1090327	501C3	39,000				SCHOLARSHIPS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
- 3 Enter total number of other organizations listed in the line 1 table u

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.** Employer identification number **35-1119450**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BISHOP LUERS HIGH SCHOOL 333 E. PAULDING RD FORT WAYNE IN 46816	35-1041555	501C3	43,751				SCHOLARSHIPS
(2)	BLUE JACKET INC 2826 S CALHOUN ST FORT WAYNE IN 46807	35-2210669	501C3	15,000				VOCATIONAL TRAINING
(3)	BOY SCOUTS OF AMERICA 8315 W. JEFFERSON BLVD. FORT WAYNE IN 46804-8302	35-0876343	501C3	21,652				YOUTH LEADERSHIP
(4)	BOYS AND GIRLS CLUB OF FORT WAYNE 2609 FAIRFIELD AVE. FORT WAYNE IN 46807-1214	35-1778767	501C3	49,500				OPERATING SUPPORT
(5)	BOYS AND GIRLS CLUB OF OAKLAND P.O. BOX 18770 OAKLAND CA 94619	94-1279794	501C3	10,000				OPERATING SUPPORT
(6)	CANCER SERVICES OF NORTHEAST IN 6316 MUTUAL DR. FORT WAYNE IN 46825	35-0965609	501C3	76,918				CLIENT SERVICE PROG.
(7)	CANTERBURY SCHOOL 5601 COVINGTON RD. FORT WAYNE IN 46804	35-1410931	501C3	29,750				ANNUAL FUND
(8)	CARING ABOUT PEOPLE INC 1417 N ANTHONY BLVD FORT WAYNE IN 46805	35-2144427	501C3	6,000				UPGRADE PHONES
(9)	CATHOLIC CHARITIES, FW/SOUTH BEND PO BOX 10630 FORT WAYNE IN 46853	35-1038653	501C3	21,650				ECHO PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

**u** Attach to Form 990.

**u** Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization <b>COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.</b>	Employer identification number <b>35-1119450</b>
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**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CENTER FOR NONVIOLENCE INC 235 W. CREIGHTON AVE. FORT WAYNE IN 46807	31-1045334	501C3	25,000				INTERVENTION PROGRAM
(2) CITY OF FORT WAYNE 200 E BERRY ST., STE 420 FORT WAYNE IN 46802	35-6001029	501C3	230,121				RIVERFRONT PROJECTS
(3) COMMUNITY ACTION OF NE INDIANA INC P.O. BOX 10570 FORT WAYNE IN 46853-0570	35-1111819	501C3	29,000				COVERING KIDS & FAM
(4) COMMUNITY FOUNDATION OF GRTR FLINT 500 S SAGINAW ST STE 200 FLINT MI 48502	38-2190667	501C3	10,000				HEALTH AND DEVEOPMEN
(5) COMMUNITY HARVEST FOOD BANK P.O. BOX 10967 FORT WAYNE IN 46855	31-1100607	501C3	61,049				OPERATING SUPPORT
(6) COMMUNITY TRANSPORTATION NETWORK 5601 INDUSTRIAL RD. FORT WAYNE IN 46825	35-2109955	501C3	50,000				SPECIALIZED TRANS.
(7) CONCORDIA EDUCATION FOUNDATION 1601 ST. JOE RIVER DR. FORT WAYNE IN 46805	35-0883501	501C3	6,000				SCHOLARSHIPS
(8) CONCORDIA EDUCATIONAL ASSOCIATION 1601 ST. JOE RIVER DR FORT WAYNE IN 46805	43-0658188	501C3	20,000				SCHOLARSHIP
(9) CONCORDIA LUTHERAN CHURCH AND SCHOO 4245 LAKE AVE. FORT WAYNE IN 46815	43-0658188	501C3	15,464				SCHOLARSHIPS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF GREATER  
FORT WAYNE INC.**

Employer identification number  
**35-1119450**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	COUNCIL ON FOUNDATIONS INC. 2121 CRYSTAL DR., STE. 700 ARLINGTON VA 22202	13-6068327	501C3	13,850				ANNUAL DUES
(2)	CRIME VICTIM CARE OF ALLEN COUNTY 2456 LAKE AVE, FORT WAYNE IN 46805	41-2205791	501C3	25,750				IMMIGRANT & REFUGEE
(3)	CROSSING EDUCATION CENTER OF FW 1331 E BERRY ST FORT WAYNE IN 46803	26-0588186	501C3	10,000				JOB TRAINING
(4)	CROSSROAD CHILD & FAMILY SERVICES 2525 LAKE AVE. FORT WAYNE IN 46805	35-0869050	501C3	10,000				OPERATING SUPPORT
(5)	CYSTIC FIBROSIS FOUNDATION 1261 W. 86TH ST., STE. E2 INDIANAPOLIS IN 46260	23-7117120	501C3	7,500				2015 WINE OPENER
(6)	DR. BILL LEWIS CENTER FOR CHILDREN 2730 E. STATE ST., STE. C FORT WAYNE IN 46805	35-2096006	501C3	10,000				FORENSIC INTERVIEW
(7)	DR. SARAH GIAQUINTA 5947 PINE BLUFF DR AVON IN 46123			100,000				CONTRACT
(8)	EARLY CHILDHOOD ALLIANCE INC. 3320 FAIRFIELD AVE. FORT WAYNE IN 46807	35-0953465	501C3	44,000				EARLY EDUCATION
(9)	EAST WAYNE STREET CENTER INC. 801 E. WAYNE ST. FORT WAYNE IN 46803	35-1587206	501C3	25,750				HOLIDAY BASKETS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

u Attach to Form 990.

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OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization <b>COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.</b>	Employer identification number <b>35-1119450</b>
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**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) <b>EASTER SEALS ARC OF NE INDIANA INC.</b> 4919 COLDWATER RD. FORT WAYNE IN 46825	35-0998711	501C3	30,981				<b>EMPLOYMENT SERVICES</b>
(2) <b>EMBASSY THEATRE FOUNDATION INC</b> 125 W. JEFFERSON BLVD. FORT WAYNE IN 46802	23-7355731	501C3	41,000				<b>OPERATING SUPPORT</b>
(3) <b>EMMANUEL-ST MICHAEL LUTHERAN SCHOOL</b> 1123 UNION ST FORT WAYNE IN 46802	35-1079607	501C3	5,131				<b>SCHOLARSHIP</b>
(4) <b>ERIN'S HOUSE FOR GRIEVING CHILDREN</b> 5670 YMCA PARK DRIVE WEST FORT WAYNE IN 46835	35-1884264	501C3	35,500				<b>GRIEF SUPPORT</b>
(5) <b>EUELL A. WILSON CENTER INC.</b> 1512 OXFORD ST. FORT WAYNE IN 46806	35-1893381	501C3	25,025				<b>AFTERSCHOOL PROGRAM</b>
(6) <b>FAMILY &amp; CHILDREN SERVICES OF FW</b> 2712 S. CALHOUN ST. FORT WAYNE IN 46807	35-0868078	501C3	20,000				<b>OPERATING SUPPORT</b>
(7) <b>FELDERMAN DESIGN-BUILD</b> 5644 COVENTRY LANE FORT WAYNE IN 46804			12,450				<b>RIVERFRONT BANDSHELL</b>
(8) <b>FIRST PRESBYTERIAN CHURCH</b> 300 W. WAYNE ST. FORT WAYNE IN 46802	13-5562176	501C3	57,286				<b>OPERATING SUPPORT</b>
(9) <b>FORENSIC NURSING SPECIALTIES INC.</b> 2270 LAKE AVE., STE. 201 FORT WAYNE IN 46805	35-1943648	501C3	35,000				<b>OPERATING SUPPORT</b>

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

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OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization <b>COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.</b>	Employer identification number <b>35-1119450</b>
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**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FORT WAYNE BALLET INC. 300 E. MAIN ST. FORT WAYNE IN 46802-1919	35-6006394	501C3	27,592				OPERATING SUPPORT
(2) FORT WAYNE CINEMA CENTER 437 E BERRY ST STE 1 FORT WAYNE IN 46802	35-1414723	501C3	10,000				OPERATING SUPPORT
(3) FORT WAYNE CIVIC THEATRE INC. 303 E. MAIN ST, FORT WAYNE IN 46802	35-6001476	501C3	36,580				OPERATING SUPPORT
(4) FORT WAYNE CLUBHOUSE INC. 3327 LAKE AVE. FORT WAYNE IN 46805	35-2026647	501C3	40,000				OPERATING SUPPORT
(5) FORT WAYNE DANCE COLLECTIVE INC. 437 E. BERRY ST., STE. 203 FORT WAYNE IN 46802	31-0958473	501C3	15,000				OPERATING SUPPORT
(6) FORT WAYNE HABITAT FOR HUMANITY 2020 E. WASHINGTON BLVD., STE. 500 FORT WAYNE IN 46803	35-1687064	501C3	19,739				OPERATING SUPPORT
(7) FORT WAYNE MEDICAL SOCIETY FDN 709 CLAY ST., STE 300 FORT WAYNE IN 46802	35-6049685	501C3	16,200				HEALTHIER MOMS &BABY
(8) FORT WAYNE MUSEUM OF ART INC. 311 E. MAIN ST. FORT WAYNE IN 46802	35-0953440	501C3	55,263				OPERATING SUPPORT
(9) FORT WAYNE PARKS & RECREATION 705 E. STATE BLVD. FORT WAYNE IN 46805	35-6001029	GOV	31,954				LIFETIME SPORTS ACAD

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

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OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization <b>COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.</b>	Employer identification number <b>35-1119450</b>
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**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FORT WAYNE PHILHARMONIC ORCHESTRA 4901 FULLER DR. FORT WAYNE IN 46835	35-0791163	501C3	63,867				OPERATING SUPPORT
(2) FORT WAYNE PUBLIC TELEVISION INC. 2501 E. COLISEUM BLVD. FORT WAYNE IN 46805-1562	23-7173906	501C3	15,508				OPERATING SUPPORT
(3) FORT WAYNE RESCUE MISSION MINISTRY P.O. BOX 11116 FORT WAYNE IN 46855-1116	35-1054670	501C3	64,450				OPERATING SUPPORT
(4) FORT WAYNE SISTER CITIES INTL. 5231 CHIPPEWA TRAIL FORT WAYNE IN 46804	31-1105602	501C3	41,865				STUDENT TRAVEL EXP.
(5) FORT WAYNE TRAILS 300 E. MAIN ST., STE. 131 FORT WAYNE IN 46802	42-1545637	501C3	12,500				TRAIL NETWORK
(6) FORT WAYNE URBAN LEAGUE INC. 2135 S. HANNA ST. FORT WAYNE IN 46803-2429	35-0869052	501C3	40,500				COLLEGE READINESS PR
(7) FORT WAYNE YOUTHEATRE INC 303 E. MAIN ST. FORT WAYNE IN 46802	35-1551064	501C3	8,764				OPERATING SUPPORT
(8) FORT WAYNE ZOOLOGICAL SOCIETY 3411 SHERMAN BLVD. FORT WAYNE IN 46808	35-6068234	501C3	55,235				OPERATING SUPPORT
(9) FOUNDATION FOR ART AND MUSIC 300 E. MAIN ST. FORT WAYNE IN 46802	35-1719238	501C3	10,000				MULTICULTURAL ARTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

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OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization <b>COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.</b>	Employer identification number <b>35-1119450</b>
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**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FRIENDS OF THE RIVERS INC 1919 FOREST PARK BLVD FORT WAYNE IN 46805	05-0608001	501C3	617,851				RIVERBOAT
(2) GENNESARET FREE CLINIC INC 615 N ALABAMA ST STE B INDIANAPOLIS IN 46204	35-1776518	501C3	6,500				OPERATING SUPPORT
(3) GIGIS PLAYHOUSE INC 6081 N CLINTON ST FORT WAYNE IN 46825	47-4861688	501C3	15,000				OPERATING SUPPORT
(4) GIRLS SCOUTS OF NORTHERN IN-MI INC 10008 DUPONT CIRCLE E. FORT WAYNE IN 46825	35-0868091	501C3	20,000				LEADERSHIP DEV.
(5) GOOD SHEPERD LUTHERAN CHURCH 600 S ENOTA DR NE GAINESVILLE GA 30501	58-1077602	501C3	8,500				OPERATING SUPPORT
(6) HARLAN CHRISTIAN YOUTH CENTER P.O. BOX 467 HARLAN IN 46743	35-2125040	501C3	23,380				OPERATING SUPPORT
(7) HAROLD W. MCMILLEN CENTER 600 JIM KELLEY BLVD. FORT WAYNE IN 46816	35-1186994	501C3	130,000				HEALTH EDUCATION
(8) HARRISON HILL ELEMENTARY SCHOOL 355 CORNELL CIR. FORT WAYNE IN 46807	35-6006351	GOV	7,541				S.T.A.R.S. PROGRAM
(9) HEARTLAND SINGS 1516 LEESBURG RD FORT WAYNE IN 46808	35-1733497	501C3	5,100				OPERATING SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization <b>COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.</b>	Employer identification number <b>35-1119450</b>
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**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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(1) HOOSIERS FEEDING THE HUNGRY 4490A STATE ROAD 327 GARRETT IN 46738	45-2402892	501C3	7,000				OPERATING SUPPORT
(2) IMANI BAPTIST TEMPLE 2920 INDIANA AVE FORT WAYNE IN 46807	26-1199518	501C3	9,000				OPERATING SUPPORT
(3) INDIANA INSTITUTE OF TECHNOLOGY INC 1600 E. WASHINGTON BLVD. FORT WAYNE IN 46803	35-0845258	501C3	19,275				SCHOLARSHIPS
(4) INDIANA PHILANTHROPY ALLIANCE 32 E. WASHINGTON ST., STE. 1100 INDIANAPOLIS IN 46204-3583	35-1835134	501C3	5,550				MEMBERSHIP RENEWAL
(5) INDIANA UNIV-PURDUE UNIV FORT WAYNE 2101 E. COLISEUM BLVD. FORT WAYNE IN 46805-1499	35-6002041	501C3	65,939				SCHOLARSHIPS
(6) INDIANA UNIVERSITY FOUNDATION P.O. BOX 500 BLOOMINGTON IN 47402	35-6018940	501C3	4,000,739				VARIOUS PROG & CLUBS
(7) INDIANA WESLEYAN UNIVERSITY 1900 W. 50TH ST. MARION IN 46953	35-0885591	501C3	5,654				SCHOLARSHIPS
(8) INNER CITY HOPE CORPORATION PO BOX 12045 FORT WAYNE IN 46802	35-1967440	501C3	10,000				FOOD BANK
(9) INTERFAITH HOSPITALITY NETWORK 2925 E. STATE BLVD. FORT WAYNE IN 46805	35-2089785	501C3	31,000				SHELTER & SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

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OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.** Employer identification number **35-1119450**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ISAAC KNAPP DENTAL EDUCATOIN FOUNDA 709 CLAY ST STE 300 FORT WAYNE IN 46802	35-1710974	501C3	7,547				OPERATING SUPPORT
(2)	IVY TECH FOUNDATION INC 3800 N ANTHONY BLVD FORT WAYNE IN 46805	23-7073977	501C3	9,869				SCHOLARSHIPS
(3)	JUNIOR ACHIEVEMENT OF NORTHERN IN 601 NOBLE DR. FORT WAYNE IN 46825	35-0922731	501C3	42,500				JA FINANCE PARK
(4)	KATES KART INC 10376 LEO RD STE A FORT WAYNE IN 46825	26-2615368	501C3	6,000				OPERATING SUPPORT
(5)	LIFELINE YOUTH & FAMILY SERVICES 4150 ILLINOIS RD FORT WAYNE IN 46804	32-0420745	501C3	13,795				OPERATING SUPPORT
(6)	LITERACY ALLIANCE INC. 1005 W. RUDISILL BLVD. STE. 307 FORT WAYNE IN 46807	35-1710780	501C3	30,000				OPERATING SUPPORT
(7)	LITTLE RIVER WETLANDS PROJECT 7209 ENGLE RD., STE. 200 FORT WAYNE IN 46804	35-1809569	501C3	6,930				OPERATING SUPPORT
(8)	LUTHERAN FOUNDATION INC. 3024 FAIRFIELD AVE. FORT WAYNE IN 46807-1697	35-0886840	501C3	42,208				OPIOID EDUCATION
(9)	LUTHERAN SOCIAL SERVICES OF INDIANA P.O. BOX 11329 FORT WAYNE IN 46857-1329	35-0868124	501C3	50,822				OPERATING SUPPORT

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.** Employer identification number **35-1119450**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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(1)	MARTIN LUTHER KING MONTESSORI SCHOOL 6001 S. ANTHONY BLVD. FORT WAYNE IN 46816	35-1161409	501C3	35,000				OPERATING SUPPORT
(2)	MATTHEW 25 HEALTH AND DENTAL CLINIC 413 E. JEFFERSON BLVD. FORT WAYNE IN 46802	35-1484951	501C3	92,656				OPERATING SUPPORT
(3)	MAYO CLINIC ROCHESTER 200 FIRST ST SW ROCHESTER MN 55905	41-6011702	501C3	10,000				RESEARCH
(4)	MEMORIAL HIGH SCHOOL BOOSTER CLUB I 932 ECHO LN HOUSTON TX 77024	76-0632864	501C3	10,000				OPERATING SUPPORT
(5)	MENTAL HEALTH AMERICA ALLEN COUNTY 2200 LAKE AVE., STE. 105 FORT WAYNE IN 46805	46-1326514	501C3	24,400				COMM ADVOCACY PROG
(6)	MUSTARD SEED FURNITURE BANK OF FW 3636 ILLINOIS RD. FORT WAYNE IN 46804	35-2149283	501C3	27,500				OPERATING SUPPORT
(7)	NATIONAL LEAGUE OF CUBAN AMERICAN 3000 S. WAYNE AVE. FORT WAYNE IN 46807	31-0974403	501C3	25,000				CLASSES & SERVICES
(8)	NEIGHBORHOOD HEALTH CLINICS INC PO BOX 11949 FORT WAYNE IN 46862	35-1922483	501C3	20,000				EQUIPMENT PURCHASES
(9)	NEW HAVEN ADAMS TOWNSHIP PARKS & REC 1125 HARTZELL ST. NEW HAVEN IN 46774	35-1105050	501C3	48,962				BAND SHELL

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF GREATER  
FORT WAYNE INC.**

Employer identification number  
**35-1119450**

**Part I General Information on Grants and Assistance**

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(1)	NEW HAVEN POLICE DEPARTMENT 815 LINCOLN HWY NEW HAVEN IN 46774	35-1105050	GOV	7,000				POLICE SERVICE DOG
(2)	NORTH SIDE HIGH SCHOOL ALUMNI ASSOC 475 E. STATE BLVD FORT WAYNE IN 46805	31-1250392	501C3	6,577				SCHOLARSHIPS
(3)	NORTHEAST INDIANA POSITIVE RESOURCE 525 OXFORD ST FORT WAYNE IN 46806	31-1191147	501C3	35,000				OPERATING SUPPORT
(4)	NORTHEAST INDIANA PUBLIC RADIO INC. P.O. BOX 8459 FORT WAYNE IN 46898-8459	35-1514924	501C3	23,063				OPERATING SUPPORT
(5)	ORINDA COMMUNITY FOUNDATION PO BOX 21 ORINDA CA 94563	27-2134212	501C3	10,000				OPERATING SUPPORT
(6)	PARK TUDOR FOUNDATION 7200 NORTH COLLEGE AVE. INDIANAPOLIS IN 46240	35-0909976	501C3	15,000				OPERATING SUPPORT
(7)	PARKVIEW HEALTH SYSTEMS 10501 CORPORATE DR FORT WAYNE IN 46845	35-0868085	501C3	6,077				OPERATING SUPPORT
(8)	POWER HOUSE YOUTH CENTER INC 830 MAIN ST NEW HAVEN IN 46774	35-2022371	501C3	7,064				OPERATING SUPPORT
(9)	PROJECT HOME INDY PO BOX 44146 INDIANAPOLIS IN 46244	20-5045345	501C3	6,500				OPERATING SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization <b>COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.</b>	Employer identification number <b>35-1119450</b>
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**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) QUESTA FOUNDATION 6502 CONSTITUTION DR. FORT WAYNE IN 46804	35-6025795	501C3	10,253				OPERATING SUPPORT
(2) RONALD MCDONALD HOUSE OF INDIANA 435 LIMESTONE ST INDIANAPOLIS IN 46202	35-1497202	501C3	12,000				FAMILY ASSISTANCE
(3) RSVP OF ALLEN COUNTY INC 3401 LAKE AVE., STE. 4 FORT WAYNE IN 46805	36-4559850	501C3	25,000				OPERATING SUPPORT
(4) SAINT ROSE CATHOLIC SCHOOL 401 MONROE ST MONROEVILLE IN 46773	53-0196617	501C3	6,746				SCHOLARSHIPS
(5) SALVATION ARMY 2901 N. CLINTON ST. FORT WAYNE IN 46805-1909	13-3485289	501C3	22,131				SOCIAL SERVICE PROG.
(6) SCAN INC. 500 W. MAIN ST. FORT WAYNE IN 46802	31-0899309	501C3	36,047				OPERATING SUPPORT
(7) SCIENCE CENTRAL INC. 1950 N. CLINTON ST. FORT WAYNE IN 46805	31-1032583	501C3	30,000				OPERATING SUPPORT
(8) SOULMEDIC MEDIA GROUP INC 6429 OAKBROOK PARKWAY FORT WAYNE IN 46825	27-2417633	501C3	20,000				OPERATING SUPPORT
(9) SOUTH SIDE HIGH SCHOOL FOUNDATION 10824 PATRICIAN PL. FORT WAYNE IN 46845	35-1924095	501C3	9,000				2016 DISTRIBUTION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
- 3 Enter total number of other organizations listed in the line 1 table u

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

Schedule I (Form 990) (2016)



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization <b>COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.</b>	Employer identification number <b>35-1119450</b>
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**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SOUTHEAST YOUTH COUNCIL INC 19819 MONROEVILLE RD. MONROEVILLE IN 46773	35-2131053	501C3	23,070				YOUTH DEVELOPMENT
(2) ST. CHARLES BORROMEO CATHOLIC CHURCH 4916 TRIER RD. FORT WAYNE IN 46815	53-0196617	501C3	10,600				BISHOP'S APPEAL
(3) ST. JOSEPH CATHOLIC SCHOOL 2211 BROOKLYN AVE. FORT WAYNE IN 46802	35-2051396	501C3	12,500				SCHOLARSHIPS
(4) ST. JUDE ELEMENTARY 2110 PEMBERTON DR. FORT WAYNE IN 46805	35-0876373	501C3	12,500				SCHOLARSHIPS
(5) STREETWISE 4554 N BROADWAY STE 350 CHICAGO IL 60640	36-3892424	501C3	6,000				OPERATING SUPPORT
(6) SUPER SHOT INC. 709 CLAY ST., STE. 300 FORT WAYNE IN 46802	35-2122575	501C3	20,000				IMMUNIZATION CLINIC
(7) TEACH OUR CHILDREN FUND INC 2510 E DUPONT RD STE 203 FORT WAYNE IN 46825	71-0951614	501C3	5,500				OPERATING SUPPORT
(8) THE CHAPEL 2505 W. HAMILTON RD. S. FORT WAYNE IN 46814	35-1930152	501C3	120,100				OPERATING SUPPORT
(9) THE LEAGUE 5821 S. ANTHONY BLVD. FORT WAYNE IN 46816	35-0876341	501C3	35,621				OPERATING SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
- 3 Enter total number of other organizations listed in the line 1 table u

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

Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

**u** Attach to Form 990.

**u** Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization <b>COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.</b>	Employer identification number <b>35-1119450</b>
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**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THREE RIVERS JUNCTION INC 10424 INDIAN RIDGE DR. FORT WAYNE IN 46814	35-2130681	501C3	13,285				PLAYGROUND MAINT.
(2) TRINITY ENGLISH EVANGELICAL LUTHERAN 405 W. WAYNE ST. FORT WAYNE IN 46802	35-0876356	501C3	25,006				OPERATING SUPPORT
(3) TURNSTONE CENTER 3320 N. CLINTON ST. FORT WAYNE IN 46805	35-0913541	501C3	82,004				OPERATING SUPPORT
(4) UNITED WAY OF ALLEN COUNTY P.O. BOX 11784 FORT WAYNE IN 46860	35-0867932	501C3	108,513				OPERATING SUPPORT
(5) UNITED WAY METROPOLITAN NASHVILLE 250 VENTURE CIRCLE NASHVILLE TN 37228	62-0533104	501C3	20,000				OPERATING SUPPORT
(6) UNIVERSITY OF SAINT FRANCIS 2701 SPRING ST. FORT WAYNE IN 46808	35-0886846	501C3	55,633				SCHOLARSHIPS
(7) VERA BRADLEY FOUNDATION 12420 STONEBRIDGE RD. ROANOKE IN 46783	35-2058177	501C3	46,850				CLASSIC SPONSORSHIP
(8) VINCENT VILLAGE INC 2827 HOLTON AVE. FORT WAYNE IN 46806	35-1780135	501C3	48,500				OPERATING SUPPORT
(9) VISITING NURSE AND HOSPICE HOME INC 5910 HOMESTEAD RD. FORT WAYNE IN 46814	35-1687026	501C3	302,743				OPERATING SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization <b>COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.</b>	Employer identification number <b>35-1119450</b>
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**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WABASH COLLEGE PO BOX 352 CRAWFORDSVILLE IN 47933	35-0868202	501C3	13,000				OPERATING SUPPORT
(2) WELLSRING INTERFAITH SOCIAL SERVICE 1316 BROADWAY AVE. FORT WAYNE IN 46802-3304	51-0151621	501C3	46,314				OPERATING SUPPORT
(3) WOMEN'S BUREAU INC. 2417 FAIRFIELD AVE. FORT WAYNE IN 46807-1210	35-1367133	501C3	30,000				OPERATING SUPPORT
(4) WUNDERKAMMER COMPANY 3402 FAIRFIELD AVE. FORT WAYNE IN 46807	26-1329112	501C3	46,000				OPERATING SUPPORT
(5) XI CHAPTER FOUNDATION INC 11244 WOODS BAY LN INDIANAPOLIS IN 46236	35-1989898	501C3	10,000				SIGMA CHI HOUSE
(6) YMCA OF GREATER FORT WAYNE 347 E. BERRY ST., STE. 500 FORT WAYNE IN 46802	35-0886850	501C3	55,072				YOUTH DEV. PROGRAM
(7) YOUNG LEADERS OF NORTHEAST INDIANA PO BOX 10774 FORT WAYNE IN 46853	47-3026258	501C3	20,000				2017 MY CITY SUMMIT
(8) YOUNG LIFE P.O. BOX 70065 PRESCOTT AZ 86304	84-0385934	501C3	8,000				OPERATING SUPPORT
(9) YWCA NORTHEAST INDIANA INC. 1610 SPY RUN AVE. FORT WAYNE IN 46805-4033	35-0868220	501C3	52,000				OPERATING SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
- 3 Enter total number of other organizations listed in the line 1 table u

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

Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

**u** Attach to Form 990.

**u** Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF GREATER  
FORT WAYNE INC.**

Employer identification number  
**35-1119450**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ZION LUTHERAN CHURCH 2313 S. HANNA ST. FORT WAYNE IN 46803	35-0895833	501C3	15,000				OPERATING SUPPORT
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

**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	275,000			
2					
3					
4					
5					
6					
7					

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

**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**

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.

**SCHEDULE J**  
**(Form 990)**

**Compensation Information**

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

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

u Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**COMMUNITY FOUNDATION OF GREATER  
FORT WAYNE INC.**

Employer identification number  
**35-1119450**

**Part I Questions Regarding Compensation**

**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.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID BENNETT EXECUTIVE DIRECTOR	(i)	151,475	0	0	4,729	17,638	173,842	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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	<b>X</b>	<b>22</b>	<b>673,905</b>	<b>FAIR MARKET VALUE</b>
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 <b>u</b> ( <b>PLEDGE</b> )	<b>X</b>	<b>1</b>	<b>3,630,000</b>	<b>FAIR MARKET VALUE</b>
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

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

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		<b>X</b>
31	<b>X</b>	
32a		<b>X</b>

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

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



**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**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.

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016****Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF GREATER  
FORT WAYNE INC.**

Employer identification number

**35-1119450****FORM 990, PART I, LINE 6**

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

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT****ARTS, CULTURE & OTHER:**

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

**FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS**

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

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COMMUNITY FOUNDATION OF GREATER

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

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
 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.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
 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

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF GREATER

35-1119450

SIMILAR ORGANIZATIONS. DISCUSSION REGARDING THE COMPENSATION ARRANGEMENT IS CONTEMPORANEOUSLY DOCUMENTED AND MAINTAINED BY THE BOARD PRESIDENT.

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

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.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

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.

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

NET CONTRIBUTIONS FROM AGENCY ENDOWMENTS \$ 86,890

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

**u** Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF GREATER  
FORT WAYNE INC.**

Employer identification number

**35-1119450**

**Part I 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
(1)					
(2)					
(3)					
(4)					
(5)					

**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) <b>COMMUNITY PARTNERSHIPS INC</b> 555 E. WAYNE STREET 35-1948487 FT WAYNE IN 46802	<b>PROJECTS</b>	<b>IN</b>	<b>501C3</b>	<b>12A</b>	<b>N/A</b>		<b>X</b>
(2) <b>FORT WAYNE CENTRAL IMPROVEMENT FDN</b> 555 E. WAYNE STREET 35-1527622 FT WAYNE IN 46802	<b>REAL ESTAT</b>	<b>IN</b>	<b>501C3</b>	<b>12A</b>	<b>N/A</b>		<b>X</b>
(3) <b>SUMMIT INITIATIVES FOUNDATION INC</b> 555 E. WAYNE STREET 45-4671150 FT WAYNE IN 46802	<b>ECON. DEV.</b>	<b>IN</b>	<b>501C3</b>	<b>12A</b>	<b>N/A</b>		<b>X</b>
(4)							
(5)							

**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 alloc.?		(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	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

**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
(1) .....									
(2) .....									
(3) .....									
(4) .....									

**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.

**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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FORT WAYNE CENTRAL IMPROVEMENT INC	K	52,279	CASH
(2)			
(3)			
(4)			
(5)			
(6)			



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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													



**NP-20**State Form 51062  
(R7 / 8-13)

Indiana Department of Revenue  
**Indiana Nonprofit Organization's Annual Report**  
**For the Calendar Year or Fiscal Year**  
**Beginning 01 01 2016 and Ending 12 31 2016**  
MM/DD/YYYY MM/DD/YYYY

Check if: Change of Address  
Amended Report  
Final Report: Indicate  
Date Closed

Due on the 15th day of the 5th month following the end of the tax year.  
**NO FEE REQUIRED.**

Name of Organization		Telephone Number	
<b>COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.</b>		<b>260 426 4083</b>	
Address		Indiana Taxpayer Identification Number	
<b>555 E. WAYNE STREET</b>			
City		Federal Identification Number	
<b>FORT WAYNE</b>		<b>35 1119450</b>	
Printed Name of Person to Contact		Contact's Telephone Number	
<b>DAVID J. BENNETT</b>		<b>260 426 4083</b>	

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

**Note:** If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

**Current Information**

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. **61**
3. Attach a schedule, listing the names, titles and addresses of your current officers. **SEE STATEMENT 1**
4. Briefly describe the purpose or mission of your organization below.

**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.**

Email Address: **HLUDWIG@CFGFW.ORG**

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Signature of Officer or Trustee	<b>EXECUTIVE DIRECTOR</b>	Date
<b>DAVID BENNETT</b>	<b>260 426 4083</b>	
Name of Person(s) to Contact	Daytime Telephone Number	

**Important:** Please submit this completed form and/or extension to:  
Indiana Department of Revenue, Tax Administration  
P.O. Box 6481  
Indianapolis, IN 46206-6481  
Telephone: (317) 232-0129

**Extensions of Time to File**

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



25413111022

**Statement 1 - IN Form NP-20, Line 3 - Current Officers**

<u>Officer Name</u>	<u>Address</u>	<u>Title</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
JANE GERARDOT	555 E. WAYNE ST.	DIRECTOR	FORT WAYNE	IN	46802
CHRIS RUPP	555 E. WAYNE ST	PRESIDENT	FORT WAYNE	IN	46802
SHANNON HARDIEK	555 E. WAYNE ST	VICE PRESIDENT	FORT WAYNE	IN	46802
TOM TRENT	555 E. WAYNE ST	SECRETARY	FORT WAYNE	IN	46802
JONATHAN HANCOCK	555 E. WAYNE ST	TREASURER	FORT WAYNE	IN	46802
DAVID BENNETT	555 E. WAYNE ST	EXECUTIVE DIRECTOR	FORT WAYNE	IN	46802
HEIDI LUDWIG	555 E. WAYNE ST	ASSOCIATE DIRECTOR	FORT WAYNE	IN	46802