

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

OMB No. 1545-0047

2019
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning , and ending

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	C Name of organization COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.		D Employer identification number 35-1119450
	Doing business as		E Telephone number 260-426-4083
	Number and street (or P.O. box if mail is not delivered to street address) 555 E. WAYNE STREET	Room/suite	G Gross receipts \$ 27,271,204
	City or town, state or province, country, and ZIP or foreign postal code FORT WAYNE IN 46802		

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

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

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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE BY BUILDING PERMANENT ENDOWMENTS, PROMOTING EFFECTIVE GRANTMAKING, FOSTERING PHILANTHROPY, STIMULATING COMMUNITY DIALOGUE, AND HELPING DONORS ACHIEVE THEIR CHARITABLE GOALS.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	18
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	13
	6 Total number of volunteers (estimate if necessary)	90
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0
b Net unrelated business taxable income from Form 990-T, line 39	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 5,658,613 Current Year: 9,992,580
	9 Program service revenue (Part VIII, line 2g)	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,158,137
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-400,132
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,416,618
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,601,399
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,070,205
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0
	b Total fundraising expenses (Part IX, column (D), line 25) u	251,400
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	965,332
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,636,936	
19 Revenue less expenses. Subtract line 18 from line 12	4,779,682	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 139,725,829 End of Year: 167,410,639
	21 Total liabilities (Part X, line 26)	9,057,288
	22 Net assets or fund balances. Subtract line 21 from line 20	130,668,541

Part II Signature Block

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

Sign Here

Signature of officer: **R. BRADLEY LITTLE** Date: _____
 Type or print name and title: **PRESIDENT / CEO**

Paid Preparer Use Only

Print/Type preparer's name: **TODD E. HAINES** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00691953**

Firm's name: **HAINES ISENBARGER & SKIBA LLC** Firm's EIN: **52-2127371**
 Firm's address: **4630 W JEFFERSON BLVD # 8 FORT WAYNE, IN 46804** Phone no.: **260-436-9500**

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 \$ **6,111,244** including grants of \$ **5,966,763**) (Revenue \$)

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

4b (Code:) (Expenses \$ **37,565** including grants of \$) (Revenue \$)

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

4c (Code:) (Expenses \$ **190,605** including grants of \$) (Revenue \$)

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

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 6,339,414**

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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 donor-restricted endowments or in 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
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
25b			X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
26			X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35a		X	
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>		X
35b			X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a			25
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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

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 on 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
1a	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 on Schedule O.		
	18		
b	Enter the number of voting members included on line 1a, above, who are independent		
	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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**

R. BRADLEY LITTLE **555 E. WAYNE ST** **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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHANNON HARDIEK BOARD CHAIR	1.00 2.00	X		X				0	0	0
(2) MICHAEL CAHILL VICE CHAIR	1.00 2.00	X		X				0	0	0
(3) JONATHAN HANCOCK VICE CHAIR PART YEAR	1.00 2.00	X		X				0	0	0
(4) ROBERT FRANCIS SECRETARY	1.00 2.00	X		X				0	0	0
(5) ROBERT PATRICK TREASURER	1.00 2.00	X		X				0	0	0
(6) BRUCE MENSHY TREASURER PART YEAR	1.00 3.00	X		X				0	0	0
(7) MICHAEL BARRANDA DIRECTOR	1.00 2.00	X						0	0	0
(8) TROIS HART DIRECTOR	1.00 0.00	X						0	0	0
(9) SUN HUYNH DIRECTOR	1.00 0.00	X						0	0	0
(10) TODD JACOBS DIRECTOR	1.00 0.00	X						0	0	0
(11) GREGORY JOHNSON DIRECTOR	1.00 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 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) BEN MILES	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) CHRIS RUPP	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) HEATHER SCHOEGLER	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) IRENE WALTERS	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) DOUG WOOD	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) CINDY GOODMAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) CARRIE MINNICH	1.00									
DIRECTOR	0.00	X					0	0	0	
(19) EDMOND O'NEAL	1.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A							303,695		36,221	
d Total (add lines 1b and 1c)							303,695		36,221	

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 2**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MASON INVESTMENT ADVISORY SERVICES 11130 RESTON VA 20191	SUNRISE VALLEY DR. STE 200 INV. CONSULTING	180,613

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

(A) Name and title	(B) Average hours per week 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) DAMIAN GOSHEFF	1.00									
DIRECTOR	0.00	X					0	0	0	
(21) RONALD MENZE	1.00									
DIRECTOR	1.00	X					0	0	0	
(22) R. BRADLEY LITTLE	40.00									
PRESIDENT/CEO	3.00			X			189,108	0	17,858	
(23) HEIDI LUDWIG	40.00									
COO	0.00			X			114,587	0	18,363	
1b Subtotal							303,695		36,221	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

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**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,992,580				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,764,988				
	h Total. Add lines 1a-1f	u	9,992,580				
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	4,581,033			4,581,033	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	11,816,733			
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b	11,145,771				
	c Gain or (loss)	7c	670,962				
	d Net gain or (loss)	u	670,962			670,962	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	11a CHANGE IN VALUE OF SPLIT INT	Business Code	900099	620,354	620,354		
	b MISCELLANEOUS INCOME		900099	260,504	260,504		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u	880,858				
12 Total revenue. See instructions	u	16,125,433	880,858	0	5,251,995		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,644,053	5,644,053		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	322,710	322,710		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	339,915	89,434	203,620	46,861
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	447,464	98,832	265,660	82,972
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,267	2,679	7,295	2,293
9 Other employee benefits	76,716	19,296	42,869	14,551
10 Payroll taxes	54,498	13,074	32,303	9,121
11 Fees for services (nonemployees):				
a Management				
b Legal	1,000	240	593	167
c Accounting	28,050	6,729	16,626	4,695
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	312,514		312,514	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	42,197			42,197
13 Office expenses	20,762	4,980	12,307	3,475
14 Information technology				
15 Royalties				
16 Occupancy	78,018	18,717	46,243	13,058
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,974	9,350	23,101	6,523
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,575		10,575	
23 Insurance	22,284	5,346	13,208	3,730
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT & MAINTENANCE	109,500	26,269	64,904	18,327
b COMMUNITY INITIATIVES	72,788	72,788		
c MISCELLANEOUS	15,624	3,749	9,260	2,615
d DUES & SUBSCRIPTIONS	4,869	1,168	2,886	815
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,654,778	6,339,414	1,063,964	251,400
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	30,635	1	93,654
	2	Savings and temporary cash investments	222,438	2	110,980
	3	Pledges and grants receivable, net	208,560	3	155,480
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,924	9	16,068
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	279,513		
	b	Less: accumulated depreciation	220,235	10c	59,278
	11	Investments—publicly traded securities	122,446,814	11	148,978,092
	12	Investments—other securities. See Part IV, line 11	10,699,649	12	11,186,482
	13	Investments—program-related. See Part IV, line 11	1,332,499	13	1,447,134
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,719,469	15	5,363,471
16	Total assets. Add lines 1 through 15 (must equal line 33)	139,725,829	16	167,410,639	
Liabilities	17	Accounts payable and accrued expenses	38,108	17	47,060
	18	Grants payable	1,736,593	18	608,750
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,282,587	25	8,747,944
	26	Total liabilities. Add lines 17 through 25	9,057,288	26	9,403,754
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	127,920,582	27	154,764,437
	28	Net assets with donor restrictions	2,747,959	28	3,242,448
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	130,668,541	32	158,006,885	
33	Total liabilities and net assets/fund balances	139,725,829	33	167,410,639	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,125,433
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,654,778
3	Revenue less expenses. Subtract line 2 from line 1	3	8,470,655
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	130,668,541
5	Net unrealized gains (losses) on investments	5	19,285,360
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-417,671
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	158,006,885

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

(Complete only if you checked the box on line 5, 7, 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,027,541	6,978,475	3,257,223	5,658,613	9,992,580	33,914,432
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,027,541	6,978,475	3,257,223	5,658,613	9,992,580	33,914,432
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,900,011
6 Public support. Subtract line 5 from line 4						27,014,421

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	8,027,541	6,978,475	3,257,223	5,658,613	9,992,580	33,914,432
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,400,562	3,241,905	4,765,701	4,653,763	4,581,033	20,642,964
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						54,557,396

12 Gross receipts from related activities, etc. (see instructions) 12 611,735

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 2019 (line 6, column (f) divided by line 11, column (f))	14	49.52 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	48.04 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2019.** 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—2018.** 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c 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.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.		
2a		
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.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
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.		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.)

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

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

Organization type (check one):

- | | | |
|--------------------|---|--|
| Filers of: | Section: | |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | <input type="checkbox"/> 527 political organization | |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation | |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

COMMUNITY FOUNDATION OF GREATER

Employer identification number

35-1119450

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 290,544	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,657,066	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 364,351	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,125,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

COMMUNITY FOUNDATION OF GREATER

Employer identification number

35-1119450

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	\$ 339,315	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	\$ 302,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

COMMUNITY FOUNDATION OF GREATER

Employer identification number

35-1119450

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	<p>SECURITIES</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 359,988</p>	<p>05/10/19</p>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>.....</p>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>.....</p>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>.....</p>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>.....</p>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>.....</p>

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

OMB No. 1545-0047

2019

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 and grants, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II with checkboxes for conservation purposes (land, habitat, open space, historic structure), a table for conservation details (2a-2d), and questions about monitoring and expenses.

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 with questions 1a, 1b, 2a, 2b regarding reporting requirements for art and historical treasures.

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 make 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 program
- 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 Yes No

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	419,488	474,102	445,775	448,424	489,244
b Contributions	185	202		6,840	89
c Net investment earnings, gains, and losses	66,400	-29,395	67,717	20,522	-14,216
d Grants or scholarships	16,987	21,065	34,437	25,222	21,160
e Other expenditures for facilities and programs	70,842				
f Administrative expenses	2,567	4,356	4,953	4,789	5,533
g End of year balance	395,677	419,488	474,102	445,775	448,424

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 Term 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? Yes No

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		279,513	220,235	59,278
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				59,278

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 PRIVATE CAPITAL	9,006,635	MARKET
(A) GLOBAL MARKET FUND	2,179,847	MARKET
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	11,186,482	

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ASSETS HELD FOR OTHER AGENCIES	7,871,320
(3) ANNUITIES PAYABLE	876,624
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,747,944

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

THE COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC. AND ITS AFFILIATED SUPPORTING ORGANIZATIONS ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501(C) (3) AND SECTION 509(A)(3), RESPECTIVELY, OF THE INTERNAL REVENUE CODE AND SIMILAR PROVISIONS OF STATE LAW. HOWEVER, THE COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC. AND ITS AFFILIATED SUPPORTING ORGANIZATIONS ARE SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. THE COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC. AND ITS AFFILIATED SUPPORTING ORGANIZATIONS PROVIDE LIABILITIES FOR UNCERTAIN INCOME TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE. MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN OR EXPECTS TO BE TAKEN AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT SHOULD

Part XIII Supplemental Information *(continued)*

BE RECOGNIZED, MEASURED OR DISCLOSED IN THE COMBINED FINANCIAL STATEMENTS.
MANAGEMENT BELIEVES THE COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC. AND
ITS AFFILIATED SUPPORTING ORGANIZATIONS ARE NO LONGER SUBJECT TO
EXAMINATION BY TAX AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 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 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**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)	ACRES INC. 1802 CHAPMAN RD. HUNTERTOWN IN 46748	31-0976955	501C3	31,450				CHARITABLE SUPPORT
(2)	ALLEN COUNTY CASA COALITION INC. 1 E. MAIN ST., #421 FORT WAYNE IN 46802	31-1253983	501C3	11,535				CHARITABLE SUPPORT
(3)	ALLEN COUNTY COURTHOUSE 715 S. CALHOUN ST., RM. 300 FORT WAYNE IN 46802	35-1932033	501C3	255,581				CHARITABLE SUPPORT
(4)	ALLEN COUNTY SPCA 4914 S. HANNA ST. FORT WAYNE IN 46806	35-6042135	501C3	11,450				CHARITABLE SUPPORT
(5)	AMANI FAMILY SERVICES 5104 N. CLINTON ST. FORT WAYNE IN 46825	41-2205791	501C3	31,200				CHARITABLE SUPPORT
(6)	AMERICAN HEART ASSOCIATION INC. 300 SOUTH RIVERSIDE PLAZA, STE. 120 CHICAGO IL 60606	13-5613797	501C3	5,569				CHARITABLE SUPPORT
(7)	AMERICAN RED CROSS OF NORTHEAST IN 1212 E. CALIFORNIA RD. FORT WAYNE IN 46825	53-0196605	501C3	30,350				CHARITABLE SUPPORT
(8)	ANTHONY RIZZO FAMILY FOUNDATION 1755 EDGEWOOD RD. HIGHLAND PARK IL 60035	45-5636633	501C3	10,000				CHARITABLE SUPPORT
(9)	ARCH INC. 818 LAFAYETTE ST. FORT WAYNE IN 46802	35-1367895	501C3	13,500				CHARITABLE SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 166**

3 Enter total number of other organizations listed in the line 1 table **u 9**

**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

2019

**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)	ARIZONA MUSICFEST 7950 E. THOMPSON PEAK PARKWAY SCOTTSDALE AZ 85255	86-1034396	501C3	10,000				CHARITABLE SUPPORT
(2)	ARTLINK INC. AUER CENTER FOR ARTS AND CULTURE FORT WAYNE IN 46802	35-1461761	501C3	48,600				CHARITABLE SUPPORT
(3)	ARTS UNITED OF GREATER FORT WAYNE AUER CENTER FOR ARTS AND CULTURE FORT WAYNE IN 46802	35-0992067	501C3	72,751				CHARITABLE SUPPORT
(4)	ASSOCIATED CHURCHES OF FORT WAYNE 602 E. WAYNE ST. FORT WAYNE IN 46802	35-0905944	501C3	53,469				CHARITABLE SUPPORT
(5)	AUDIENCES UNLIMITED INC. 1005 W. RUDISILL BLVD., STE. 304 FORT WAYNE IN 46807	31-0946267	501C3	17,359				CHARITABLE SUPPORT
(6)	AVOW - ADVANCING VOICES OF WOMEN 2707 MALLARD COVE LANE FORT WAYNE IN 46804	82-3579510	501C3	16,379				CHARITABLE SUPPORT
(7)	BEACON HEIGHTS CHURCH OF BRETHREN 2810 BEACON STREET FORT WAYNE IN 46805	35-6029449	501C3	7,537				CHARITABLE SUPPORT
(8)	BIG BROTHERS BIG SISTERS OF NE IN 1005 W. RUDISILL BLVD., STE. A101 FORT WAYNE IN 46807	35-1271943	501C3	88,899				CHARITABLE SUPPORT
(9)	BIG SKY COMMUNITY ORGANIZATION PO BOX 161404 BIG SKY MT 59716	81-0520589	501C3	11,000				CHARITABLE 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) (2019)

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

OMB No. 1545-0047

2019

**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 DWENGER HIGH SCHOOL 1300 E. WASHINGTON CENTER RD. FORT WAYNE IN 46825	35-1090327	501C3	58,750				CHARITABLE SUPPORT
(2)	BISHOP LUERS HIGH SCHOOL 333 E. PAULDING RD. FORT WAYNE IN 46816	35-1041555	501C3	22,758				CHARITABLE SUPPORT
(3)	BLACKHAWK BAPTIST CHURCH 7400 E. STATE BLVD. FORT WAYNE IN 46815	13-5563018	501C3	8,000				CHARITABLE SUPPORT
(4)	BLESSINGS IN A BACKPACK INC. 111 E. WAYNE ST., STE. 555 FORT WAYNE IN 46802	26-2627847	501C3	8,000				CHARITABLE SUPPORT
(5)	BLUE JACKET INC. 2826 S. CALHOUN ST. FORT WAYNE IN 46807	35-2210669	501C3	15,250				CHARITABLE SUPPORT
(6)	BOYS AND GIRLS CLUBS OF FORT WAYNE 2609 FAIRFIELD AVE. FORT WAYNE IN 46807	35-1778767	501C3	68,750				CHARITABLE SUPPORT
(7)	BOY SCOUTS OF AMERICA 8315 W. JEFFERSON BLVD. FORT WAYNE IN 46804	35-0876343	501C3	23,029				CHARITABLE SUPPORT
(8)	BRIDGE OF GRACE COMPASSIONATE 5100 GAYWOOD DR. FORT WAYNE IN 46806	45-4056745	501C3	10,974				CHARITABLE SUPPORT
(9)	BRIGHTPOINT PO BOX 10570 FORT WAYNE IN 46853	35-1111819	501C3	32,300				CHARITABLE 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) (2019)

**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

2019

**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)	CANCER SERVICES OF NORTHEAST IN 6316 MUTUAL DR. FORT WAYNE IN 46825	35-0965609	501C3	87,596				CHARITABLE SUPPORT
(2)	CATHOLIC CHARITIES, FORT WAYNE PO BOX 10630 FORT WAYNE IN 46853	35-1038653	501C3	27,500				CHARITABLE SUPPORT
(3)	CATHOLIC DIOCESE OF FORT WAYNE 915 S. CLINTON ST. FORT WAYNE IN 46802	35-0876373	501C3	16,000				CHARITABLE SUPPORT
(4)	CENTER FOR NONVIOLENCE INC. 235 W. CREIGHTON AVE. FORT WAYNE IN 46807	31-1045334	501C3	30,500				CHARITABLE SUPPORT
(5)	CHARITABLE ADVISORS PO BOX 501245 INDIANAPOLIS IN 46250			7,600				CHARITABLE SUPPORT
(6)	CHRIST LUTHERAN CHURCH 3612 OLD OAKWOOD RD. OAKWOOD GA 30566	58-1754954	501C3	19,000				CHARITABLE SUPPORT
(7)	CITY OF FORT WAYNE 200 EAST BERRY ST., SUITE 425 FORT WAYNE IN 46802	35-6001029	GOV	183,305				CHARITABLE SUPPORT
(8)	COMMUNITY FOUNDATION OF MIDDLE TN 3833 CLEGHORN AVE. NASHVILLE TN 37215	62-1471789	501C3	7,300				CHARITABLE SUPPORT
(9)	COMMUNITY HARVEST FOOD BANK PO BOX 10967 FORT WAYNE IN 46855	31-1100607	501C3	69,820				CHARITABLE 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,
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OMB No. 1545-0047

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**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	(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)	COMMUNITY RESEARCH INSTITUTE 200 E. MAIN ST., STE. 910 FORT WAYNE IN 46802	35-6002041	501C3	60,000				CHARITABLE SUPPORT
(2)	CONCORDIA EDUCATIONAL ASSOCIATION 1601 ST. JOE RIVER DR. FORT WAYNE IN 46805	35-0883501	501C3	10,000				CHARITABLE SUPPORT
(3)	CONCORDIA EDUCATIONAL FOUNDATION 1601 ST. JOE RIVER DR. FORT WAYNE IN 46805	35-6033883	501C3	5,200				CHARITABLE SUPPORT
(4)	CONCORDIA LUTHERAN CHURCH & SCHOOL 4245 LAKE AVE. FORT WAYNE IN 46815	43-0658188	501C3	6,191				CHARITABLE SUPPORT
(5)	CORNERSTONE YOUTH CENTER 19819 MONROEVILLE RD. MONROEVILLE IN 46773	35-2131053	501C3	22,790				CHARITABLE SUPPORT
(6)	COVENANT IMPACT CENTER 3420 E. PAULDING RD. FORT WAYNE IN 46816	47-4667808	501C3	10,000				CHARITABLE SUPPORT
(7)	COVENANT UNITED METHODIST CHURCH 10001 COLDWATER RD. FORT WAYNE IN 46825	35-0996143	501C3	10,000				CHARITABLE SUPPORT
(8)	CROSSROAD CHILD AND FAMILY SERVICES 1825 BEACON ST. FORT WAYNE IN 46805	35-0869050	501C3	25,250				CHARITABLE SUPPORT
(9)	CROSSWINDS INC. 4150 ILLINOIS RD. FORT WAYNE IN 46804	45-4222417	501C3	70,000				CHARITABLE 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,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.	Employer identification number 35-1119450
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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 (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) CTN 5601 INDUSTRIAL RD. FORT WAYNE IN 46825	35-2109955	501C3	55,544				CHARITABLE SUPPORT
(2) CYSTIC FIBROSIS FOUNDATION - IN 8445 KEYSTONE CROSSING, STE 135 INDIANAPOLIS IN 46240	13-1930701	501C3	8,000				CHARITABLE SUPPORT
(3) CYSTIC FIBROSIS FOUNDATION - TX 50 BRIAR HOLLOW LN, STE 250E HOUSTON TX 77027	13-1930701	501C3	6,028				CHARITABLE SUPPORT
(4) DAVE HEFNER INTERNATIONAL EXCHANGE 12323 BENDING OAKS CT. FORT WAYNE IN 46845	23-7413166	501C3	30,000				CHARITABLE SUPPORT
(5) DR. BILL LEWIS CENTER FOR CHILDREN 2730 E. STATE STREET, STE. C FORT WAYNE IN 46805	35-2096006	501C3	10,000				CHARITABLE SUPPORT
(6) EARLY CHILDHOOD ALLIANCE INC. 3800 N. ANTHONY BLVD. FORT WAYNE IN 46805	35-0953465	501C3	43,575				CHARITABLE SUPPORT
(7) EASTER SEALS ARC OF NORTHEAST IN 4919 COLDWATER RD. FORT WAYNE IN 46825	35-0998711	501C3	16,000				CHARITABLE SUPPORT
(8) EAST WAYNE STREET CENTER INC. 801 E. WAYNE ST. FORT WAYNE IN 46803	35-1587206	501C3	25,750				CHARITABLE SUPPORT
(9) EMBASSY THEATRE FOUNDATION INC. 125 W. JEFFERSON BLVD. FORT WAYNE IN 46802	23-7355731	501C3	61,750				CHARITABLE 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) (2019)

**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

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**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	(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)	EMMANUEL LUTHERAN CHURCH 917 W. JEFFERSON BLVD. FORT WAYNE IN 46802	35-0877562	501C3	10,000				CHARITABLE SUPPORT
(2)	EMMANUEL-ST. MICHAEL LUTHERAN 1123 UNION ST. FORT WAYNE IN 46802	35-1079607	501C3	7,618				CHARITABLE SUPPORT
(3)	EMMAUS LUTHERAN ELEMENTARY SCHOOL 8626 COVINGTON RD. FORT WAYNE IN 46804	35-0965633	501C3	25,340				CHARITABLE SUPPORT
(4)	ERIN'S HOUSE FOR GRIEVING CHILDREN 5670 YMCA PARK DRIVE WEST FORT WAYNE IN 46835	35-1884264	501C3	39,700				CHARITABLE SUPPORT
(5)	EUELL A. WILSON CENTER INC. 1512 OXFORD ST. FORT WAYNE IN 46806	35-1893381	501C3	30,000				CHARITABLE SUPPORT
(6)	FAMILY BRIDGES INC. 168 11TH ST. OAKLAND CA 94607	94-1725018	501C3	10,000				CHARITABLE SUPPORT
(7)	FELLOWSHIP OF CHRISTIAN ATHLETES 576 GEIGER DR., STE. B ROANOKE IN 46783	44-0610626	501C3	16,342				CHARITABLE SUPPORT
(8)	FIRST BOOK 1319 F STREET NW, STE. 1000 WASHINGTON DC 20004	52-1779606	501C3	13,778				CHARITABLE SUPPORT
(9)	FIRST PRESBYTERIAN CHURCH OF FW 300 W. WAYNE ST. FORT WAYNE IN 46802	13-5562176	501C3	28,203				CHARITABLE 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 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**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)	FIRST WAYNE STREET UNITED METHODIST 300 E. WAYNE ST. FORT WAYNE IN 46802	13-5562279	501C3	5,729				CHARITABLE SUPPORT
(2)	FORT WAYNE BALLET INC. 300 E. MAIN ST. FORT WAYNE IN 46802	35-6006394	501C3	20,000				CHARITABLE SUPPORT
(3)	FORT WAYNE CHILDREN'S CHOIR INC. RHINEHART MUSIC CENTER FORT WAYNE IN 46805	35-1638989	501C3	10,530				CHARITABLE SUPPORT
(4)	FORT WAYNE CIVIC THEATRE INC. ARTS UNITED CENTER FORT WAYNE IN 46802	35-6001476	501C3	41,000				CHARITABLE SUPPORT
(5)	FORT WAYNE COMMUNITY SCHOOLS FDN 1200 S. CLINTON ST. FORT WAYNE IN 46802	35-1905809	501C3	32,500				CHARITABLE SUPPORT
(6)	FORT WAYNE DANCE COLLECTIVE INC. 437 E. BERRY ST., STE. 203 FORT WAYNE IN 46802	31-0958473	501C3	15,000				CHARITABLE SUPPORT
(7)	FORT WAYNE MEDICAL EDUCATION PROG 750 BROADWAY, STE. 250 FORT WAYNE IN 46802	35-6049685	501C3	50,000				CHARITABLE SUPPORT
(8)	FORT WAYNE MEDICAL SOCIETY FDN 709 CLAY ST., STE 101 FORT WAYNE IN 46802	35-6049685	501C3	29,850				CHARITABLE SUPPORT
(9)	FORT WAYNE MUSEUM OF ART INC. 311 E. MAIN ST. FORT WAYNE IN 46802	35-0953440	501C3	60,656				CHARITABLE 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) (2019)

**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

2019

**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)	FORT WAYNE PARKS AND RECREATION 705 E. STATE BLVD. FORT WAYNE IN 46805	35-6001029	GOV	15,000				CHARITABLE SUPPORT
(2)	FORT WAYNE PHILHARMONIC ORCHESTRA 4901 FULLER DR. FORT WAYNE IN 46835	35-0791163	501C3	267,837				CHARITABLE SUPPORT
(3)	FORT WAYNE PUBLIC TELEVISION INC. 2501 E. COLISEUM BLVD. FORT WAYNE IN 46805	23-7173906	501C3	20,550				CHARITABLE SUPPORT
(4)	FORT WAYNE SISTER CITIES 7924 STELLHORN RD. FORT WAYNE IN 46815	31-1105602	501C3	49,832				CHARITABLE SUPPORT
(5)	FORT WAYNE TRAILS INC. AUER CENTER FOR ARTS AND CULTURE FORT WAYNE IN 46802	42-1545637	501C3	13,450				CHARITABLE SUPPORT
(6)	FORT WAYNE URBAN ENTERPRISE ASSOC 1830 WAYNE TRACE RD. FORT WAYNE IN 46803	31-1103390	501C3	30,000				CHARITABLE SUPPORT
(7)	FOUNDATION FOR ART AND MUSIC AUER CENTER FOR ARTS AND CULTURE FORT WAYNE IN 46802	35-1719238	501C3	10,000				CHARITABLE SUPPORT
(8)	FRIENDS OF THE LINCOLN COLLECTION PO BOX 11083 FORT WAYNE IN 46855	35-2101024	501C3	6,491				CHARITABLE SUPPORT
(9)	GIGI'S PLAYHOUSE INC. 6081 N. CLINTON ST. FORT WAYNE IN 46825	47-4861688	501C3	8,900				CHARITABLE 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) (2019)

**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

2019

**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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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)	GIRL SCOUTS OF NORTHERN INDIANA 10008 DUPONT CIRCLE E. FORT WAYNE IN 46825	35-0868091	501C3	21,800				CHARITABLE SUPPORT
(2)	GIVEHEAR 130 W. MAIN ST., STE 150 FORT WAYNE IN 46802	45-2803181	501C3	24,200				CHARITABLE SUPPORT
(3)	GOODWILL INDUSTRIES OF NORTHEAST IN 1516 MAGNAVOX WAY FORT WAYNE IN 46804	35-1905018	501C3	20,000				CHARITABLE SUPPORT
(4)	ALLEN COUNTY - FT WAYNE DEVELOPMENT C/O GREATER FORT WAYNE INC. FORT WAYNE IN 46802	35-2090277	501C3	50,000				CHARITABLE SUPPORT
(5)	HABITAT FOR HUMANITY OF GREATER FW 2020 E. WASHINGTON BLVD., STE. 500 FORT WAYNE IN 46803	35-1687064	501C3	27,361				CHARITABLE SUPPORT
(6)	HARLAN CHRISTIAN YOUTH CENTER INC. 17308 SECOND ST. HARLAN IN 46743	35-2125040	501C3	24,085				CHARITABLE SUPPORT
(7)	HARPETH HALL SCHOOL 3801 HOBBS RD. NASHVILLE TN 37215	62-0501916	501C3	7,000				CHARITABLE SUPPORT
(8)	HARRISON HILL ELEMENTARY SCHOOL 355 CORNELL CIR. FORT WAYNE IN 46807	35-6006351	GOV	7,224				CHARITABLE SUPPORT
(9)	HEADWATERS PARK ALLIANCE INC. 110 W. BERRY ST., STE. 2012 FORT WAYNE IN 46802	35-2117385	501C3	10,000				CHARITABLE 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**

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Schedule I (Form 990) (2019)

**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

2019

**Open to Public
Inspection**

Name of the organization COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.	Employer identification number 35-1119450
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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) HEART OF THE CITY MISSION FDN 1651 CASS ST. FORT WAYNE IN 46808	74-3046561	501C3	30,600				CHARITABLE SUPPORT
(2) HOMEBOUND MEALS INC. 611 W. BERRY ST. - GARDEN LEVEL FORT WAYNE IN 46802	35-1186741	501C3	5,500				CHARITABLE SUPPORT
(3) HOOSIERS FEEDING THE HUNGRY 4490A STATE ROAD 327 GARRETT IN 46738	45-2402892	501C3	11,000				CHARITABLE SUPPORT
(4) IMPACT STRATEGIES INC. 4803 OAK MAST TRAIL FORT WAYNE IN 46804			25,000				CHARITABLE SUPPORT
(5) INDIANA PHILANTHROPY ALLIANCE 32 E. WASHINGTON ST., STE. 1100 INDIANAPOLIS IN 46204	35-1835134	501C3	11,500				CHARITABLE SUPPORT
(6) INDIANA TECH WILFRED UYTENGUS, SR. CENTER, 1ST F FORT WAYNE IN 46803	35-0845258	501C3	42,613				CHARITABLE SUPPORT
(7) INDIANA UNIVERSITY FOUNDATION 301 UNIVERSITY BLVD., STE 1031 INDIANAPOLIS IN 46202	35-6018940	501C3	25,400				CHARITABLE SUPPORT
(8) INDIANA WESLEYAN UNIVERSITY FINANCIAL AID OFFICE MARION IN 46953	35-0885591	501C3	5,612				CHARITABLE SUPPORT
(9) IVY TECH FOUNDATION (REGION 3 FW) 3800 N. ANTHONY BLVD. FORT WAYNE IN 46805	23-7073977	501C3	11,284				CHARITABLE 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) (2019)

**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

2019

**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.

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(1)	JAMES WHITCOMB RILEY MEMORIAL ASSOC 30 S. MERIDIAN ST., STE. 200 INDIANAPOLIS IN 46204	35-0868147	501C3	7,800				CHARITABLE SUPPORT
(2)	JEWISH FEDERATION OF FORT WAYNE 5200 OLD MILL RD. FORT WAYNE IN 46807	35-0869051	501C3	12,509				CHARITABLE SUPPORT
(3)	JOHNSON, GROSSNICKLE AND ASSOCIATES 29 SOUTH PARK BLVD. GREENWOOD IN 46143			9,200				CHARITABLE SUPPORT
(4)	JOSHUA'S HAND INC. 4202 HESSEN CASSEL RD. FORT WAYNE IN 46806	45-4723576	501C3	9,750				CHARITABLE SUPPORT
(5)	JUNIOR ACHIEVEMENT OF NORTHERN IN 550 E. WALLEN RD. FORT WAYNE IN 46825	35-0922731	501C3	40,000				CHARITABLE SUPPORT
(6)	JUNIOR LEAGUE OF FORT WAYNE INC. 1010 MEMORIAL WAY, STE. 104 FORT WAYNE IN 46805	35-0864748	501C3	13,902				CHARITABLE SUPPORT
(7)	JUST NEIGHBORS INTERFAITH HOMELESS 2925 E. STATE BLVD. FORT WAYNE IN 46805	35-2089785	501C3	35,500				CHARITABLE SUPPORT
(8)	KATE'S KART INC. 10376 LEO RD., STE. A FORT WAYNE IN 46825	26-2615368	501C3	6,700				CHARITABLE SUPPORT
(9)	LA PIANA CONSULTING 207 W. LOS ANGELES AVE. #137 MOORPARK CA 93021			10,900				CHARITABLE 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) (2019)

**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

2019

**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)	LEARN RESOURCE CENTER 610 PROFESSIONAL PARK DR., STE A NEW HAVEN IN 46774	31-0975312	501C3	10,400				CHARITABLE SUPPORT
(2)	LISA COTTEN 3815 SUGARHILL COURT NEW HAVEN IN 46774			15,000				CHARITABLE SUPPORT
(3)	LITERACY ALLIANCE INC. 1005 W. RUDISILL BLVD., STE. 307 FORT WAYNE IN 46807	35-1710780	501C3	30,000				CHARITABLE SUPPORT
(4)	LITTLE RIVER WETLANDS PROJECT INC. 5000 SMITH RD FORT WAYNE IN 46804	35-1809569	501C3	11,328				CHARITABLE SUPPORT
(5)	LUTHERAN FOUNDATION INC. 3024 FAIRFIELD AVE. FORT WAYNE IN 46807	35-0886840	501C3	7,000				CHARITABLE SUPPORT
(6)	LUTHERAN SOCIAL SERVICES OF INDIANA 333 E. LEWIS ST. FORT WAYNE IN 46802	35-0868124	501C3	56,419				CHARITABLE SUPPORT
(7)	LUTHERAN SOUTH UNITY SCHOOL 5401 S CALHOUN ST FORT WAYNE IN 46807	35-1149040	501C3	15,000				CHARITABLE SUPPORT
(8)	MAD ANTHONYS CHILDRENS FOUNDATION 921 E. DUPONT RD., STE. 885 FORT WAYNE IN 46825	26-3233538	501C3	11,000				CHARITABLE SUPPORT
(9)	MARCIA CONE CONSULTING 40 UPLAND AVE. EAST GREENWICH RI 02818			15,000				CHARITABLE 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,
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OMB No. 1545-0047

2019

**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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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)	MARTIN LUTHER KING MONTESSORI 6001 S. ANTHONY BLVD. FORT WAYNE IN 46816	35-1161409	501C3	25,000				CHARITABLE SUPPORT
(2)	MATTHEW 25 HEALTH AND DENTAL CLINIC 413 E. JEFFERSON BLVD. FORT WAYNE IN 46802	35-1484951	501C3	67,136				CHARITABLE SUPPORT
(3)	MAYO CLINIC ROCHESTER 200 FIRST ST. SW ROCHESTER MN 55905	41-6011702	501C3	15,000				CHARITABLE SUPPORT
(4)	MCLAREN NORTHERN MICHIGAN FDN 360 CONNABLE AVE. PETOSKEY MI 49770	38-2445611	501C3	10,000				CHARITABLE SUPPORT
(5)	MCMILLEN HEALTH 600 JIM KELLEY BLVD. FORT WAYNE IN 46816	35-1186994	501C3	30,648				CHARITABLE SUPPORT
(6)	MENTAL HEALTH AMERICA NORTHEAST IN 3106 LAKE AVENUE FORT WAYNE IN 46805	46-1326514	501C3	29,510				CHARITABLE SUPPORT
(7)	MISS VIRGINIA'S FOOD PANTRY PO BOX 12045 FORT WAYNE IN 46802	35-1967440	501C3	25,000				CHARITABLE SUPPORT
(8)	MUSTARD SEED FURNITURE BANK OF FW 3636 ILLINOIS RD. FORT WAYNE IN 46804	35-2149283	501C3	30,000				CHARITABLE SUPPORT
(9)	NATURE CONSERVANCY IN INDIANA INC. EFROYMSON CONSERVATION CENTER INDIANAPOLIS IN 46202	53-0242652	501C3	8,000				CHARITABLE 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) (2019)

**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

2019

**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	(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)	THE NAVIGATORS PO BOX 6079 ALBERT LEA MN 56007	84-6007896	501C3	7,100				CHARITABLE SUPPORT
(2)	NEIGHBORLINK FORT WAYNE FOUNDATION 2826 S. CALHOUN ST. FORT WAYNE IN 46807	52-2389393	501C3	15,250				CHARITABLE SUPPORT
(3)	NORTHEAST IN BASE COMMUNITY COUNCIL PO BOX 25506 FORT WAYNE IN 46825	45-3537037	501C3	16,214				CHARITABLE SUPPORT
(4)	NORTHEAST INDIANA FUND INC. 200 E. MAIN ST., STE. 910 FORT WAYNE IN 46802	59-3812438	501C3	25,000				CHARITABLE SUPPORT
(5)	NORTHEAST INDIANA POSITIVE RESOURCE 525 OXFORD ST. FORT WAYNE IN 46806	31-1191147	501C3	43,350				CHARITABLE SUPPORT
(6)	NORTHEAST INDIANA PUBLIC RADIO INC. PO BOX 8459 FORT WAYNE IN 46898	35-1514924	501C3	26,415				CHARITABLE SUPPORT
(7)	ONE LUCKY GUITAR 1301 LAFAYETTE ST., STE. 201 FORT WAYNE IN 46802			14,000				CHARITABLE SUPPORT
(8)	PARK TUDOR FOUNDATION INC. 7200 NORTH COLLEGE AVE INDIANAPOLIS IN 46240	35-0909976	501C3	15,000				CHARITABLE SUPPORT
(9)	PATHWAY COMMUNITY CHURCH INC. 1206 E. DUPONT RD. FORT WAYNE IN 46825	35-2154774	501C3	5,500				CHARITABLE 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) (2019)

**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

2019

**Open to Public
Inspection**

Name of the organization COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.	Employer identification number 35-1119450
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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) POWER HOUSE YOUTH CENTER INC. 830 MAIN ST. NEW HAVEN IN 46774	35-2022371	501C3	10,400				CHARITABLE SUPPORT
(2) PROJECT READS 1005 W. RUDISILL BLVD., STE. 308 FORT WAYNE IN 46807	35-1823402	501C3	12,297				CHARITABLE SUPPORT
(3) PURDUE UNIVERSITY FORT WAYNE 2101 E. COLISEUM BLVD. FORT WAYNE IN 46805	35-6002041	501C3	70,708				CHARITABLE SUPPORT
(4) PURDUE UNIVERSITY FORT WAYNE FDN OFFICE OF ADVANCEMENT FORT WAYNE IN 46805	35-6033698	501C3	67,759				CHARITABLE SUPPORT
(5) QUESTA FOUNDATION FOR EDUCATION INC 6502 CONSTITUTION DR. FORT WAYNE IN 46804	35-6025795	501C3	29,914				CHARITABLE SUPPORT
(6) SAINT ROSE DE LIMA ROMAN CATHOLIC 206 SUMMIT ST. MONROEVILLE IN 46773	53-0196617	501C3	6,639				CHARITABLE SUPPORT
(7) SALVATION ARMY 2901 N. CLINTON ST. FORT WAYNE IN 46805	13-3485289	501C3	12,313				CHARITABLE SUPPORT
(8) SCAN INC. 500 W. MAIN ST. FORT WAYNE IN 46802	31-0899309	501C3	46,141				CHARITABLE SUPPORT
(9) SCIENCE CENTRAL INC. 1950 N. CLINTON ST. FORT WAYNE IN 46805	31-1032583	501C3	33,250				CHARITABLE 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) (2019)

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.	Employer identification number 35-1119450
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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) SOUTH SIDE HIGH SCHOOL FOUNDATION 10824 PATRICIAN PL. FORT WAYNE IN 46845	35-1924095	501C3	11,261				CHARITABLE SUPPORT
(2) SPECTRUM NONPROFIT SERVICES 1122 NORTH ASTOR ST. MILWAUKEE WI 53202			9,053				CHARITABLE SUPPORT
(3) START FORT WAYNE INC. 111 W. BERRY ST., STE 211 FORT WAYNE IN 46802	47-4606907	501C3	55,000				CHARITABLE SUPPORT
(4) ST. CHARLES BORROMEIO 4916 TRIER RD. FORT WAYNE IN 46815	53-0196617	501C3	10,000				CHARITABLE SUPPORT
(5) ST. JOHN THE BAPTIST 4525 ARLINGTON AVE. FORT WAYNE IN 46807	53-0196617	501C3	15,000				CHARITABLE SUPPORT
(6) ST. JOSEPH CATHOLIC SCHOOL 2211 BROOKLYN AVE. FORT WAYNE IN 46802	35-2051396	501C3	12,500				CHARITABLE SUPPORT
(7) ST. JUDE ELEMENTARY 2110 PEMBERTON DR. FORT WAYNE IN 46805	35-0876373	501C3	12,500				CHARITABLE SUPPORT
(8) ST. LOUIS BESANCON ACADEMY 15529 LINCOLN HWY. E. NEW HAVEN IN 46774			22,974				CHARITABLE SUPPORT
(9) SUPER SHOT INC. 1515 HOBSON RD FORT WAYNE IN 46805	35-2122575	501C3	29,500				CHARITABLE 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) (2019)

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

OMB No. 1545-0047

2019

**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)	TAYLOR UNIVERSITY - UPLAND BURSAR OFFICE UPLAND IN 46989	35-0868181	501C3	45,386				CHARITABLE SUPPORT
(2)	THE CARRIAGE HOUSE 3327 LAKE AVE. FORT WAYNE IN 46805	35-2026647	501C3	40,350				CHARITABLE SUPPORT
(3)	THE CHAPEL 2505 W. HAMILTON RD. S. FORT WAYNE IN 46814	35-1930152	501C3	54,564				CHARITABLE SUPPORT
(4)	THE HISTORY CENTER 302 E. BERRY ST. FORT WAYNE IN 46802	35-1043456	501C3	31,932				CHARITABLE SUPPORT
(5)	THE LEAGUE 5821 S. ANTHONY BLVD. FORT WAYNE IN 46816	35-0876341	501C3	25,500				CHARITABLE SUPPORT
(6)	THE ORINDA ASSOCIATION PO BOX 97 ORINDA CA 94563	94-6098323	501C3	12,500				CHARITABLE SUPPORT
(7)	THE RESCUE MISSION PO BOX 11116 FORT WAYNE IN 46855	35-1054670	501C3	63,950				CHARITABLE SUPPORT
(8)	THREE RIVERS MUSIC THEATRE CO 212 PEARL ST. FORT WAYNE IN 46802	47-4992836	501C3	20,000				CHARITABLE SUPPORT
(9)	TRI-CREEK EDUCATION FOUNDATION INC. 19290 CLINE AVE. LOWELL IN 46356	35-2128513	501C3	80,000				CHARITABLE 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) (2019)

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.	Employer identification number 35-1119450
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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) TRINITY ENGLISH EVANGELICAL 450 WEST WASHINGTON BLVD. FORT WAYNE IN 46802	35-0876356	501C3	33,913				CHARITABLE SUPPORT
(2) TURNSTONE CENTER FOR CHILDREN 3320 N. CLINTON ST. FORT WAYNE IN 46805	35-0913541	501C3	75,336				CHARITABLE SUPPORT
(3) UNITED WAY OF ALLEN COUNTY INC. 334 E. BERRY ST. FORT WAYNE IN 46802	35-0867932	501C3	35,908				CHARITABLE SUPPORT
(4) UNITY CHRIST CHURCH OF FORT WAYNE 3232 CRESCENT AVE. FORT WAYNE IN 46805	35-6036913	501C3	14,000				CHARITABLE SUPPORT
(5) UNITY PERFORMING ARTS FOUNDATION IVY TECH COLISEUM FORT WAYNE IN 46805	35-2110907	501C3	10,000				CHARITABLE SUPPORT
(6) UNIVERSITY OF SAINT FRANCIS 2701 SPRING ST. FORT WAYNE IN 46808	35-0886846	501C3	64,554				CHARITABLE SUPPORT
(7) VERA BRADLEY FOUNDATION 12420 STONEBRIDGE RD. ROANOKE IN 46783	35-2058177	501C3	25,100				CHARITABLE SUPPORT
(8) VINCENT VILLAGE INC. 2827 HOLTON AVE. FORT WAYNE IN 46806	35-1780135	501C3	53,250				CHARITABLE SUPPORT
(9) VOLUNTEER CENTER @ RSVP 3401 LAKE AVE., STE. 4 FORT WAYNE IN 46805	36-4559850	501C3	25,000				CHARITABLE 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) (2019)

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.	Employer identification number 35-1119450
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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) WELLSRING INTERFAITH SOCIAL SVCS 1316 BROADWAY AVE. FORT WAYNE IN 46802	51-0151621	501C3	52,880				CHARITABLE SUPPORT
(2) WOMEN'S CARE CENTER INC. 4600 W. JEFFERSON BLVD. FORT WAYNE IN 46804	35-1609945	501C3	7,500				CHARITABLE SUPPORT
(3) YMCA OF GREATER FORT WAYNE 347 W. BERRY ST., STE. 500 FORT WAYNE IN 46802	35-0886850	501C3	62,548				CHARITABLE SUPPORT
(4) YWCA NORTHEAST INDIANA INC. 5920 DECATUR RD. FORT WAYNE IN 46816	35-0868220	501C3	51,700				CHARITABLE SUPPORT
(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

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

Schedule I (Form 990) (2019)

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	60	322,710			
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)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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 on line 1a?

3 Indicate which, if any, of the following the 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? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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
1a		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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				
R. BRADLEY LITTLE 1 PRESIDENT/CEO	(i)	189,108	0	0	5,724	12,134	206,966	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

2019

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

Name of the organization

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

Employer identification number

35-1119450

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	33	1,764,988	FAIR MARKET VALUE
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()				
26 Other u ()				
27 Other u ()				
28 Other u ()				

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		X
31	X	
32a		X

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.

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

SCHEDULE M - SUPPLEMENTAL INFORMATION

THE AMOUNT REPORTED IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization	COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.	Employer identification number 35-1119450
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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 90 VOLUNTEERS PROVIDE OVER 1,000 HOURS PER YEAR IN DONATED SERVICE OF TIME TO THE ORGANIZATION.

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

BEN MILES	HEATHER SCHOEGLER
DIRECTOR	DIRECTOR
BUSINESS RELATIONSHIP	

CARRIE MINNICH	CHRIS RUPP
DIRECTOR	DIRECTOR
BUSINESS RELATIONSHIP	

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 13, 2020 AS ULTIMATELY FILED WITH THE IRS. PRIOR TO DISTRIBUTION TO OFFICERS

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF GREATER

35-1119450

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 24, 2020.

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 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

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF GREATER

35-1119450

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
 CHANGE IN AGENCY FUNDS \$ -417,671

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

OMB No. 1545-0047

2019

**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) COMMUNITY PARTNERSHIPS INC 555 E. WAYNE STREET 35-1948487 FT WAYNE IN 46802	PROJECTS	IN	501C3	12A	CFGFW	X	
(2) FORT WAYNE CENTRAL IMPROVEMENT FDN 555 E. WAYNE STREET 35-1527622 FT WAYNE IN 46802	REAL ESTAT	IN	501C3	12A	CFGFW	X	
(3) SUMMIT INITIATIVES FOUNDATION INC 555 E. WAYNE STREET 45-4671150 FT WAYNE IN 46802	ECON. DEV.	IN	501C3	12A	CFGFW	X	
(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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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)			
(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)													

Part VII

Supplemental Information.

Provide additional information for responses to questions on Schedule R. See Instructions.

Dotted lines for supplemental information.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning _____, and ending _____
Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501(C) (3)</td> <td><input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 530(a)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 529(a)</td> <td></td> </tr> </table> <p>C Book value of all assets at end of year 167,410,639</p>	<input checked="" type="checkbox"/> 501(C) (3)	<input type="checkbox"/> 220(e)	<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 408A		<input type="checkbox"/> 529(a)		<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 555 E. WAYNE STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code FORT WAYNE IN 46802</p>	<p>D Employer identification number (Employees' trust, see instructions.) 35-1119450</p> <p>E Unrelated business activity code (See instructions.) 900099</p>
<input checked="" type="checkbox"/> 501(C) (3)	<input type="checkbox"/> 220(e)									
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)									
<input type="checkbox"/> 408A										
<input type="checkbox"/> 529(a)										
<p>F Group exemption number (See instructions.) u</p> <p>G Check organization type u <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>										

H Enter the number of the organization's unrelated trades or businesses. **u** 1 Describe the only (or first) unrelated trade or business here
u INVESTMENT IN A PUBLICLY TRADED PARTNERSHIP. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u** Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **u** R. BRADLEY LITTLE Telephone number **u** 260-426-4083

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance u		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnership and S corporation (attach statement) SEE STMT 1	5	-156,668	-156,668
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	-156,668	-156,668

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-156,668
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31	Unrelated business taxable income. Subtract line 30 from line 29	31	-156,668

Part III Total Unrelated Business Taxable income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a-56 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No. Includes lines 57-59 regarding foreign activities and tax-exempt interest.

Sign Here: 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 taxpayer) is based on all information of which preparer has any knowledge.

Preparer information section including name (TODD E. HAINES), firm name (HAINES ISENBARGER & SKIBA LLC), address (4630 W JEFFERSON BLVD # 8, FORT WAYNE, IN 46804), and phone number (260-436-9500).

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional sec. 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
5 Total. Add lines 1 through 4b	5				

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1) N/A		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) u		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals u			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 u				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			u	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				

		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		u		

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						

		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).		Enter here and on page 1, Part II, line 25.
Totals		u			

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) . . .		u				
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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I u						
Totals, Part II (lines 1-5) u	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			u

Federal Statements**Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
PTP FEG PRIVATE OPS FUND II	\$ -156,668	\$	\$ -156,668
TOTAL	\$ -156,668	\$ 0	\$ -156,668