

Filing Instructions

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

Exempt Organization Tax Return

Taxable Year Ended December 31, 2020

Date Due: November 15, 2021

Remittance: None is required. Your Form 990 for the tax year ended 12/31/20 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Haines Isenbarger & Skiba LLC
4630 W Jefferson Blvd # 8
Fort Wayne, IN 46804

***Important:* Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.**

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **990**

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 2020 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 \$ 25,229,999
	City or town, state or province, country, and ZIP or foreign postal code 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

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

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)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	13
	6	Total number of volunteers (estimate if necessary)	6	90
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		9,992,580	8,455,579
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,251,995	2,745,090
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		880,858	401,483
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		16,125,433	11,602,152
	14 Benefits paid to or for members (Part IX, column (A), line 4)		5,966,763	7,876,047
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		930,860	1,087,532
	b Total fundraising expenses (Part IX, column (D), line 25) u 277,115		0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		757,155	697,866
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,654,778	9,661,445
19 Revenue less expenses. Subtract line 18 from line 12		8,470,655	1,940,707	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		167,410,639	181,936,459
	22 Net assets or fund balances. Subtract line 21 from line 20		9,403,754	10,015,409
		158,006,885	171,921,050	

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 \$ **8,035,832** including grants of \$ **7,876,047**) (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 AWARDING SCHOLARSHIPS TO STUDENTS FURTHERING THEIR EDUCATION.

4b (Code:) (Expenses \$ **204,313** 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.

4c (Code:) (Expenses \$ **39,493** 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.

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

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

4e Total program service expenses **u 8,279,638**

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</i> See instructions		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			
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			
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			
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			
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			
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			
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
29			
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			
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			
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			
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			
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			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35a			
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			
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			
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			
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			

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			56
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			

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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		
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	
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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		

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/CHAIR	1.00 3.00	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 3.00	X		X				0	0	0
(5) ROBERT PATRICK TREASURER	1.00 3.00	X		X				0	0	0
(6) SON HUYNH DIRECTOR	1.00 0.00	X						0	0	0
(7) TODD JACOBS DIRECTOR	1.00 0.00	X						0	0	0
(8) BEN MILES DIRECTOR	1.00 0.00	X						0	0	0
(9) CHRIS RUPP DIRECTOR PART YEAR	1.00 0.00	X						0	0	0
(10) HEATHER SCHOEGLER DIRECTOR	1.00 3.00	X						0	0	0
(11) IRENE WALTERS 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) DOUG WOOD	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) CINDY GOODMAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) CARRIE MINNICH	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) EDMOND O'NEAL	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) DAMIAN GOSHEFF	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) RONALD MENZE	1.00									
DIRECTOR	1.00	X					0	0	0	
(18) CHRISTINE BOLES	1.00									
DIRECTOR	0.00	X					0	0	0	
(19) ROBERT SLUSSER	1.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A							316,268		41,324	
d Total (add lines 1b and 1c)							316,268		41,324	

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	212,226

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
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	8,455,579				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,603,733				
	h Total. Add lines 1a-1f	u	8,455,579				
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	3,070,523			3,070,523	
	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	13,302,414			
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b	13,627,847				
	c Gain or (loss)	7c	-325,433				
	d Net gain or (loss)	u	-325,433			-325,433	
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	618,565	618,565		
	b MISCELLANEOUS INCOME		900099	-217,082	-217,082		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u	401,483				
12 Total revenue. See instructions	u	11,602,152	401,483	0	2,745,090		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,462,168	7,462,168		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	395,879	395,879		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	18,000	18,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	357,590	95,516	211,916	50,158
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	550,699	173,511	270,933	106,255
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,272	4,828	7,476	2,968
9 Other employee benefits	104,396	32,589	52,274	19,533
10 Payroll taxes	59,575	17,760	31,446	10,369
11 Fees for services (nonemployees):				
a Management				
b Legal	4,374	1,304	2,309	761
c Accounting	30,951		30,951	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	347,716		347,716	
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	41,866			41,866
13 Office expenses	15,875	4,732	8,379	2,764
14 Information technology				
15 Royalties				
16 Occupancy	71,689	21,372	37,840	12,477
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	48,689	14,515	25,700	8,474
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,578		12,578	
23 Insurance	22,802	6,797	12,036	3,969
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	86,776	25,868	45,805	15,103
b MISCELLANEOUS	9,728	2,900	5,135	1,693
c DUES & SUBSCRIPTIONS	4,166	1,243	2,198	725
d COMMUNITY INITIATIVES	656	656		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,661,445	8,279,638	1,104,692	277,115
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	93,654	1	1,007,881
	2	Savings and temporary cash investments	110,980	2	390,632
	3	Pledges and grants receivable, net	155,480	3	113,440
	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	16,068	9	27,244
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	295,805		
	10b	Less: accumulated depreciation	232,813	10c	62,992
	11	Investments—publicly traded securities	148,978,092	11	163,298,544
	12	Investments—other securities. See Part IV, line 11	11,186,482	12	9,695,060
	13	Investments—program-related. See Part IV, line 11	1,447,134	13	2,055,507
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,363,471	15	5,285,159
16	Total assets. Add lines 1 through 15 (must equal line 33)	167,410,639	16	181,936,459	
Liabilities	17	Accounts payable and accrued expenses	47,060	17	65,983
	18	Grants payable	608,750	18	581,022
	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	8,747,944	25	9,368,404
	26	Total liabilities. Add lines 17 through 25	9,403,754	26	10,015,409
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	154,764,437	27	168,020,218
	28	Net assets with donor restrictions	3,242,448	28	3,900,832
	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	158,006,885	32	171,921,050	
33	Total liabilities and net assets/fund balances	167,410,639	33	181,936,459	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,602,152
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,661,445
3	Revenue less expenses. Subtract line 2 from line 1	3	1,940,707
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	158,006,885
5	Net unrealized gains (losses) on investments	5	11,837,882
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	135,576
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	171,921,050

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
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain 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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week 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) SHELLEY WALKER	1.00									
DIRECTOR	0.00	X					0	0	0	
(21) SHERRY EARLY	1.00									
DIRECTOR	0.00	X					0	0	0	
(22) R. BRADLEY LITTLE	40.00									
PRESIDENT & CEO	3.00			X			197,506	0	24,314	
(23) HEIDI LUDWIG	40.00									
COO	0.00			X			118,762	0	17,010	
1b Subtotal							316,268		41,324	
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**

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.

2020

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

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 331/3% 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,978,475	3,257,223	5,658,613	9,992,580	8,455,579	34,342,470
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	6,978,475	3,257,223	5,658,613	9,992,580	8,455,579	34,342,470
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)						5,922,872
6 Public support. Subtract line 5 from line 4						28,419,598

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	6,978,475	3,257,223	5,658,613	9,992,580	8,455,579	34,342,470
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,241,905	4,765,701	4,653,763	4,581,033	3,070,523	20,312,925
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						54,655,395

12 Gross receipts from related activities, etc. (see instructions) 12 1,223,630

13 First 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14 52.00 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 15 49.52 %

16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 1/3% support tests—2020. 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2020.** 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—2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 lines 5b and 5c 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 line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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—provide details in Part VI)	
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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

2020

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
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Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 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	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 650,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 350,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 558,090	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 226,100	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		\$ 180,233	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 300,000	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.)
11		\$ 225,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 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 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
5	SECURITIES	\$ 558,090	10/09/20
7	SECURITIES	\$ 49,972	07/28/20
7	SECURITIES	\$ 50,125	10/14/20
7	SECURITIES	\$ 80,136	12/22/20
		\$	
		\$	

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

2020

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 regarding donor advisement.

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including checkboxes for purposes (land, habitat, open space, historic), a table for held easements (2a-2d), and various 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts 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

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	395,677	419,488	474,102	445,775	448,424
b Contributions	94	185	202		6,840
c Net investment earnings, gains, and losses	40,890	66,400	-29,395	67,717	20,522
d Grants or scholarships	19,756	16,987	21,065	34,437	25,222
e Other expenditures for facilities and programs		70,842			
f Administrative expenses	2,521	2,567	4,356	4,953	4,789
g End of year balance	414,384	395,677	419,488	474,102	445,775

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?

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		295,805	232,813	62,992
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **62,992**

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	9,695,060	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	9,695,060	

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	8,532,922
(3) ANNUITIES PAYABLE	835,482
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,368,404

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, 2017.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

u Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
u Attach to Form 990.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA					
(1)			GRANTS		18,000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					18,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					18,000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	ONLINE TRAINING TECH	18,000	CHECK			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **u** 0

3 Enter total number of other organizations or entities **u** 1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

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.

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
NORTH AMERICA	\$ 18,000	\$ 0

**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

2020

**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)	ACME BAR & GRILL 1105 E. STATE BLVD. FORT WAYNE IN 46805			21,000				CHARITABLE SUPPORT
(2)	ACRES INC. 1802 CHAPMAN RD. HUNTERTOWN IN 46748	31-0976955	501C3	25,196				CHARITABLE SUPPORT
(3)	A HOPE CENTER PREGNANCY 3630 HOBSON RD. FORT WAYNE IN 46815	31-1113254	501C3	13,870				CHARITABLE SUPPORT
(4)	ALAMEDA COUNTY COMMUNITY FOOD BANK PO BOX 2599 OAKLAND CA 94614	94-2960297	501C3	25,000				CHARITABLE SUPPORT
(5)	ALIVE COMMUNITY OUTREACH 2318 WEBSTER STREET FORT WAYNE IN 46807	84-2664640	501C3	9,949				CHARITABLE SUPPORT
(6)	ALLEN COUNTY CASA COALITION INC. 1 E. MAIN ST., #421 FORT WAYNE IN 46802	31-1253983	501C3	12,095				CHARITABLE SUPPORT
(7)	ALLEN COUNTY CHRISTMAS BUREAU INC. PO BOX 13265 FORT WAYNE IN 46868	35-1862437	501C3	6,000				CHARITABLE SUPPORT
(8)	ALLEN COUNTY COURTHOUSE 715 S. CALHOUN ST., RM. 300 FORT WAYNE IN 46802	35-1932033	501C3	21,743				CHARITABLE SUPPORT
(9)	ALL-IN-1 CAKES AND EVENTS LLC 318 E. LEITH ST. FORT WAYNE IN 46807			10,000				CHARITABLE SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 218**

3 Enter total number of other organizations listed in the line 1 table **u 27**

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

Schedule I (Form 990) (2020)

**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

2020

**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)	AMANI FAMILY SERVICES 5104 N. CLINTON ST. FORT WAYNE IN 46825	41-2205791	501C3	25,000				CHARITABLE SUPPORT
(2)	AMERICAN HEART ASSOCIATION 6500 TECHNOLOGY CENTER DR., STE 100 INDIANAPOLIS IN 46278	13-5613797	501C3	6,143				CHARITABLE SUPPORT
(3)	DR. AMY DAWSON 1819 KENSINGTON BLVD. FORT WAYNE IN 46805			10,000				CHARITABLE SUPPORT
(4)	ANIMAL CARE AND CONTROL 3020 HILLEGAS RD. FORT WAYNE IN 46808	35-6001029	501C3	17,181				CHARITABLE SUPPORT
(5)	ANTHONY RIZZO FAMILY FOUNDATION 1755 EDGEWOOD RD. HIGHLAND PARK IL 60035	45-5636633	501C3	10,000				CHARITABLE SUPPORT
(6)	ARCH INC. 818 LAFAYETTE ST. FORT WAYNE IN 46802	35-1367895	501C3	6,322				CHARITABLE SUPPORT
(7)	ARIZONA MUSICFEST 7950 E. THOMPSON PEAK PARKWAY SCOTTSDALE AZ 85255	86-1034396	501C3	10,000				CHARITABLE SUPPORT
(8)	ARTS UNITED OF GREATER FORT WAYNE 300 E. MAIN ST., STE. 100 FORT WAYNE IN 46802	35-0992067	501C3	172,802				CHARITABLE SUPPORT
(9)	AS OUR OWN 1717 ST. JAMES PLACE, STE 220 HOUSTON TX 77056	20-4725399	501C3	211,000				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,
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

2020

**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)	ASSOCIATED CHURCHES OF FORT WAYNE 602 E. WAYNE ST. FORT WAYNE IN 46802	35-0905944	501C3	81,468				CHARITABLE SUPPORT
(2)	AUDIENCES UNLIMITED INC. 1005 W. RUDISILL BLVD., STE. 304 FORT WAYNE IN 46807	31-0946267	501C3	21,760				CHARITABLE SUPPORT
(3)	AVOW - ADVANCING VOICES OF WOMEN 2707 MALLARD COVE LANE FORT WAYNE IN 46804	82-3579510	501C3	15,128				CHARITABLE SUPPORT
(4)	BACH COLLEGIUM FORT WAYNE INC. 202 W. RUDISILL FORT WAYNE IN 46807	04-3697118	501C3	5,062				CHARITABLE SUPPORT
(5)	BALL STATE UNIVERSITY SCHOLARSHIPS & FINANCIAL AID MUNCIE IN 47306		GOV	35,455				CHARITABLE SUPPORT
(6)	BIG BROTHERS BIG SISTERS OF NE IN 1005 W. RUDISILL BLVD., STE. A101 FORT WAYNE IN 46807	35-1271943	501C3	110,499				CHARITABLE SUPPORT
(7)	BIRD AND CLEAVER RESTAURANT 1603 N. WELLS ST. FORT WAYNE IN 46808			50,000				CHARITABLE SUPPORT
(8)	BISHOP DWENGER HIGH SCHOOL 1300 E. WASHINGTON CENTER RD. FORT WAYNE IN 46825	35-1090327	501C3	33,600				CHARITABLE SUPPORT
(9)	BISHOP LUERS HIGH SCHOOL 333 E. PAULDING RD. FORT WAYNE IN 46816	35-1041555	501C3	22,627				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) (2020)

**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

2020

**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)	BLESSINGS IN A BACKPACK INC. 111 E. WAYNE ST., STE. 555 FORT WAYNE IN 46802	26-2627847	501C3	11,133				CHARITABLE SUPPORT
(2)	BLUE JACKET INC. 2826 S. CALHOUN ST. FORT WAYNE IN 46807	35-2210669	501C3	20,296				CHARITABLE SUPPORT
(3)	BOYS AND GIRLS CLUBS OF FORT WAYNE 2609 FAIRFIELD AVE. FORT WAYNE IN 46807	35-1778767	501C3	134,850				CHARITABLE SUPPORT
(4)	BOY SCOUTS OF AMERICA 8315 W. JEFFERSON BLVD. FORT WAYNE IN 46804	35-0876343	501C3	24,203				CHARITABLE SUPPORT
(5)	BRIDGE OF GRACE COMPASSIONATE 5100 GAYWOOD DR. FORT WAYNE IN 46806	45-4056745	501C3	34,908				CHARITABLE SUPPORT
(6)	BRIGHTPOINT PO BOX 10570 FORT WAYNE IN 46853	35-1111819	501C3	56,103				CHARITABLE SUPPORT
(7)	BSF INTERNATIONAL LLC 19001 HUEBNER RD. SAN ANTONIO TX 78258	38-3739504	501C3	43,500				CHARITABLE SUPPORT
(8)	BUTLER UNIVERSITY 4600 SUNSET AVE. INDIANAPOLIS IN 46208	35-0867977	501C3	9,000				CHARITABLE SUPPORT
(9)	CAMP KESEM NATIONAL 10586 W. PICO BLVD., #196 LOS ANGELES CA 90064	51-0454157	501C3	6,000				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) (2020)

**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

2020

**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) CAMP POSSABILITY INC. 1221 OAK TRAIL CT. FORT WAYNE IN 46845	80-0947261	501C3	9,620				CHARITABLE SUPPORT
(2) CANCER SERVICES OF NORTHEAST IN 6316 MUTUAL DR. FORT WAYNE IN 46825	35-0965609	501C3	78,010				CHARITABLE SUPPORT
(3) CANTERBURY SCHOOL INC. 5601 COVINGTON RD. FORT WAYNE IN 46804	35-1410931	501C3	17,000				CHARITABLE SUPPORT
(4) CASS HOUSING INC. 111 W. BERRY ST., STE 211 FORT WAYNE IN 46802	47-5460116	501C3	22,545				CHARITABLE SUPPORT
(5) CATHOLIC CHARITIES, FORT WAYNE PO BOX 10630 FORT WAYNE IN 46853	35-1038653	501C3	23,000				CHARITABLE SUPPORT
(6) CATHOLIC DIOCESE OF FORT WAYNE 915 S. CLINTON ST. FORT WAYNE IN 46802	35-0876373	501C3	15,500				CHARITABLE SUPPORT
(7) CDFI FRIENDLY AMERICA 7340 RURAL LANE PHILADELPHIA PA 19119			12,500				CHARITABLE SUPPORT
(8) CENTER FOR NONVIOLENCE INC. 235 W. CREIGHTON AVE. FORT WAYNE IN 46807	31-1045334	501C3	33,811				CHARITABLE SUPPORT
(9) CENTRAL MISSIONARY CLEARINGHOUSE PO BOX 219228 HOUSTON TX 77218	51-0138300	501C3	15,100				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) (2020)

**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

2020

**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) CHARITY: WATER 40 WORTH ST. NEW YORK NY 10013	22-3936753	501C3	8,300				CHARITABLE SUPPORT
(2) CHILDREN'S AUTISM CENTER INC. 5601 COVENTRY LANE FORT WAYNE IN 46804	20-3800479	501C3	21,079				CHARITABLE SUPPORT
(3) CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE. MLC 9002 CINCINNATI OH 45229	31-0833936	501C3	20,000				CHARITABLE SUPPORT
(4) CHRISTIAN COMMUNITY HEALTH CARE INC PO BOX 128 GRABILL IN 46741	35-1999343	501C3	10,761				CHARITABLE SUPPORT
(5) CHRIST LUTHERAN CHURCH 3612 OLD OAKWOOD RD. OAKWOOD GA 30566	58-1754954	501C3	22,500				CHARITABLE SUPPORT
(6) CHRIST THE SAVIOR LUTHERAN CHURCH 10500 E. 126TH ST. FISHERS IN 46038	35-1546177	501C3	6,000				CHARITABLE SUPPORT
(7) CINDYS DINER 230 W BERRY ST. FORT WAYNE IN 46802			23,000				CHARITABLE SUPPORT
(8) CITY OF FORT WAYNE 200 EAST BERRY ST., SUITE 425 FORT WAYNE IN 46802	35-6001029	501C3	55,250				CHARITABLE SUPPORT
(9) COLLATERAL REPAIR PROJECT PO BOX 23146 BROOKLYN NY 11202	20-4928141	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

**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

2020

**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.

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(1)	COMMUNITY HARVEST FOOD BANK PO BOX 10967 FORT WAYNE IN 46855	31-1100607	501C3	118,067				CHARITABLE SUPPORT
(2)	CONCORDIA EDUCATIONAL ASSOCIATION 1601 ST. JOE RIVER DR. FORT WAYNE IN 46805	35-0883501	501C3	30,200				CHARITABLE SUPPORT
(3)	CONCORDIA LUTHERAN CHURCH & SCHOOL 4245 LAKE AVE. FORT WAYNE IN 46815	43-0658188	501C3	6,034				CHARITABLE SUPPORT
(4)	CONJURE COFFEE 701 COLUMBIA AVE. FORT WAYNE IN 46805			47,000				CHARITABLE SUPPORT
(5)	COURAGEOUS HEALING INC. 2013 S. ANTHONY BLVD FORT WAYNE IN 46803	83-3333360	501C3	7,500				CHARITABLE SUPPORT
(6)	COVENANT IMPACT CENTER 3420 E. PAULDING RD. FORT WAYNE IN 46816	47-4667808	501C3	15,498				CHARITABLE SUPPORT
(7)	COVENANT UNITED METHODIST CHURCH 10001 COLDWATER RD. FORT WAYNE IN 46825	35-0996143	501C3	13,700				CHARITABLE SUPPORT
(8)	CROSSROAD CHILD AND FAMILY SERVICES 1825 BEACON ST. FORT WAYNE IN 46805	35-0869050	501C3	28,081				CHARITABLE SUPPORT
(9)	CROSSWINDS INC. 4150 ILLINOIS RD. FORT WAYNE IN 46804	45-4222417	501C3	133,768				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**

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OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

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(1)	CTN 5601 INDUSTRIAL RD. FORT WAYNE IN 46825	35-2109955	501C3	55,058				CHARITABLE SUPPORT
(2)	CYSTIC FIBROSIS FOUNDATION - TX 50 BRIAR HOLLOW LN, STE 250E HOUSTON TX 77027	13-1930701	501C3	7,244				CHARITABLE SUPPORT
(3)	DOWNTOWN IMPROVEMENT DISTRICT 904 S. CALHOUN ST. FORT WAYNE IN 46802	35-2090277	501C3	21,600				CHARITABLE SUPPORT
(4)	DR. BILL LEWIS CENTER FOR CHILDREN 2730 E. STATE STREET, STE. C FORT WAYNE IN 46805	35-2096006	501C3	10,000				CHARITABLE SUPPORT
(5)	EARLY CHILDHOOD ALLIANCE INC. 3800 N. ANTHONY BLVD. FORT WAYNE IN 46805	35-0953465	501C3	48,500				CHARITABLE SUPPORT
(6)	EASTER SEALS ARC OF NORTHEAST IN 4919 COLDWATER RD. FORT WAYNE IN 46825	35-0998711	501C3	26,413				CHARITABLE SUPPORT
(7)	EAST WAYNE STREET CENTER INC. 801 E. WAYNE ST. FORT WAYNE IN 46803	35-1587206	501C3	22,121				CHARITABLE SUPPORT
(8)	EAT LEARN PLAY FOUNDATION 985 3RD ST., UNIT C OAKLAND CA 94607	83-1373602	501C3	10,000				CHARITABLE SUPPORT
(9)	EL AZTECA, INC. 535 E. STATE BLVD. FORT WAYNE IN 46805			50,000				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) (2020)

**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

2020

**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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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.

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(1) EMBASSY THEATRE FOUNDATION INC. 125 W. JEFFERSON BLVD. FORT WAYNE IN 46802	23-7355731	501C3	51,872				CHARITABLE SUPPORT
(2) EMMANUEL LUTHERAN CHURCH 917 W. JEFFERSON BLVD. FORT WAYNE IN 46802	35-0877562	501C3	7,500				CHARITABLE SUPPORT
(3) EMMANUEL-ST. MICHAEL LUTHERAN 1123 UNION ST. FORT WAYNE IN 46802	35-1079607	501C3	7,551				CHARITABLE SUPPORT
(4) ERIN'S HOUSE FOR GRIEVING CHILDREN 5670 YMCA PARK DRIVE WEST FORT WAYNE IN 46835	35-1884264	501C3	43,172				CHARITABLE SUPPORT
(5) EUELL A. WILSON CENTER INC. 1512 OXFORD ST. FORT WAYNE IN 46806	35-1893381	501C3	29,964				CHARITABLE SUPPORT
(6) FARMINGTON CENTRAL ACADEMIC FDN PO BOX 106 FARMINGTON IL 61531	37-1259667	501C3	20,000				CHARITABLE SUPPORT
(7) FELLOWSHIP OF CHRISTIAN ATHLETES 576 GEIGER DR., STE. B ROANOKE IN 46783	44-0610626	501C3	9,841				CHARITABLE SUPPORT
(8) FIRST BOOK 1319 F STREET NW, STE. 1000 WASHINGTON DC 20004	52-1779606	501C3	6,832				CHARITABLE SUPPORT
(9) FIRST PRESBYTERIAN CHURCH OF FW 300 W. WAYNE ST. FORT WAYNE IN 46802	13-5562176	501C3	28,775				CHARITABLE SUPPORT

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

2020

**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)	FORT WAYNE BALLET INC. 300 E. MAIN ST. FORT WAYNE IN 46802	35-6006394	501C3	23,573				CHARITABLE SUPPORT
(2)	FORT WAYNE BLACK CHAMBER PO BOX 12873 FORT WAYNE IN 46866			15,000				CHARITABLE SUPPORT
(3)	FORT WAYNE CENTER FOR LEARNING 2510 E. DUPONT RD., STE. 203 FORT WAYNE IN 46825	71-0951614	501C3	18,398				CHARITABLE SUPPORT
(4)	FORT WAYNE CHILDREN'S CHOIR INC. 2101 E. COLISEUM BLVD. FORT WAYNE IN 46805	35-1638989	501C3	12,305				CHARITABLE SUPPORT
(5)	FORT WAYNE CHILDREN'S ZOO 3411 SHERMAN BLVD. FORT WAYNE IN 46808	35-6068234	501C3	49,271				CHARITABLE SUPPORT
(6)	FORT WAYNE CINEMA CENTER INC. 437 E. BERRY ST., STE. 1 FORT WAYNE IN 46802	35-1414723	501C3	19,003				CHARITABLE SUPPORT
(7)	FORT WAYNE CIVIC THEATRE INC. 303 E. MAIN ST. FORT WAYNE IN 46802	35-6001476	501C3	55,756				CHARITABLE SUPPORT
(8)	FORT WAYNE MUSEUM OF ART INC. 311 E. MAIN ST. FORT WAYNE IN 46802	35-0953440	501C3	162,571				CHARITABLE SUPPORT
(9)	FORT WAYNE PET FOOD PANTRY 2502 CHURCH STREET FORT WAYNE IN 46809	45-2902890	501C3	8,187				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) (2020)

**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

2020

**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)	FORT WAYNE PHILHARMONIC ORCHESTRA 4901 FULLER DR. FORT WAYNE IN 46835	35-0791163	501C3	94,388				CHARITABLE SUPPORT
(2)	FORT WAYNE PUBLIC TELEVISION INC. 2501 E. COLISEUM BLVD. FORT WAYNE IN 46805	23-7173906	501C3	28,803				CHARITABLE SUPPORT
(3)	FORT WAYNE SOCIETY OF ST. VINCENT 1600 S. CALHOUN ST. FORT WAYNE IN 46802	35-0975940	501C3	8,970				CHARITABLE SUPPORT
(4)	FORT WAYNE TRAILS 300 E. MAIN STREET FORT WAYNE IN 46802	42-1545637	501C3	31,010				CHARITABLE SUPPORT
(5)	FORT WAYNE YOUTHEATRE INC. 303 E. MAIN ST. FORT WAYNE IN 46802	35-1551064	501C3	12,798				CHARITABLE SUPPORT
(6)	FOUNDATION FOR ART AND MUSIC 300 E. MAIN ST. FORT WAYNE IN 46802	35-1719238	501C3	8,666				CHARITABLE SUPPORT
(7)	FRIENDS OF THE LINCOLN COLLECTION PO BOX 11083 FORT WAYNE IN 46855	35-2101024	501C3	6,480				CHARITABLE SUPPORT
(8)	GIGI'S PLAYHOUSE FORT WAYNE 6081 N. CLINTON ST. FORT WAYNE IN 46825	47-4861688	501C3	13,100				CHARITABLE SUPPORT
(9)	GIRL SCOUTS OF NORTHERN INDIANA 10008 DUPONT CIRCLE E. FORT WAYNE IN 46825	35-0868091	501C3	21,000				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) (2020)

**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

2020

**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)	GIVEHEAR 130 W. MAIN ST., STE 150 FORT WAYNE IN 46802	45-2803181	501C3	27,759				CHARITABLE SUPPORT
(2)	GK BAKED GOODS 1825 WEST MAIN ST. FORT WAYNE IN 46808			19,000				CHARITABLE SUPPORT
(3)	GREATER FORT WAYNE INC. / FW ALLEN 200 E. MAIN ST., STE. 800 FORT WAYNE IN 46802	35-1787258	501C3	11,456				CHARITABLE SUPPORT
(4)	HABITAT FOR HUMANITY OF GREATER FW 2020 E. WASHINGTON BLVD., STE. 500 FORT WAYNE IN 46803	35-1687064	501C3	54,330				CHARITABLE SUPPORT
(5)	HARLAN CHRISTIAN YOUTH CENTER INC. 17308 SECOND ST. HARLAN IN 46743	35-2125040	501C3	24,305				CHARITABLE SUPPORT
(6)	HARRISON HILL ELEMENTARY SCHOOL 355 CORNELL CIR. FORT WAYNE IN 46807	35-6006351	501C3	7,051				CHARITABLE SUPPORT
(7)	HEADWATERS COUNSELING 2712 S. CALHOUN ST. FORT WAYNE IN 46807	35-0868078	501C3	20,000				CHARITABLE SUPPORT
(8)	HEADWATERS JUNCTION INC. 6914 WOODCROFT LN FORT WAYNE IN 46804	81-3860902	501C3	100,000				CHARITABLE SUPPORT
(9)	HEADWATERS PARK ALLIANCE INC. 110 W. BERRY ST., STE. 2012 FORT WAYNE IN 46802	35-2117385	501C3	10,046				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) (2020)

**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

2020

**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)	HEALTHIER MOMS AND BABIES 1025 W. RUDISILL BLVD., BOX #9 FORT WAYNE IN 46807	83-4507606	501C3	35,141				CHARITABLE SUPPORT
(2)	HEARTLAND SINGS INC. 2402 LAKE AVE. FORT WAYNE IN 46805	35-1733497	501C3	11,834				CHARITABLE SUPPORT
(3)	HEART OF THE CITY MISSION FDN 1651 CASS ST. FORT WAYNE IN 46808	74-3046561	501C3	21,110				CHARITABLE SUPPORT
(4)	HOMEBOUND MEALS INC. 611 W. BERRY ST. - GARDEN LEVEL FORT WAYNE IN 46802	35-1186741	501C3	5,500				CHARITABLE SUPPORT
(5)	HOOSIERS FEEDING THE HUNGRY 4490A STATE ROAD 327 GARRETT IN 46738	45-2402892	501C3	16,000				CHARITABLE SUPPORT
(6)	HOPE ALIVE INC. 1747 N. WELLS ST. FORT WAYNE IN 46808	35-1365346	501C3	8,181				CHARITABLE SUPPORT
(7)	HOPE INTERNATIONAL 227 GRANITE RUN DR., STE 250 LANCASTER PA 17601	23-2836648	501C3	20,000				CHARITABLE SUPPORT
(8)	HOP RIVER BREWING COMPANY 1515 NORTH HARRISON ST. FORT WAYNE IN 46808			32,500				CHARITABLE SUPPORT
(9)	HUMAN AGRICULTURAL COOPERATIVE INC. 4617 BARRINGTON DR. FORT WAYNE IN 46806	84-1916240	501C3	23,400				CHARITABLE SUPPORT

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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2020

**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

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(1) HUMANE FORT WAYNE 4914 S. HANNA ST. FORT WAYNE IN 46806	35-6042135	501C3	44,746				CHARITABLE SUPPORT
(2) IMAGE OF HOPE RANCH INC 5499 COUNTY ROAD 31 AUBURN IN 46706	81-1766538	501C3	10,000				CHARITABLE SUPPORT
(3) INDIANA PHILANTHROPY ALLIANCE 32 E. WASHINGTON ST., STE. 1100 INDIANAPOLIS IN 46204	35-1835134	501C3	7,750				CHARITABLE SUPPORT
(4) INDIANA TECH 1600 E. WASHINGTON BLVD. FORT WAYNE IN 46803	35-0845258	501C3	5,500				CHARITABLE SUPPORT
(5) INDIANA UNIVERSITY BLOOMINGTON 400 EAST 7TH STREET BLOOMINGTON IN 47405	35-6001673	501C3	60,309				CHARITABLE SUPPORT
(6) INDIANA UNIVERSITY FORT WAYNE PO BOX 6020 INDIANAPOLIS IN 46206	35-6001673	501C3	10,160				CHARITABLE SUPPORT
(7) INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON IN 47402	35-6018940	501C3	40,792				CHARITABLE SUPPORT
(8) INDIANA UNIVERSITY-PURDUE PO BOX 6035 INDIANAPOLIS IN 46207	35-6001673	501C3	10,462				CHARITABLE SUPPORT
(9) INSPIRATION MINISTRIES INC. 138 EAST 7TH STREET AUBURN IN 46706	80-0798094	501C3	10,000				CHARITABLE SUPPORT

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Schedule I (Form 990) (2020)

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

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

OMB No. 1545-0047

2020

**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)	INTERNATIONAL HOUSE INC. 429 E. DUPONT RD. #141 FORT WAYNE IN 46825	20-1548785	501C3	11,566				CHARITABLE SUPPORT
(2)	IVY TECH COMMUNITY COLLEGE 3800 N. ANTHONY BLVD. FORT WAYNE IN 46805		GOV	13,529				CHARITABLE SUPPORT
(3)	IVY TECH FOUNDATION INC. 3800 N. ANTHONY BLVD. FORT WAYNE IN 46805	23-7073977	501C3	15,933				CHARITABLE SUPPORT
(4)	JAMES WHITCOMB RILEY MEMORIAL ASSOC 30 S. MERIDIAN ST., STE. 200 INDIANAPOLIS IN 46204	35-0868147	501C3	10,850				CHARITABLE SUPPORT
(5)	JEWISH FEDERATION OF FORT WAYNE 5200 OLD MILL RD. FORT WAYNE IN 46807	35-0869051	501C3	6,024				CHARITABLE SUPPORT
(6)	JOSHUA'S HAND INC. 4202 HESSEN CASSEL RD. FORT WAYNE IN 46806	45-4723576	501C3	10,000				CHARITABLE SUPPORT
(7)	JUNIOR ACHIEVEMENT OF NORTHERN IN 550 E. WALLEN RD. FORT WAYNE IN 46825	35-0922731	501C3	38,187				CHARITABLE SUPPORT
(8)	JUNIOR LEAGUE OF FORT WAYNE INC. 1010 MEMORIAL WAY, STE. 104 FORT WAYNE IN 46805	35-0864748	501C3	15,520				CHARITABLE SUPPORT
(9)	JUNK DITCH BREWING COMPANY LLC 1825 WEST MAIN STREET FORT WAYNE IN 46808			31,000				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,
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

2020

**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) JUST NEIGHBORS INTERFAITH HOMELESS 2925 E. STATE BLVD. FORT WAYNE IN 46805	35-2089785	501C3	36,617				CHARITABLE SUPPORT
(2) KATE'S KART INC. 10376 LEO RD., STE. A FORT WAYNE IN 46825	26-2615368	501C3	14,578				CHARITABLE SUPPORT
(3) KLEMMS CANDLELIGHT CAFE 1207 E STATE BLVD. FORT WAYNE IN 46805			13,000				CHARITABLE SUPPORT
(4) LAYCOFF'S GRILL TAVERN 3530 N CLINTON ST. FORT WAYNE IN 46805			39,000				CHARITABLE SUPPORT
(5) LEARN RESOURCE CENTER 610 PROFESSIONAL PARK DR., STE A NEW HAVEN IN 46774	31-0975312	501C3	12,613				CHARITABLE SUPPORT
(6) LITERACY ALLIANCE INC. 1005 W. RUDISILL BLVD., STE. 307 FORT WAYNE IN 46807	35-1710780	501C3	38,693				CHARITABLE SUPPORT
(7) LITTLE RIVER WETLANDS PROJECT INC. 5000 SMITH RD FORT WAYNE IN 46804	35-1809569	501C3	18,908				CHARITABLE SUPPORT
(8) LIVING HOPE GLOBAL MINISTRIES PO BOX 487 MONTGOMERYVILLE PA 18936	62-1418235	501C3	15,000				CHARITABLE SUPPORT
(9) LUTHERAN HIGH SCHOOL ASSOCIATION 5401 LUCAS HUNT 103 ST LOUIS MO 63121	43-0662478	501C3	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) (2020)

**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

2020

**Open to Public
Inspection**

Name of the organization COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.	Employer identification number 35-1119450
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(1) LUTHERAN LIFE VILLAGES INC. 6701 S. ANTHONY BLVD. FORT WAYNE IN 46816	35-0885590	501C3	13,905				CHARITABLE SUPPORT
(2) LUTHERAN SOCIAL SERVICES OF INDIANA 333 E. LEWIS ST. FORT WAYNE IN 46802	35-0868124	501C3	87,164				CHARITABLE SUPPORT
(3) LUTHERAN SOUTH UNITY SCHOOL 5401 S CALHOUN ST FORT WAYNE IN 46807	35-1149040	501C3	27,710				CHARITABLE SUPPORT
(4) MAD ANTHONYS CHILDREN'S HOPE HOUSE 7922 W. JEFFERSON BLVD. FORT WAYNE IN 46804	35-2032408	501C3	5,232				CHARITABLE SUPPORT
(5) MADINA VILLAGE SCHOOL INC. 4700 VANCE AVENUE FORT WAYNE IN 46815	90-0927683	501C3	5,800				CHARITABLE SUPPORT
(6) MANCHESTER UNIVERSITY 604 E. COLLEGE AVE. NORTH MANCHESTER IN 46962	35-0868127	501C3	6,000				CHARITABLE SUPPORT
(7) MARCIA CONE CONSULTING 40 UPLAND AVE. EAST GREENWICH RI 02818			12,000				CHARITABLE SUPPORT
(8) MARION HIGH SCHOOL ALUMNI ASSOC PO BOX 448 MARION IN 46952	45-4516790	501C3	9,860				CHARITABLE SUPPORT
(9) MARTIN LUTHER KING MONTESSORI 6001 S. ANTHONY BLVD. FORT WAYNE IN 46816	35-1161409	501C3	25,000				CHARITABLE SUPPORT

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

2020

**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)	MATTHEW 25 HEALTH AND DENTAL CLINIC 413 E. JEFFERSON BLVD. FORT WAYNE IN 46802	35-1484951	501C3	79,335				CHARITABLE SUPPORT
(2)	MAYO CLINIC ROCHESTER 200 FIRST ST. SW ROCHESTER MN 55905	41-6011702	501C3	20,000				CHARITABLE SUPPORT
(3)	MCLAREN NORTHERN MICHIGAN FDN 360 CONNABLE AVE. PETOSKEY MI 49770	38-2445611	501C3	10,000				CHARITABLE SUPPORT
(4)	MCMILLEN HEALTH 600 JIM KELLEY BLVD. FORT WAYNE IN 46816	35-1186994	501C3	33,289				CHARITABLE SUPPORT
(5)	MEMORIAL HIGH SCHOOL BOOSTER CLUB 935 ECHO LN HOUSTON TX 77024	76-0632864	501C3	11,000				CHARITABLE SUPPORT
(6)	MENTAL HEALTH AMERICA NORTHEAST IN 3106 LAKE AVENUE FORT WAYNE IN 46805	46-1326514	501C3	34,277				CHARITABLE SUPPORT
(7)	MISS VIRGINIA'S FOOD PANTRY PO BOX 12045 FORT WAYNE IN 46802	35-1967440	501C3	26,461				CHARITABLE SUPPORT
(8)	MOST PRECIOUS BLOOD CATHOLIC CHURCH 1515 BARTHOLD ST. FORT WAYNE IN 46808	53-0196617	501C3	5,200				CHARITABLE SUPPORT
(9)	MUSTARD SEED FURNITURE BANK OF FORT 3636 ILLINOIS RD. FORT WAYNE IN 46804	35-2149283	501C3	34,250				CHARITABLE SUPPORT

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Schedule I (Form 990) (2020)

**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

2020

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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)	MY LITTLE TOWN LLP DBA MI PUEBLO 2419 W JEFFERSON BLVD. FORT WAYNE IN 46802			22,000				CHARITABLE SUPPORT
(2)	NATURE CONSERVANCY IN INDIANA INC. 620 E. OHIO ST. INDIANAPOLIS IN 46202	53-0242652	501C3	8,000				CHARITABLE SUPPORT
(3)	NAVIGATORS (THE) PO BOX 6079 ALBERT LEA MN 56007	84-6007896	501C3	7,100				CHARITABLE SUPPORT
(4)	NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 347 W. BERRY ST., STE. 101 FORT WAYNE IN 46802	35-1916572	501C3	10,000				CHARITABLE SUPPORT
(5)	NEIGHBORLINK FORT WAYNE FOUNDATION 2826 S. CALHOUN ST. FORT WAYNE IN 46807	52-2389393	501C3	31,295				CHARITABLE SUPPORT
(6)	NEW HORIZONS FOUNDATION INC. 5550 TECH CENTER DR. COLORADO SPRINGS CO 80919	84-1123082	501C3	30,000				CHARITABLE SUPPORT
(7)	NORTHEAST INDIANA FUND INC. 200 E. MAIN ST., STE. 910 FORT WAYNE IN 46802	59-3812438	501C3	10,000				CHARITABLE SUPPORT
(8)	NORTHEAST INDIANA POSITIVE RESOURCE 525 OXFORD ST. FORT WAYNE IN 46806	31-1191147	501C3	45,374				CHARITABLE SUPPORT
(9)	NORTHEAST INDIANA PUBLIC RADIO INC. PO BOX 8459 FORT WAYNE IN 46898	35-1514924	501C3	35,116				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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Name of the organization COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.	Employer identification number 35-1119450
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(1) NORTH SIDE HIGH SCHOOL ALUMNI ASSOC 475 E. STATE BLVD. FORT WAYNE IN 46805	31-1250392	501C3	5,201				CHARITABLE SUPPORT
(2) OLD CROWN INC. 3417 N. ANTHONY BLVD. FORT WAYNE IN 46805			50,000				CHARITABLE SUPPORT
(3) ONE LOVE FOOD TRUCK 6338 E. STATE BLVD FORT WAYNE IN 46815			6,500				CHARITABLE SUPPORT
(4) ONE LUCKY GUITAR 1301 LAFAYETTE ST., STE. 201 FORT WAYNE IN 46802			31,100				CHARITABLE SUPPORT
(5) ORINDA POLICE DEPARTMENT 22 ORINDA WAY ORINDA CA 94563	68-0069675	501C3	10,000				CHARITABLE SUPPORT
(6) OUT OF A JAM INC. 3506 STELLHORN RD. FORT WAYNE IN 46815	81-2862936	501C3	6,851				CHARITABLE SUPPORT
(7) PARK TUDOR FOUNDATION INC. 7200 NORTH COLLEGE AVE INDIANAPOLIS IN 46240	35-0909976	501C3	15,000				CHARITABLE SUPPORT
(8) PATACHOU FOUNDATION INC. 4565 MARCY LANE INDIANAPOLIS IN 46205	46-2741705	501C3	25,000				CHARITABLE SUPPORT
(9) PATHWAY COMMUNITY CHURCH INC. 1206 E. DUPONT RD. FORT WAYNE IN 46825	35-2154774	501C3	5,800				CHARITABLE SUPPORT

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Name of the organization **COMMUNITY FOUNDATION OF GREATER
FORT WAYNE INC.**

Employer identification number
35-1119450

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(1)	PAWS FUR RECOVERY INC. 2434 SE WEST BLACKWELL DR. PORT ST. LUCIE FL 34952	81-3963161	501C3	8,500				CHARITABLE SUPPORT
(2)	PLANNED PARENTHOOD OF IN & KY 200 S. MERIDIAN ST., STE. 400 INDIANAPOLIS IN 46225	35-0874276	501C3	10,000				CHARITABLE SUPPORT
(3)	POWER HOUSE YOUTH CENTER INC. 830 MAIN ST. NEW HAVEN IN 46774	35-2022371	501C3	19,199				CHARITABLE SUPPORT
(4)	PROJECT READS 1005 W. RUDISILL BLVD., STE. 308 FORT WAYNE IN 46807	35-1823402	501C3	12,474				CHARITABLE SUPPORT
(5)	PURDUE FOUNDATION INC. 403 W. WOOD ST. WEST LAFAYETTE IN 47907	35-1052049	501C3	13,454				CHARITABLE SUPPORT
(6)	PURDUE UNIVERSITY 610 PURDUE MALL WEST LAFAYETTE IN 47907	35-6002041	501C3	27,700				CHARITABLE SUPPORT
(7)	PURDUE UNIVERSITY FORT WAYNE 2101 E. COLISEUM BLVD. FORT WAYNE IN 46805	35-6002041	501C3	185,533				CHARITABLE SUPPORT
(8)	PURDUE UNIVERSITY FORT WAYNE FDN 2101 E. COLISEUM BLVD. FORT WAYNE IN 46805	35-6033698	501C3	7,749				CHARITABLE SUPPORT
(9)	QUEEN OF ANGELS 1500 W. STATE BLVD. FORT WAYNE IN 46808	35-0996118	501C3	10,237				CHARITABLE SUPPORT

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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2020

**Open to Public
Inspection**

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

Employer identification number
35-1119450

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(1)	QUESTA FOUNDATION FOR EDUCATION INC 6502 CONSTITUTION DR. FORT WAYNE IN 46804	35-6025795	501C3	15,928				CHARITABLE SUPPORT
(2)	REDEEMER RADIO 4618 E. STATE BLVD., STE. 200 FORT WAYNE IN 46815	22-3864296	501C3	10,915				CHARITABLE SUPPORT
(3)	REMEDYLIVE 6429 OAKBROOK PARKWAY FORT WAYNE IN 46825	27-2417633	501C3	20,000				CHARITABLE SUPPORT
(4)	RONALD MCDONALD HOUSE CHARITIES 11109 PARKVIEW PLAZA DR. FORT WAYNE IN 46845	35-1950376	501C3	14,670				CHARITABLE SUPPORT
(5)	SAINT ANNE HOME AND RETIREMENT 1900 RANDALLIA DRIVE FORT WAYNE IN 46805	35-2024406	501C3	6,646				CHARITABLE SUPPORT
(6)	SALVATION ARMY 2901 N. CLINTON ST. FORT WAYNE IN 46805	13-3485289	501C3	18,040				CHARITABLE SUPPORT
(7)	SCAN INC. 500 W. MAIN ST. FORT WAYNE IN 46802	31-0899309	501C3	46,342				CHARITABLE SUPPORT
(8)	SCIENCE CENTRAL INC. 1950 N. CLINTON ST. FORT WAYNE IN 46805	31-1032583	501C3	43,606				CHARITABLE SUPPORT
(9)	SOARIN' HAWK RAPTOR REHABILITATION PO BOX 13698 FORT WAYNE IN 46865	35-1987697	501C3	5,315				CHARITABLE SUPPORT

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(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	SOUTHEAST YOUTH COUNCIL INC, THE 19819 MONROEVILLE RD. MONROEVILLE IN 46773	35-2131053	501C3	33,322				CHARITABLE SUPPORT
(2)	SOUTH SIDE HIGH SCHOOL FOUNDATION 10824 PATRICIAN PL. FORT WAYNE IN 46845	35-1924095	501C3	12,381				CHARITABLE SUPPORT
(3)	SPECTRUM NONPROFIT SERVICES 1122 NORTH ASTOR ST. MILWAUKEE WI 53202	20-5801761	501C3	17,128				CHARITABLE SUPPORT
(4)	ST. CHARLES BORROMEIO 4916 TRIER RD. FORT WAYNE IN 46815	53-0196617	501C3	13,000				CHARITABLE SUPPORT
(5)	ST. JOHN THE BAPTIST 4525 ARLINGTON AVE. FORT WAYNE IN 46807	53-0196617	501C3	16,363				CHARITABLE SUPPORT
(6)	ST. JOSEPH CATHOLIC SCHOOL 2211 BROOKLYN AVE. FORT WAYNE IN 46802	35-2051396	501C3	12,500				CHARITABLE SUPPORT
(7)	ST. JUDE CATHOLIC SCHOOL FORT WAYNE 2110 PEMBERTON DR. FORT WAYNE IN 46805	35-0876373	501C3	12,500				CHARITABLE SUPPORT
(8)	STURTZ PUBLIC MANAGEMENT GROUP, LLC 2526 KNIGHTSBRIDGE DR. FORT WAYNE IN 46815			24,500				CHARITABLE SUPPORT
(9)	ST. VINCENT DE PAUL CATHOLIC CHURCH 1502 E. WALLEN RD. FORT WAYNE IN 46825			46,450				CHARITABLE SUPPORT

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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

2020

**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) SUMMIT EQUESTRIAN CENTER 10808 LACABREAH LN FORT WAYNE IN 46845	27-3693550	501C3	6,972				CHARITABLE SUPPORT
(2) SUPER SHOT INC. 1515 HOBSON RD FORT WAYNE IN 46805	35-2122575	501C3	40,274				CHARITABLE SUPPORT
(3) SYNERGY CONSULTING COMPANY 5195 HAMPSTED VILLAGE CTR WAYNE #98 NEW ALBANY OH 43054			15,000				CHARITABLE SUPPORT
(4) TAYLOR UNIVERSITY - UPLAND 236 W. READE AVE. UPLAND IN 46989	35-0868181	501C3	101,000				CHARITABLE SUPPORT
(5) THE CHAPEL 2505 W. HAMILTON RD. S. FORT WAYNE IN 46814	35-1930152	501C3	47,178				CHARITABLE SUPPORT
(6) THE HISTORY CENTER 302 E. BERRY ST. FORT WAYNE IN 46802	35-1043456	501C3	32,795				CHARITABLE SUPPORT
(7) THE LEAGUE 5821 S. ANTHONY BLVD. FORT WAYNE IN 46816	35-0876341	501C3	29,533				CHARITABLE SUPPORT
(8) THE LIGHTHOUSE PO BOX 8746 FORT WAYNE IN 46898	47-2109588	501C3	21,670				CHARITABLE SUPPORT
(9) THE OYSTER BAR 1830 S. CALHOUN ST. FORT WAYNE IN 46802			50,000				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) (2020)

**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

2020

**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) THE RESCUE MISSION PO BOX 11116 FORT WAYNE IN 46855	35-1054670	501C3	119,610				CHARITABLE SUPPORT
(2) THIRTEEN STEP HOUSE, INC. 1317 W. WASHINGTON BLVD. FORT WAYNE IN 46802	35-1316444	501C3	23,917				CHARITABLE SUPPORT
(3) THREE RIVER'S DISTILLING CO. 224 E. WALLACE ST. FORT WAYNE IN 46803			5,742				CHARITABLE SUPPORT
(4) THREE RIVERS MUSIC THEATRE CO 212 PEARL ST. FORT WAYNE IN 46802	47-4992836	501C3	14,924				CHARITABLE SUPPORT
(5) TOLON RESTAURANT 614 HARRISON ST. FORT WAYNE IN 46802			40,000				CHARITABLE SUPPORT
(6) TRI-CREEK EDUCATION FOUNDATION INC. 19290 CLINE AVE. LOWELL IN 46356	35-2128513	501C3	80,000				CHARITABLE SUPPORT
(7) TRINITY ENGLISH EVANGELICAL 450 WEST WASHINGTON BLVD. FORT WAYNE IN 46802	35-0876356	501C3	34,221				CHARITABLE SUPPORT
(8) TRINITY EPISCOPAL CHURCH 611 W. BERRY ST. FORT WAYNE IN 46802	11-1646315	501C3	7,463				CHARITABLE SUPPORT
(9) TURNSTONE CENTER FOR CHILDREN 3320 N. CLINTON ST. FORT WAYNE IN 46805	35-0913541	501C3	148,771				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) (2020)

**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

2020

**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) UNITED WAY OF ALLEN COUNTY INC. 334 E. BERRY ST. FORT WAYNE IN 46802	35-0867932	501C3	133,542				CHARITABLE SUPPORT
(2) UNITED WAY METROPOLITAN NASHVILLE 250 VENTURE CIRCLE NASHVILLE TN 37228	62-0533104	501C3	10,000				CHARITABLE SUPPORT
(3) UNITY SCHOOL OF CHRISTIANITY 1901 NW BLUE PKWY. UNITY VILLAGE MO 64065	44-0546000	501C3	6,000				CHARITABLE SUPPORT
(4) UNIVERSITY OF NOTRE DAME 115 MAIN BLDG. NOTRE DAME IN 46556	35-0868188	501C3	8,500				CHARITABLE SUPPORT
(5) UNIVERSITY OF SAINT FRANCIS 2701 SPRING ST. FORT WAYNE IN 46808	35-0886846	501C3	105,155				CHARITABLE SUPPORT
(6) UTOPIAN COMMUNITY GROCERY STORE 608 OXFORD ST. FORT WAYNE IN 46806			20,000				CHARITABLE SUPPORT
(7) VERA BRADLEY FOUNDATION 12420 STONEBRIDGE RD. ROANOKE IN 46783	35-2058177	501C3	25,000				CHARITABLE SUPPORT
(8) VINCENT VILLAGE INC. 2827 HOLTON AVE. FORT WAYNE IN 46806	35-1780135	501C3	60,495				CHARITABLE SUPPORT
(9) VISITING NURSE AND HOSPICE HOME INC 5910 HOMESTEAD RD. FORT WAYNE IN 46814	35-1687026	501C3	12,917				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

2020

**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)	VISUAL PRIME STUDIOS LLC 10355 DAWSONS CREEK BLVD. STE. B FORT WAYNE IN 46825			25,000				CHARITABLE SUPPORT
(2)	VOLUNTEER CENTER @ RSVP 3401 LAKE AVE., STE. 4 FORT WAYNE IN 46805	36-4559850	501C3	25,000				CHARITABLE SUPPORT
(3)	WELLSPRING INTERFAITH SOCIAL SVCS 1316 BROADWAY AVE. FORT WAYNE IN 46802	51-0151621	501C3	77,321				CHARITABLE SUPPORT
(4)	WHITINGTON HOMES AND SERVICES 2423 FAIRFIELD AVE. FORT WAYNE IN 46807	31-0884478	501C3	15,466				CHARITABLE SUPPORT
(5)	WOMEN'S CARE CENTER INC. 4600 W. JEFFERSON BLVD. FORT WAYNE IN 46804	35-1609945	501C3	46,191				CHARITABLE SUPPORT
(6)	WORLD BASEBALL ACADEMY 1701 FREEMAN ST. FORT WAYNE IN 46802	30-0202606	501C3	10,095				CHARITABLE SUPPORT
(7)	X COUNT INC. 5301 MERCHANDISE DR, FORT WAYNE IN 46825	45-4791946	501C3	13,433				CHARITABLE SUPPORT
(8)	YMCA OF GREATER FORT WAYNE 347 W. BERRY ST., STE. 500 FORT WAYNE IN 46802	35-0886850	501C3	105,903				CHARITABLE SUPPORT
(9)	YOUNG LIFE FORT WAYNE 3308 ARROWWOOD DR. FORT WAYNE IN 46815	84-0385934	501C3	8,000				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) (2020)

**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

2020

**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) YOUTH FOR CHRIST OF ADAMS, JAY, AND PO BOX 431 BLUFFTON IN 46714	35-1837273	501C3	15,000				CHARITABLE SUPPORT
(2) YWCA NORTHEAST INDIANA INC. 5920 DECATUR RD. FORT WAYNE IN 46816	35-0868220	501C3	57,946				CHARITABLE SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	159	395,879			
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

2020

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** **X**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** **X**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** **X**
- 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** **X**
- b** Any related organization? **5b** **X**
- 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** **X**
- b** Any related organization? **6b** **X**
- 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)	197,506	0	0	5,974	18,340	221,820	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

2020

**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	27	1,603,733	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

2020

**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 12, 2021 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 29, 2021.

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 PRESIDENT & CEO 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 PRESIDENT & CEO, 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 PRESIDENT & CEO.

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 \$ 135,576

**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

2020

**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.
