

PUBLIC INSPECTION COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the 2023 calendar year, or tax year beginning, and ending

B Check if applicable: C Name of organization COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC. D Employer identification number 35-1119450 E Telephone number 260-426-4083 G Gross receipts \$ 40,338,410

I Tax-exempt status: X 501(c)(3) J Website: WWW.CFGFW.ORG K Form of organization: X Corporation L Year of formation: 1922 M State of legal domicile: IN

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

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, PRESIDENT & CEO. Date.

Paid Preparer Use Only: Print/Type preparer's name CASSIE J. DUNN, Preparer's signature, Date 08/14/24, Check self-employed, PTIN P02181011, Firm's name HAINES ISENBARGER & SKIBA LLC, Firm's EIN 52-2127371, Firm's address FORT WAYNE, IN 46818, Phone no. 260-436-9500

May the IRS discuss this return with the preparer shown above? See instructions X 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:

THE COMMUNITY FOUNDATION OF GREATER FORT WAYNE INSPIRES ENDURING PHILANTHROPY BY ENCOURAGING CHARITABLE GIVING, CONDUCTING MEANINGFUL GRANTMAKING, AND LEADING COMMUNITY INITIATIVES.

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 \$ **10,870,317** including grants of \$ **10,640,300**) (Revenue \$)

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

4b (Code:) (Expenses \$ **508,408** 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 \$ **205,803** 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 **11,584,528**

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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	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?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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
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
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
28	Was the organization a party to a business transaction with one of the following parties? (See the 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	
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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
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
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			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	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			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?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			X
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			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
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) R. BRADLEY LITTLE	40.00									
PRESIDENT & CEO	3.00			X			207,450	0	30,004	
(2) HEIDI LUDWIG	40.00									
COO	0.00			X			160,296	0	25,606	
(3) ALISON GERARDOT	40.00									
CHIEF IMPACT OFFICER	0.00			X			113,384	0	20,882	
(4) RONALD MENZE	1.00									
CHAIR	3.00	X		X			0	0	0	
(5) HEATHER SCHOEGLER	1.00									
CHAIR PART YEAR	3.00	X		X			0	0	0	
(6) SHERRY EARLY	1.00									
VICE CHAIR	3.00	X		X			0	0	0	
(7) CHRISTINE BOLES	1.00									
SECRETARY	3.00	X		X			0	0	0	
(8) ROBERT SLUSSER	1.00									
TREASURER	3.00	X		X			0	0	0	
(9) PAUL O. SAUERTEIG	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) GARY SHEARER	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) DENITA WASHINGTON	1.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) SUSAN WESNER										
(12) DIRECTOR	1.00 3.00	X					0	0	0	
(13) CINDY GOODMAN										
(13) DIRECTOR	1.00 0.00	X					0	0	0	
(14) EDMOND O'NEAL										
(14) DIRECTOR	1.00 0.00	X					0	0	0	
(15) DAMIAN GOSHEFF										
(15) DIRECTOR	1.00 3.00	X					0	0	0	
(16) SHELLEY WALKER										
(16) DIRECTOR	1.00 0.00	X					0	0	0	
(17) STEPHANIE CRANDALL										
(17) DIRECTOR	1.00 0.00	X					0	0	0	
(18) STEPHANIE CARPER										
(18) DIRECTOR	1.00 0.00	X					0	0	0	
(19) JASON KNOTHE										
(19) DIRECTOR	1.00 0.00	X					0	0	0	
1b Subtotal							481,130		76,492	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							481,130		76,492	

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 **3**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	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	283,316

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,962,221				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 7,328,419				
	h Total. Add lines 1a-1f				13,962,221			
	Program Service Revenue	2a			Business Code			
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f								
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				5,516,603		5,516,603	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a	Gross rents	(i) Real					
			(ii) Personal					
			6a					
	b	Less: rental expenses	6b					
	c	Rental inc. or (loss)	6c					
	d Net rental income or (loss)							
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			7a	20,564,413				
	b	Less: cost or other basis and sales exps.	7b	17,637,101				
	c	Gain or (loss)	7c	2,927,312				
d Net gain or (loss)				2,927,312		2,927,312		
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								
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								
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								
Miscellaneous Revenue	11a CHANGE IN VALUE OF SPLIT INT			Business Code	900099	323,186	323,186	
	b MISCELLANEOUS INCOME			Business Code	900099	-28,013	-28,013	
	c							
	d All other revenue							
	e Total. Add lines 11a-11d					295,173		
12 Total revenue. See instructions					22,701,309	295,173	0	
							8,443,915	

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	10,156,325	10,156,325		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	466,878	466,878		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	17,097	17,097		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	557,624	151,577	344,817	61,230
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	789,759	269,633	451,007	69,119
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,249	6,712	10,896	1,641
9 Other employee benefits	109,662	37,821	61,953	9,888
10 Payroll taxes	89,355	28,190	52,578	8,587
11 Fees for services (nonemployees):				
a Management				
b Legal	16,143	6,056	8,243	1,844
c Accounting	37,000		37,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	410,853		410,853	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	11,329	3,204	6,773	1,352
12 Advertising and promotion	199,211			199,211
13 Office expenses	10,796	3,346	6,370	1,080
14 Information technology				
15 Royalties				
16 Occupancy	91,112	29,175	52,526	9,411
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	97,534	48,025	42,138	7,371
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,486		27,486	
23 Insurance	22,854	7,085	13,484	2,285
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 OTHER EXPENSES	218,918	202,344	14,879	1,695
b EQUIPMENT & MAINTENANCE	120,680	37,411	71,201	12,068
c COMMUNITY ENGAGEMENT	103,717	103,717		
d DUES & SUBSCRIPTIONS	13,972	9,932	4,040	
e All other expenses	12,674		12,674	
25 Total functional expenses. Add lines 1 through 24e	13,600,228	11,584,528	1,628,918	386,782
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	563,543	1	1,969,821
	2	Savings and temporary cash investments	7,061,620	2	5,973,536
	3	Pledges and grants receivable, net	148,043	3	383,908
	4	Accounts receivable, net	5,000	4	6,250
	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	31,663	9	36,042
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	407,053		
	10b	Less: accumulated depreciation	297,624	10c	109,429
	11	Investments—publicly traded securities	167,177,284	11	194,614,043
	12	Investments—other securities. See Part IV, line 11	11,021,747	12	10,464,111
	13	Investments—program-related. See Part IV, line 11	786,073	13	1,151,424
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,076,328	15	4,435,809
16	Total assets. Add lines 1 through 15 (must equal line 33)	190,965,562	16	219,144,373	
Liabilities	17	Accounts payable and accrued expenses	120,678	17	122,707
	18	Grants payable	595,588	18	1,787,967
	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	9,825,332	25	10,833,112
	26	Total liabilities. Add lines 17 through 25	10,541,598	26	12,743,786
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	177,976,195	27	203,581,159
	28	Net assets with donor restrictions	2,447,769	28	2,819,428
	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	180,423,964	32	206,400,587	
33	Total liabilities and net assets/fund balances	190,965,562	33	219,144,373	

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	22,701,309
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,600,228
3	Revenue less expenses. Subtract line 2 from line 1	3	9,101,081
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	180,423,964
5	Net unrealized gains (losses) on investments	5	16,711,468
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	164,074
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	206,400,587

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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) NIKKI QUINTANA										
(12) DIRECTOR	1.00 0.00	X						0	0	0
(21) TODD JACOBS										
(13) DIRECTOR PART YEAR	1.00 0.00	X						0	0	0
(22) DOUG WOOD										
(14) DIRECTOR PART YEAR	1.00 3.00	X						0	0	0
(23) JIM COOK										
(15) DIRECTOR PART YEAR	1.00 0.00	X						0	0	0
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
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

	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>		
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>		
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>		

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,992,580	8,455,579	15,059,445	8,042,177	13,962,221	55,512,002
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	9,992,580	8,455,579	15,059,445	8,042,177	13,962,221	55,512,002
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)						7,552,814
6 Public support. Subtract line 5 from line 4						47,959,188

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	9,992,580	8,455,579	15,059,445	8,042,177	13,962,221	55,512,002
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,581,033	3,070,523	5,325,632	4,829,292	5,516,603	23,323,083
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						78,835,085

12 Gross receipts from related activities, etc. (see instructions) 12 -334,189

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 2023 (line 6, column (f) divided by line 11, column (f))	14	60.83 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	59.22 %
16a 33 1/3% support test — 2023. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test — 2022. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2023. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2022. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 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

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) = 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 = 16 %.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) = 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 = 18 %.

- 19a 33 1/3% support tests — 2023. 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 — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 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 box 12a or 12b in Part I, answer lines 4b and 4c 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on 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 on 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>		Yes	No
2a			
b Did the activities described on 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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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 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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2023

Table with 2 columns: Name of the organization (COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC.) and Employer identification number (35-1119450)

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [X] 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

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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	\$ 4,133,323	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 907,388	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 750,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 460,002	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 302,315	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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	\$ 707,592	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

COMMUNITY FOUNDATION OF GREATER

Employer identification number

35-1119450

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SECURITIES	\$ 4,133,323	08/15/23
6	SECURITIES	\$ 302,315	11/17/23
7	SECURITIES	\$ 700,505	12/18/23
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

**Open to Public
Inspection**

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$
- 3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2023

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	32													
c Total lobbying expenditures (add lines 1a and 1b)	32													
d Other exempt purpose expenditures	11,584,496													
e Total exempt purpose expenditures (add lines 1c and 1d)	11,584,528													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	729,226													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	182,307													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount				729,226	729,226
b Lobbying ceiling amount (150% of line 2a, column (e))					1,093,839
c Total lobbying expenditures				32	32
d Grassroots nontaxable amount				182,307	182,307
e Grassroots ceiling amount (150% of line 2d, column (e))					273,461
f Grassroots lobbying expenditures				0	

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include questions 1 through 2d regarding lobbying activities.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 3 regarding dues and lobbying expenditures.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 5 regarding dues and lobbying expenditures.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-A, EXPLANATION OF FOUR YEAR AVERAGING

THE ORGANIZATION ELECTED TO HAVE THE PROVISIONS OF SECTION 501(H) OF THE CODE APPLY TO THE TAX YEAR ENDING 12/31/2023 AND ALL SUBSEQUENT TAX YEARS UNTIL REVOKED. THEREFORE, THERE ARE NO AMOUNTS TO REPORT IN COLUMNS (A) THROUGH (C).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2023

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 value of contributions, aggregate value of grants, and questions about donor advised funds and grant fund usage.

Part II Conservation Easements

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, acreage restricted, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts required to be reported.

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	412,675	485,497	414,384	395,677	419,488
b Contributions			595	94	185
c Net investment earnings, gains, and losses	56,675	-50,529	91,920	40,890	66,400
d Grants or scholarships	18,000	17,645	16,638	19,756	16,987
e Other expenditures for facilities and programs					70,842
f Administrative expenses	4,486	4,648	4,764	2,521	2,567
g End of year balance	446,864	412,675	485,497	414,384	395,677

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		407,053	297,624	109,429
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 109,429

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ASSETS HELD FOR OTHER AGENCIES	10,119,213
(3) ANNUITIES PAYABLE	710,848
(4) LEASE LIABILITY	3,051
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	10,833,112

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 IRC 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 IT HAS TAKEN OR EXPECTS TO TAKE AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT SHOULD BE RECOGNIZED, MEASURED OR

Part XIII Supplemental Information *(continued)*

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, 2020.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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		17,097
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					17,097
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					17,097

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	17,097	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 _____

3 Enter total number of other organizations or entities _____

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 the 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 the 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 the 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 the 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 the 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 the 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	\$ 17,097	\$ 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.

Attach to Form 990.

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

OMB No. 1545-0047

2023**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	51 BRIDGES, LLC 1139 S. TURNER DRIVE ROCKVILLE IN 47872	84-1897726		12,264				CHARITABLE SUPPORT
(2)	A CITY ON A HILL CHURCH INC. 705 W. 900 NORTH UNIONDALE IN 46791	92-0407689	501C3	60,000				CHARITABLE SUPPORT
(3)	ACRES INC. 1802 CHAPMAN RD. HUNTEERTOWN IN 46748	31-0976955	501C3	20,000				CHARITABLE SUPPORT
(4)	ADAMS ELEMENTARY SCHOOL 3000 NEW HAVEN AVE FORT WAYNE IN 46803		GOV	20,000				CHARITABLE SUPPORT
(5)	ADAMS TOWNSHIP TRUSTEE OFFICE 1125 HARTZELL ST. NEW HAVEN IN 46774	35-1830203	GOV	30,000				CHARITABLE SUPPORT
(6)	A HOPE CENTER PREGNANCY 3630 HOBSON RD. FORT WAYNE IN 46815	31-1113254	501C3	9,339				CHARITABLE SUPPORT
(7)	ALIVE COMMUNITY OUTREACH 2318 WEBSTER STREET FORT WAYNE IN 46807	84-2664640	501C3	10,300				CHARITABLE SUPPORT
(8)	ALLEN COUNTY CASA COALITION INC. 1 E. MAIN ST., #421 FORT WAYNE IN 46802	31-1253983	501C3	14,124				CHARITABLE SUPPORT
(9)	ALLEN COUNTY COURTHOUSE 715 S. CALHOUN ST., RM. 300 FORT WAYNE IN 46802	35-1932033	501C3	33,343				CHARITABLE SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **230**
- 3 Enter total number of other organizations listed in the line 1 table **10**

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ALLEN COUNTY-FORT WAYNE HISTORICAL 302 E BERRY ST FORT WAYNE IN 46802	35-1043456	501C3	37,691				CHARITABLE SUPPORT
(2)	ALL-OPTIONS 1014 S WALNUT STREET BLOOMINGTON IN 47401	87-0729403	501C3	28,650				CHARITABLE SUPPORT
(3)	AMANI FAMILY SERVICES 5104 N CLINTON ST FORT WAYNE IN 46825	41-2205791	501C3	271,245				CHARITABLE SUPPORT
(4)	AMERICAN BRAIN FOUNDATION 201 CHICAGO AVE. MINNEAPOLIS MN 55415	41-1717098	501C3	10,000				CHARITABLE SUPPORT
(5)	AMERICAN HEART ASSOCIATION 6500 TECHNOLOGY CENTER DR., STE 100 INDIANAPOLIS IN 46278	13-5613797	501C3	5,127				CHARITABLE SUPPORT
(6)	AMERICAN RED CROSS OF NORTHEAST IN 1212 E. CALIFORNIA RD. FORT WAYNE IN 46825	53-0196605	501C3	30,000				CHARITABLE SUPPORT
(7)	A MOTHER'S HOPE 5322 N. CLINTON FORT WAYNE IN 46825	47-2760786	501C3	43,250				CHARITABLE SUPPORT
(8)	ANIMAL CARE AND CONTROL 3020 HILLEGAS RD FORT WAYNE IN 46808	35-6001029	GOV	22,783				CHARITABLE SUPPORT
(9)	ANTHONY WAYNE AREA COUNCIL 8315 W. JEFFERSON BLVD. FORT WAYNE IN 46804	35-0876343	501C3	26,258				CHARITABLE SUPPORT

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

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	APPINIUM LICENSING LLC 268 BUSH STREET, SUITE 3836 SAN FRANCISCO CA 94104	84-2648486		10,387				CHARITABLE SUPPORT
(2)	ARCH OF SELF, LLC 501 WEST 120TH STREET #4E NEW YORK NY 10027	83-3009445		40,460				CHARITABLE SUPPORT
(3)	ARENA THEATRE INC. PO BOX 11922 FORT WAYNE IN 46861	35-1368665	501C3	5,100				CHARITABLE SUPPORT
(4)	ARIZONA MUSICFEST 7950 E. THOMPSON PEAK PARKWAY SCOTTSDALE AZ 85255	86-1034396	501C3	10,000				CHARITABLE SUPPORT
(5)	ARMY AVIATION HERITAGE FOUNDATION 17229 C.R. 42 GOSHEN IN 46526	59-3453545	501C3	10,000				CHARITABLE SUPPORT
(6)	ARTLINK INC. AUER CENTER FOR ARTS AND CULTURE 30 FORT WAYNE IN 46802	35-1461761	501C3	14,800				CHARITABLE SUPPORT
(7)	ARTS UNITED OF GREATER FORT WAYNE 300 E. MAIN ST STE. 100 FORT WAYNE IN 46802	35-0992067	501C3	283,291				CHARITABLE SUPPORT
(8)	AS OUR OWN 1334 BRITTMOORE RD.,STE. 2302 HOUSTON TX 77043	20-4725399	501C3	350,000				CHARITABLE SUPPORT
(9)	ASSOCIATED CHURCHES OF FORT WAYNE 602 E. WAYNE ST. FORT WAYNE IN 46802	35-0905944	501C3	73,784				CHARITABLE SUPPORT

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

2023

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Department of the Treasury
Internal Revenue Service

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ASSOC. OF FUNDRAISING PROFESSIONALS PO BOX 13498 FORT WAYNE IN 46869	30-0118704	501C3	10,000				CHARITABLE SUPPORT
(2) AUDIENCES UNLIMITED INC. 1005 W RUDISILL BLVD STE 304 FORT WAYNE IN 46807	31-0946267	501C3	21,958				CHARITABLE SUPPORT
(3) AVOW - ADVANCING VOICES OF WOMEN 2707 MALLARD COVE LN FORT WAYNE IN 46804		501C3	27,271				CHARITABLE SUPPORT
(4) BALL STATE UNIVERSITY LUCINA HALL 245 MUNCIE IN 47306		GOV	7,194				CHARITABLE SUPPORT
(5) BAPTIST HEALTH FOUNDATION 6855 RED RD CORAL GABLES FL 33143	59-1923401	501C3	20,000				CHARITABLE SUPPORT
(6) BELIEVE IN A DREAM INC PO BOX 10511 FORT WAYNE IN 46852	27-4786996	501C3	41,000				CHARITABLE SUPPORT
(7) BEYOND ABLE, INC. 4211 HOBSON COURT FORT WAYNE IN 46815	88-3724515	501C3	50,025				CHARITABLE SUPPORT
(8) BIG BROTHERS BIG SISTERS OF NE IN 1005 W RUDISILL BLVD STE A101 FORT WAYNE IN 46807	35-1271943	501C3	147,121				CHARITABLE SUPPORT
(9) BILL BLASS LEGACY, INC. 14101 CONNORS RD FORT WAYNE IN 46819	88-3791627	501C3	20,000				CHARITABLE SUPPORT

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

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Internal Revenue Service

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BISHOP DWENGER HIGH SCHOOL 1300 E WASHINGTON CTR RD FORT WAYNE IN 46825	35-1090327	501C3	47,931				CHARITABLE SUPPORT
(2)	BISHOP LUERS HIGH SCHOOL 333 E. PAULDING RD. FORT WAYNE IN 46816	35-1041555	501C3	27,117				CHARITABLE SUPPORT
(3)	BLACKHAWK BAPTIST CHURCH 7400 E. STATE BLVD. FORT WAYNE IN 46815	13-5563018	501C3	63,600				CHARITABLE SUPPORT
(4)	BLACK PINE ANIMAL SANCTUARY PO BOX 02 ALBION IN 46701	33-1020728	501C3	5,523				CHARITABLE SUPPORT
(5)	BLUE JACKET INC 2826 S CALHOUN ST FORT WAYNE IN 46807	35-2210669	501C3	43,925				CHARITABLE SUPPORT
(6)	BOOMERANG BACKPACKS INC. 4616 E. DUPONT RD., STE C FORT WAYNE IN 46825	80-0570852	501C3	5,250				CHARITABLE SUPPORT
(7)	BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL MA 02467	04-2103545	501C3	13,000				CHARITABLE SUPPORT
(8)	BOYS AND GIRLS CLUBS OF FORT WAYNE 2609 FAIRFIELD AVE FORT WAYNE IN 46807	35-1778767	501C3	113,416				CHARITABLE SUPPORT
(9)	BRIDGE OF GRACE COMPASSIONATE 5100 GAYWOOD DR. FORT WAYNE IN 46806	45-4056745	501C3	20,000				CHARITABLE SUPPORT

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BSF INTERNATIONAL LLC 19001 HUEBNER RD. SAN ANTONIO TX 78258	38-3739504	501C3	15,000				CHARITABLE SUPPORT
(2)	BUILDING A STRONGER FAMILY 921 E. DUPONT RD., #909 FORT WAYNE IN 46825	81-2680564	501C3	10,000				CHARITABLE SUPPORT
(3)	BURT, BLEE, DIXON, SUTTON & BLOOM 200 E MAIN ST STE 1000 FORT WAYNE IN 46802	35-1462179		14,521				CHARITABLE SUPPORT
(4)	BUTLER UNIVERSITY 4600 SUNSET AVE. INDIANAPOLIS IN 46208	35-0867977	501C3	15,000				CHARITABLE SUPPORT
(5)	CAMP RED CEDAR 3900 HURSH ROAD FORT WAYNE IN 46845	35-1049596	501C3	8,115				CHARITABLE SUPPORT
(6)	CANCER SERVICES OF NORTHEAST IN 6316 MUTUAL DR FORT WAYNE IN 46825	35-0965609	501C3	86,890				CHARITABLE SUPPORT
(7)	CANTERBURY SCHOOL INC. 5601 COVINGTON RD. FORT WAYNE IN 46804	35-1410931	501C3	14,200				CHARITABLE SUPPORT
(8)	CASS HOUSING INC. PO BOX 10778 FORT WAYNE IN 46853	47-5460116	501C3	12,000				CHARITABLE SUPPORT
(9)	CATHOLIC CHARITIES OF THE DIOCESE 915 S CLINTON ST FORT WAYNE IN 46802	35-1038653	501C3	28,500				CHARITABLE SUPPORT

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

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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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 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CATHOLIC COMMUNITY FOUNDATION 9025 COLDWATER RD STE 200 FORT WAYNE IN 46825	35-0876373	501C3	15,000				CHARITABLE SUPPORT
(2)	CATHOLIC DIOCESE OF FORT WAYNE 915 S. CLINTON ST. FORT WAYNE IN 46802	35-0876373	501C3	12,500				CHARITABLE SUPPORT
(3)	CENTER FOR NONVIOLENCE INC 235 W. CREIGHTON AVE. FORT WAYNE IN 46807	31-1045334	501C3	31,850				CHARITABLE SUPPORT
(4)	CHALLENGE FOR CHARITY, INC. P. O. BOX 26025 SCOTTSDALE AZ 85255	86-1605552	501C3	12,000				CHARITABLE SUPPORT
(5)	CHARACTER AND SKILLS BASKETBALL 5020 WOODWAY FORT WAYNE IN 46835	87-3094760	501C3	7,000				CHARITABLE SUPPORT
(6)	CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE. MLC 9002 CINCINNATI OH 45229	31-0833936	501C3	20,000				CHARITABLE SUPPORT
(7)	CHRIST LUTHERAN CHURCH 3612 OLD OAKWOOD RD. OAKWOOD GA 30566	58-1754954	501C3	7,000				CHARITABLE SUPPORT
(8)	CITY OF FORT WAYNE 200 E BERRY ST STE 425 FORT WAYNE IN 46802	35-6001029	GOV	157,334				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
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(1) COMMUNITY ACTION OF NORTHEAST IN 227 E WASHINGTON BLVD FORT WAYNE IN 46802	35-1111819	501C3	107,000				CHARITABLE SUPPORT
(2) COMMUNITY HARVEST FOOD BANK PO BOX 10967 FORT WAYNE IN 46855	31-1100607	501C3	197,758				CHARITABLE SUPPORT
(3) COMMUNITY SOLUTIONS INC. 10 S. NEW JERSEY ST., STE. 300 INDIANAPOLIS IN 46204	35-2131142		152,346				CHARITABLE SUPPORT
(4) COMMUNITY TRANSPORTATION NETWORK 5601 INDUSTRIAL RD FORT WAYNE IN 46825	35-2109955	501C3	61,275				CHARITABLE SUPPORT
(5) COMPASS FINANCES GOD S WAY INC PO BOX 2557 SANFORD FL 32772	27-1252917	501C3	7,500				CHARITABLE SUPPORT
(6) CONSILIARIS LLC 5651 COVENTRY LN, #185 FORT WAYNE IN 46804	87-1231356		155,000				CHARITABLE SUPPORT
(7) COUNTY LINE CHURCH OF GOD INC. 7716 N COUNTY LINE RD E AUBURN IN 46706	35-1461572	501C3	12,500				CHARITABLE SUPPORT
(8) COVENANT IMPACT CENTER 3420 E. PAULDING RD. FORT WAYNE IN 46816	47-4667808	501C3	14,400				CHARITABLE SUPPORT
(9) COVENANT UNITED METHODIST CHURCH 10001 COLDWATER RD. FORT WAYNE IN 46825	35-0996143	501C3	6,000				CHARITABLE SUPPORT

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**Grants and Other Assistance to Organizations,
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(1) CREATIVE WOMEN OF THE WORLD 125 W. WAYNE ST. FORT WAYNE IN 46802	45-2455187	501C3	8,000				CHARITABLE SUPPORT
(2) CROSSROAD CHILD & FAMILY SERVICES 1825 BEACON STREET FORT WAYNE IN 46805	35-0869050	501C3	52,209				CHARITABLE SUPPORT
(3) CROSSWINDS INC. 4150 ILLINOIS RD. FORT WAYNE IN 46804	45-4222417	501C3	60,000				CHARITABLE SUPPORT
(4) DARKNESS TO LIGHT 3022 S MORGANS POINT ROAD #118 MT PLEASANT SC 29466	57-1095108	501C3	75,000				CHARITABLE SUPPORT
(5) DAVE HEFNER INTERNATIONAL EXCHANGE 12323 BENDING OAKS CT. FORT WAYNE IN 46845	23-7413166	501C3	50,000				CHARITABLE SUPPORT
(6) DEKALB HUMANE SOCIETY INC. 5730 COUNTY ROAD 11A AUBURN IN 46706	35-1362542	501C3	10,000				CHARITABLE SUPPORT
(7) DESTINY RESCUE 10339 DAWSONS CREEK BLVD. SUITE C FORT WAYNE IN 46825	26-2467690	501C3	6,800				CHARITABLE SUPPORT
(8) DR. BILL LEWIS CENTER FOR CHILDREN 2730 E. STATE STREET, STE. C FORT WAYNE IN 46805	35-2096006	501C3	27,500				CHARITABLE SUPPORT
(9) EARLY CHILDHOOD ALLIANCE INC. 516 E. WAYNE ST. FORT WAYNE IN 46802	35-0953465	501C3	48,996				CHARITABLE SUPPORT

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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(1)	EAST ALLEN FAMILY RESOURCE CENTER 610 PROFESSIONAL PARK DRIVE NEW HAVEN IN 46774	31-0975312	501C3	10,000				CHARITABLE SUPPORT
(2)	EASTER SEALS ARC OF NORTHEAST IN 4919 COLDWATER RD. FORT WAYNE IN 46825	35-0998711	501C3	80,672				CHARITABLE SUPPORT
(3)	EAST WAYNE STREET CENTER INC. 801 E. WAYNE ST. FORT WAYNE IN 46803	35-1587206	501C3	12,500				CHARITABLE SUPPORT
(4)	EMMANUEL LUTHERAN CHURCH 917 W. JEFFERSON BLVD. FORT WAYNE IN 46802	35-0877562	501C3	11,000				CHARITABLE SUPPORT
(5)	ERIN'S HOUSE FOR GRIEVING CHILDREN 5670 YMCA PARK DRIVE WEST FORT WAYNE IN 46835	35-1884264	501C3	43,662				CHARITABLE SUPPORT
(6)	EUELL A. WILSON CENTER INC. 1512 OXFORD ST. FORT WAYNE IN 46806	35-1893381	501C3	25,000				CHARITABLE SUPPORT
(7)	EVANS SCHOLARS FOUNDATION 2501 PATRIOT BLVD. GLENVIEW IL 60026	36-2518129	501C3	6,000				CHARITABLE SUPPORT
(8)	EVERYACTION, INC. (GIVE GAB) 655 15TH ST., NW SUITE 650 WASHINGTON DC 20005			7,225				CHARITABLE SUPPORT
(9)	FARMINGTON CENTRAL ACADEMIC FDN PO BOX 106 FARMINGTON IL 61531	37-1259667	501C3	83,000				CHARITABLE SUPPORT

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**Grants and Other Assistance to Organizations,
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(1)	FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS RD KANSAS CITY MO 64129	44-0610626	501C3	115,750				CHARITABLE SUPPORT
(2)	FIRST BOOK 1319 F STREET NW, STE. 1000 WASHINGTON DC 20004	52-1779606	501C3	15,216				CHARITABLE SUPPORT
(3)	FIRST PRESBYTERIAN CHURCH OF FW 300 W WAYNE ST FORT WAYNE IN 46802	13-5562176	501C3	31,755				CHARITABLE SUPPORT
(4)	FIRST TEE - GREATER CHICAGO 3701 N. RECREATION DRIVE SUITE 2 CHICAGO IL 60613	31-1746890	501C3	10,000				CHARITABLE SUPPORT
(5)	FORENSIC NURSING SPECIALTIES INC. 1420 KERRWAY COURT FORT WAYNE IN 46805	35-1943648	501C3	17,500				CHARITABLE SUPPORT
(6)	FORT WAYNE BALLET INC. 300 E. MAIN ST. FORT WAYNE IN 46802	35-6006394	501C3	27,664				CHARITABLE SUPPORT
(7)	FORT WAYNE CENTER FOR LEARNING 2510 E DUPONT RD STE 203 FORT WAYNE IN 46825	71-0951614	501C3	22,275				CHARITABLE SUPPORT
(8)	FORT WAYNE CHILDREN'S CHOIR 2101 E COLISEUM BLVD FORT WAYNE IN 46805	35-1638989	501C3	5,340				CHARITABLE SUPPORT
(9)	FORT WAYNE CHILDREN'S ZOO 3411 SHERMAN BLVD FORT WAYNE IN 46808	35-6068234	501C3	13,157				CHARITABLE SUPPORT

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(Form 990)**

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(1)	FORT WAYNE CINEMA CENTER 437 E. BERRY ST., STE. 1 FORT WAYNE IN 46802	35-1414723	501C3	20,415				CHARITABLE SUPPORT
(2)	FORT WAYNE CIVIC THEATRE, INC. ARTS UNITED CENTER 303 E. MAIN ST. FORT WAYNE IN 46802	35-6001476	501C3	72,627				CHARITABLE SUPPORT
(3)	FORT WAYNE DANCE COLLECTIVE INC. 437 E. BERRY ST., STE. 203 FORT WAYNE IN 46802	31-0958473	501C3	17,100				CHARITABLE SUPPORT
(4)	FORT WAYNE FIREFIGHTERS MUSEUM INC. 226 WEST WASHINGTON BLVD. FORT WAYNE IN 46802	31-0896650	501C3	8,156				CHARITABLE SUPPORT
(5)	FORT WAYNE MUSEUM OF ART INC. 311 E MAIN ST FORT WAYNE IN 46802	35-0953440	501C3	170,281				CHARITABLE SUPPORT
(6)	FORT WAYNE PARKS AND RECREATION 705 E STATE BLVD FORT WAYNE IN 46805		GOV	18,381				CHARITABLE SUPPORT
(7)	FORT WAYNE PHILHARMONIC ORCHESTRA 4901 FULLER DR. FORT WAYNE IN 46835	35-0791163	501C3	147,614				CHARITABLE SUPPORT
(8)	FORT WAYNE PRIDE INC. 7829 NOBLE RIDGE PL FORT WAYNE IN 46825	84-1668955	501C3	10,000				CHARITABLE SUPPORT
(9)	FORT WAYNE PUBLIC TELEVISION INC. 2501 E. COLISEUM BLVD. FORT WAYNE IN 46805	23-7173906	501C3	23,027				CHARITABLE SUPPORT

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Schedule I (Form 990) 2023

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(1)	FORT WAYNE SISTER CITIES INTERNAT. 2101 E COLISEUM BLVD FORT WAYNE IN 46805	31-1105602	501C3	81,762				CHARITABLE SUPPORT
(2)	FORT WAYNE SOCIETY OF ST. VINCENT 1600 S. CALHOUN ST. FORT WAYNE IN 46814	35-0975940	501C3	21,675				CHARITABLE SUPPORT
(3)	FORT WAYNE TRAILS, INC. 300 E MAIN ST STE 131 FORT WAYNE IN 46802	42-1545637	501C3	7,856				CHARITABLE SUPPORT
(4)	FORT WAYNE YOUTHEATRE INC. 300 E MAIN ST FORT WAYNE IN 46802	35-1551064	501C3	15,589				CHARITABLE SUPPORT
(5)	FOUR:10 MINISTRIES 4091 BARBERS POINTE NEW HAVEN IN 46774	83-3017120	501C3	9,800				CHARITABLE SUPPORT
(6)	FRIENDS OF THE HIGH LINE, INC 820 WASHINGTON ST NEW YORK NY 10014	31-1734086	501C3	50,000				CHARITABLE SUPPORT
(7)	FRIENDS OF UNITED HATZALAH 442 5TH AVE, SUITE 1866 NEW YORK NY 10018	11-3533002	501C3	10,000				CHARITABLE SUPPORT
(8)	FRIENDS OF WARNER PARK 50 VAUGHN ROAD NASHVILLE TN 37221	62-1333658	501C3	10,000				CHARITABLE SUPPORT
(9)	GIGI'S PLAYHOUSE FORT WAYNE 6081 N. CLINTON ST. FORT WAYNE IN 46825	47-4861688	501C3	38,000				CHARITABLE SUPPORT

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(1)	GIRL SCOUTS OF NORTHERN INDIANA- 10008 DUPONT CIR DR E FORT WAYNE IN 46825	35-0868091	501C3	17,000				CHARITABLE SUPPORT
(2)	GIVEHEAR 130 W MAIN STREET, SUITE 150 FORT WAYNE IN 46802	45-2803181	501C3	38,100				CHARITABLE SUPPORT
(3)	GREATER FORT WAYNE INC. PO BOX 10134 FORT WAYNE IN 46850	35-0315995	501C6	5,781				CHARITABLE SUPPORT
(4)	HABITAT FOR HUMANITY OF GREATER FW 2020 E WASHINGTON BLVD STE 500 FORT WAYNE IN 46803	35-1687064	501C3	44,858				CHARITABLE SUPPORT
(5)	HARLAN CHRISTIAN YOUTH CENTER INC. 17308 SECOND ST. HARLAN IN 46743	35-2125040	501C3	10,000				CHARITABLE SUPPORT
(6)	HARRISON HILL ELEMENTARY SCHOOL 355 CORNELL CIR. FORT WAYNE IN 46807	35-6006351	GOV	7,439				CHARITABLE SUPPORT
(7)	HEADWATERS COUNSELING 2712 S. CALHOUN ST. FORT WAYNE IN 46807	35-0868078	501C3	5,132				CHARITABLE SUPPORT
(8)	HEADWATERS PARK ALLIANCE INC. 705 EAST STATE STREET FORT WAYNE IN 46805	35-2117385	501C3	10,135				CHARITABLE SUPPORT
(9)	HEADWINDS CONSULTING, LLC 429 BLUE CLIFF PLACE FORT WAYNE IN 46804			65,000				CHARITABLE SUPPORT

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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 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HEALTHIER MOMS AND BABIES 1025 W RUDISILL BLVD BOX 9 FORT WAYNE IN 46807	35-6049685	501C3	54,000				CHARITABLE SUPPORT
(2)	HEARTLAND SINGS INC. 2402 LAKE AVE. FORT WAYNE IN 46805	35-1733497	501C3	8,525				CHARITABLE SUPPORT
(3)	HEART OF THE CITY MISSION FDN 1651 CASS STREET FORT WAYNE IN 46808	27-3415516	501C3	11,000				CHARITABLE SUPPORT
(4)	HIRE RIGHT LLC 429 E DUPONT ROAD #238 FORT WAYNE IN 46825	47-4842076		35,000				CHARITABLE SUPPORT
(5)	HOLY HILL MEDIA LLC 312 CLINTON ST SUITE B DEFIANCE OH 43512	85-1623810		28,714				CHARITABLE SUPPORT
(6)	HOOSIER ENVIRONMENTAL COUNCIL 3951 N. MERIDIAN ST., STE. 100 INDIANAPOLIS IN 46208	35-1576694	501C3	15,000				CHARITABLE SUPPORT
(7)	HOOSIERS FEEDING THE HUNGRY 4490A STATE ROAD 327 GARRETT IN 46738	45-2402892	501C3	8,400				CHARITABLE SUPPORT
(8)	HOPE ALIVE INC. 1747 N. WELLS ST. FORT WAYNE IN 46808	35-1365346	501C3	8,615				CHARITABLE SUPPORT
(9)	HOPE INTERNATIONAL 227 GRANITE RUN DRIVE SUITE 250 LANCASTER PA 17601	23-2836648	501C3	44,000				CHARITABLE SUPPORT

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

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

2023

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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) HUMAN AGRICULTURAL COOPERATIVE INC. 4617 BARRINGTON DR. FORT WAYNE IN 46806	84-1916240	501C3	36,825				CHARITABLE SUPPORT
(2) HUMANE FORT WAYNE 4914 S HANNA ST FORT WAYNE IN 46806	35-6042135	501C3	12,300				CHARITABLE SUPPORT
(3) IMAGE OF HOPE RANCH INC 5499 COUNTY ROAD 31 AUBURN IN 46706	81-1766538	501C3	10,000				CHARITABLE SUPPORT
(4) INDIANA PHILANTHROPY ALLIANCE 115 WEST WASHINGTON STREET, SUITE 9 INDIANAPOLIS IN 46204	35-1835134	501C3	13,150				CHARITABLE SUPPORT
(5) INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON IN 47402	35-6018940	501C3	19,081				CHARITABLE SUPPORT
(6) INDIANA UNIVERSITY VARSITY CLUB 1001 EAST 17TH STREET BLOOMINGTON IN 47408	35-6018940	501C3	25,000				CHARITABLE SUPPORT
(7) INDIANA WESLEYAN UNIVERSITY 1900 W. 50TH ST., SUITE 129 MARION IN 46953	35-0885591	501C3	5,926				CHARITABLE SUPPORT
(8) INTERNATIONAL HOUSE INC. 429 E. DUPONT RD. #151 FORT WAYNE IN 46825	20-1548785	501C3	10,000				CHARITABLE SUPPORT
(9) ISSAC STERETT ADVENTURE FOUNDATION P.O. BOX 22698 OWENSBORO KY 42304	85-1972946	501C3	15,000				CHARITABLE SUPPORT

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

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(1)	JAMES WHITCOMB RILEY MEMORIAL ASSOC P O BOX 3356 INDIANAPOLIS IN 46206	35-0868147	501C3	23,200				CHARITABLE SUPPORT
(2)	JUNIOR ACHIEVEMENT OF NORTHERN IN 550 E. WALLEN RD. FORT WAYNE IN 46825	35-0922731	501C3	95,000				CHARITABLE SUPPORT
(3)	JUNIOR LEAGUE OF FORT WAYNE INC. 1010 MEMORIAL WAY STE 104 FORT WAYNE IN 46805	35-0864748	501C3	19,592				CHARITABLE SUPPORT
(4)	JUST NEIGHBORS INTERFAITH HOMELESS 2925 E. STATE BLVD. FORT WAYNE IN 46805	35-2089785	501C3	40,275				CHARITABLE SUPPORT
(5)	KATE'S KART INC. 10376 LEO RD., STE. A FORT WAYNE IN 46825	26-2615368	501C3	22,500				CHARITABLE SUPPORT
(6)	LIFESONG FOR ORPHANS INC. PO BOX 9 GRIDLEY IL 61744	35-1902841	501C3	10,000				CHARITABLE SUPPORT
(7)	LINDLEY ELEMENTARY SCHOOL 2201 ARDMORE ROAD FORT WAYNE IN 46802		GOV	7,000				CHARITABLE SUPPORT
(8)	LITTLE RIVER WETLANDS PROJECT INC. 5000 SMITH RD FORT WAYNE IN 46804	35-1809569	501C3	20,416				CHARITABLE SUPPORT
(9)	LONG TERM CARE OMBUDSMAN PROGRAM 3217 STELLHORN RD., STE. B FORT WAYNE IN 46815	20-4940365	501C3	12,000				CHARITABLE SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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(1)	LUTHERAN FOUNDATION INC. 3024 FAIRFIELD AVE. FORT WAYNE IN 46807	35-0886840	501C3	8,703				CHARITABLE SUPPORT
(2)	LUTHERAN HIGH SCHOOL ASSOCIATION 5401 LUCAS HUNT 103 ST LOUIS MO 63121	43-0662478	501C3	10,000				CHARITABLE SUPPORT
(3)	LUTHERAN SOCIAL SERVICES OF INDIANA 333 E LEWIS ST FORT WAYNE IN 46802	35-0868124	501C3	51,354				CHARITABLE SUPPORT
(4)	MAD ANTHONYS CHILDREN'S HOPE HOUSE 7922 W. JEFFERSON BLVD. FORT WAYNE IN 46804	35-2032408	501C3	6,075				CHARITABLE SUPPORT
(5)	MADINA VILLAGE SCHOOL INC PO BOX 15869 FORT WAYNE IN 46885	90-0927683	501C3	6,600				CHARITABLE SUPPORT
(6)	MANCHESTER UNIVERSITY 604 E. COLLEGE AVE. NORTH MANCHESTER IN 46962	35-0868127	501C3	25,000				CHARITABLE SUPPORT
(7)	MARIAN UNIVERSITY 3200 COLD SPRING RD. INDIANAPOLIS IN 46222	35-0868175	501C3	25,000				CHARITABLE SUPPORT
(8)	MARTIN LUTHER KING MONTESSORI 6001 S. ANTHONY BLVD. FORT WAYNE IN 46816	35-1161409	501C3	27,500				CHARITABLE SUPPORT
(9)	MATTHEW 25, INC. 413 E JEFFERSON BLVD FORT WAYNE IN 46802	35-1484951	501C3	99,234				CHARITABLE SUPPORT

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(1) MAYO CLINIC ROCHESTER 200 FIRST ST. SW ROCHESTER MN 55905	41-6011702	501C3	50,000				CHARITABLE SUPPORT
(2) MCCLURE PUBLISHING LLC 100 VILLAGE STREET SUITE 200 BIRMINGHAM AL 35242	46-4497113		33,367				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	33,729				CHARITABLE SUPPORT
(5) MENTAL HEALTH AMERICA 3201 STELLHORN RD STE C101 FORT WAYNE IN 46815	46-1326514	501C3	29,000				CHARITABLE SUPPORT
(6) MISS VIRGINIA'S FOOD PANTRY PO BOX 12045 FORT WAYNE IN 46802	35-1967440	501C3	32,037				CHARITABLE SUPPORT
(7) MORELAND TRAINING & ASSOCIATES 4802 E. RAY ROAD, STE. 23-122 PHOENIX AZ 85044	85-1236230		25,000				CHARITABLE SUPPORT
(8) MOSAIC CELEBRATION LLC 1515 EDENTON DRIVE FORT WAYNE IN 46804			23,757				CHARITABLE SUPPORT
(9) MUSTARD SEED FURNITURE BANK OF FW 3636 ILLINOIS RD. FORT WAYNE IN 46804	35-2149283	501C3	33,750				CHARITABLE SUPPORT

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(1) MUTTON PARTY & TENT RENTAL 1818 LAKEVIEW DR. FORT WAYNE IN 46808			9,153				CHARITABLE SUPPORT
(2) NATURE CONSERVANCY IN INDIANA INC. 620 E. OHIO ST. INDIANAPOLIS IN 46202	53-0242652	501C3	10,000				CHARITABLE SUPPORT
(3) NAVIGATORS (THE) PO BOX 50500 COLORADO SPRINGS CO 80949	84-6007896	501C3	8,400				CHARITABLE SUPPORT
(4) NEIGHBORHOOD HEALTH CLINICS INC. PO BOX 11949 FORT WAYNE IN 46862	35-1922483	501C3	175,100				CHARITABLE SUPPORT
(5) NEIGHBORLINK FORT WAYNE FOUNDATION 2826 S CALHOUN ST FORT WAYNE IN 46807	52-2389393	501C3	45,950				CHARITABLE SUPPORT
(6) NETWORK FOR GOOD / BONTERRA 1140 CONNECTICUT AVE. NW STE. 700 WASHINGTON DC 20036	68-0480736	501C3	32,600				CHARITABLE SUPPORT
(7) NEW HAVEN ADAMS TOWNSHIP PARK PO BOX 157 NEW HAVEN IN 46774		GOV	25,000				CHARITABLE SUPPORT
(8) NEW HOPE CHRISTIAN CHURCH 5780 S. MAIN STREET WHITESTOWN IN 46075		501C3	10,000				CHARITABLE SUPPORT
(9) NEW HORIZONS FOUNDATION INC. 5550 TECH CENTER DR. COLORADO SPRINGS CO 80919	84-1123082	501C3	22,500				CHARITABLE SUPPORT

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(1) NEW MERCIES MINISTRIES PO BOX 25712 FORT WAYNE IN 46825	86-3804719	501C3	22,720				CHARITABLE SUPPORT
(2) NORTHEAST CHRISTIAN CHURCH INC 4900 STELLHORN RD FORT WAYNE IN 46815	35-1965138	501C3	30,000				CHARITABLE SUPPORT
(3) NORTHEAST INDIANA FUND INC. 200 E. MAIN ST., STE. 910 FORT WAYNE IN 46802	59-3812438	501C3	10,000				CHARITABLE SUPPORT
(4) NORTHEAST INDIANA PUBLIC RADIO INC. PO BOX 8459 FORT WAYNE IN 46898	35-1514924	501C3	26,223				CHARITABLE SUPPORT
(5) OUT OF A JAM INC. 322 WEST WOODLAND AVE FORT WAYNE IN 46807	81-2862936	501C3	6,165				CHARITABLE SUPPORT
(6) PATHWAY COMMUNITY CHURCH INC. 1206 E. DUPONT RD. FORT WAYNE IN 46825	35-2154774	501C3	30,000				CHARITABLE SUPPORT
(7) PAUL DAVIS RESTORATION 3010 BUTLER RIDGE PKWY FORT WAYNE IN 46808			56,130				CHARITABLE SUPPORT
(8) PLANNED PARENTHOOD ASSOCIATION 2930 LAKE AVE. FORT WAYNE IN 46805	35-0874276	501C3	5,050				CHARITABLE SUPPORT
(9) POSITIVE RESOURCE CONNECTION 525 OXFORD STREET FORT WAYNE IN 46806	31-1191147	501C3	38,984				CHARITABLE SUPPORT

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(1)	POSSABILITY UNLIMITED 1221 OAK TRAIL CT. FORT WAYNE IN 46845	80-0947261	501C3	15,000				CHARITABLE SUPPORT
(2)	POWER HOUSE YOUTH CENTER INC. 830 MAIN ST. NEW HAVEN IN 46774	35-2022371	501C3	10,450				CHARITABLE SUPPORT
(3)	PURDUE UNIVERSITY FORT WAYNE 2101 E COLISEUM BLVD FORT WAYNE IN 46805	35-6002041	GOV	67,341				CHARITABLE SUPPORT
(4)	PURDUE UNIVERSITY FORT WAYNE FDN 2101 E COLISEUM BLVD FORT WAYNE IN 46805	35-6033698	501C3	24,253				CHARITABLE SUPPORT
(5)	PURPLE INK LLC PO BOX 3562 CARMEL IN 46082	27-2788156		16,600				CHARITABLE SUPPORT
(6)	QUESTA EDUCATION FOUNDATION 6502 CONSTITUTION DR FORT WAYNE IN 46804	35-6025795	501C3	11,570				CHARITABLE SUPPORT
(7)	REDEEMER LUTHERAN CHURCH 3640 RIVER PARK DR LOUISVILLE KY 40211	61-0607517	501C3	6,000				CHARITABLE SUPPORT
(8)	RESPECTTEAM PO BOX 309 HUNTEERTOWN IN 46748	47-4090921	501C3	7,500				CHARITABLE SUPPORT
(9)	RIGHT TO LIFE OF NORTHEAST INDIANA 3106 LAKE AVE FORT WAYNE IN 46805	35-1547508	501C3	5,500				CHARITABLE SUPPORT

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Schedule I (Form 990) 2023

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(1) RONALD MCDONALD HOUSE CHARITIES 11109 PARKVIEW PLAZA DR. FORT WAYNE IN 46845	35-1950376	501C3	17,262				CHARITABLE SUPPORT
(2) SAMARITAN'S PURSE PO BOX 3000 BOONE NC 28607	58-1437002	501C3	12,500				CHARITABLE SUPPORT
(3) SCAN, INC. 500 W MAIN ST FORT WAYNE IN 46802	31-0899309	501C3	87,244				CHARITABLE SUPPORT
(4) SCIENCE CENTRAL INC. 1950 N CLINTON ST FORT WAYNE IN 46805	31-1032583	501C3	42,817				CHARITABLE SUPPORT
(5) SHEPHERDS HOUSE INC 519 TENNESSEE AVE FORT WAYNE IN 46805	35-2050845	501C3	10,900				CHARITABLE SUPPORT
(6) SHOAFF PARK BAPTIST CHURCH 6651 ST JOE RD. FORT WAYNE IN 46835		501C3	9,000				CHARITABLE SUPPORT
(7) SOUTH SIDE HIGH SCHOOL FOUNDATION 3601 S. CALHOUN ST. FORT WAYNE IN 46807	35-1924095	501C3	18,871				CHARITABLE SUPPORT
(8) SOUTHWEST COMMUNITY CHURCH 44175 WASHINGTON ST. INDIAN WELLS CA 92210	95-2816362	501C3	10,000				CHARITABLE SUPPORT
(9) START FORT WAYNE INC. 111 W. BERRY ST., STE 211 FORT WAYNE IN 46802	47-4606907	501C3	100,000				CHARITABLE SUPPORT

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Schedule I (Form 990) 2023

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ST. ELIZABETH ANN SETON CATHOLIC 10700 ABOITE CENTER RD. FORT WAYNE IN 46804	53-0196617	501C3	79,801				CHARITABLE SUPPORT
(2)	ST. ELIZABETH ANN SETON CATHOLIC 10650 ABOITE CENTER RD. FORT WAYNE IN 46804	35-2051396	501C3	5,250				CHARITABLE SUPPORT
(3)	STILLWATER HOSPICE FOUNDATION 5910 HOMESTEAD RD FORT WAYNE IN 46814	35-1687026	501C3	101,842				CHARITABLE SUPPORT
(4)	ST. JOSEPH CATHOLIC SCHOOL 2211 BROOKLYN AVE. FORT WAYNE IN 46802	35-2051396	501C3	12,500				CHARITABLE SUPPORT
(5)	ST. JOSEPH COMMUNITY HEALTH FDN 347 W. BERRY ST. STE 101 FORT WAYNE IN 46802	31-1016570	501C3	14,546				CHARITABLE SUPPORT
(6)	ST. JOSEPH MISSIONS INC. 3505 LAKE AVE FORT WAYNE IN 46805	81-1868232	501C3	17,440				CHARITABLE SUPPORT
(7)	ST. JUDE CATHOLIC CHURCH 2130 PEMBERTON DR. FORT WAYNE IN 46805	53-0196617	501C3	30,312				CHARITABLE SUPPORT
(8)	ST. JUDE CATHOLIC SCHOOL FORT WAYNE 2110 PEMBERTON DR. FORT WAYNE IN 46805	35-0876373	501C3	12,500				CHARITABLE SUPPORT
(9)	STONE CONSULTING 4803 OAK MAST TRL FORT WAYNE IN 46804	81-3454535		5,500				CHARITABLE SUPPORT

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

2023

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Inspection**

Department of the Treasury
Internal Revenue Service

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ST. VINCENT DE PAUL CATHOLIC CHURCH 1502 E. WALLEN RD. FORT WAYNE IN 46825		501C3	52,700				CHARITABLE SUPPORT
(2) SUMMIT CITY ENTREPRENEUR & ENTERPRISE 1830 WAYNE TRACE FORT WAYNE IN 46803	31-1103390	501C3	5,850				CHARITABLE SUPPORT
(3) SUMMIT EQUESTRIAN CENTER 10808 LACABREAH LN FORT WAYNE IN 46845	27-3693550	501C3	10,000				CHARITABLE SUPPORT
(4) SUPER SHOT INC. 1515 HOBSON RD FORT WAYNE IN 46805	35-2122575	501C3	62,822				CHARITABLE SUPPORT
(5) TAYLOR UNIVERSITY - UPLAND 236 W. READE AVE. UPLAND IN 46989	35-0868181	501C3	33,000				CHARITABLE SUPPORT
(6) TEENWORKS, INC. 2820 N MERIDIAN ST., SUITE 1250 INDIANAPOLIS IN 46208	46-2047309	501C3	25,000				CHARITABLE SUPPORT
(7) THE CHAPEL 2505 W. HAMILTON RD. S. FORT WAYNE IN 46814	35-1930152	501C3	105,600				CHARITABLE SUPPORT
(8) THE EDGE FORT WAYNE 1436 CROSLEY DR FORT WAYNE IN 46814	93-4347602	501C3	10,000				CHARITABLE SUPPORT
(9) THE EMBASSY THEATRE FOUNDATION INC. 125 W. JEFFERSON BLVD FORT WAYNE IN 46802	23-7355731	501C3	103,470				CHARITABLE SUPPORT

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE LEAGUE 5821 S ANTHONY BLVD FORT WAYNE IN 46816	35-0876341	501C3	61,883				CHARITABLE SUPPORT
(2) THE LEUKEMIA & LYMPHOMA SOCIETY PO BOX 772395 DETROIT MI 48277	13-5644916	501C3	25,200				CHARITABLE SUPPORT
(3) THE LITERACY ALLIANCE INC. 1005 W RUDISILL BLVD STE 307 FORT WAYNE IN 46807	35-1710780	501C3	35,350				CHARITABLE SUPPORT
(4) THE LOCAL FORT WAYNE LLC 4606 INDIANA AVE FORT WAYNE IN 46807	92-1326751		6,000				CHARITABLE SUPPORT
(5) THE NIIC INC. 3201 STELLHORN RD FORT WAYNE IN 46815	35-2097779	501C3	25,000				CHARITABLE SUPPORT
(6) THE RESCUE MISSION PO BOX 11116 FORT WAYNE IN 46855	35-1054670	501C3	179,790				CHARITABLE SUPPORT
(7) THE SALVATION ARMY 2901 N CLINTON ST FORT WAYNE IN 46805	36-2167910	501C3	16,000				CHARITABLE SUPPORT
(8) THIRTEEN STEP HOUSE, INC. 1317 W. WASHINGTON BLVD. FORT WAYNE IN 46802	35-1316444	501C3	15,000				CHARITABLE SUPPORT
(9) THREE RIVERS JUNCTION INC. 10424 INDIAN RIDGE DR. FORT WAYNE IN 46814	35-2130681	501C3	10,000				CHARITABLE SUPPORT

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

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THREE RIVERS MUSIC THEATRE CO. 6201 BRIDLEWOOD DRIVE FORT WAYNE IN 46835	47-4992836	501C3	15,725				CHARITABLE SUPPORT
(2) TIGER WOODS FOUNDATION INC. 15440 LAGUNA CANYON ROAD, SUITE 230 IRVINE CA 92618	20-0677815	501C3	25,000				CHARITABLE SUPPORT
(3) TRI-CREEK EDUCATION FOUNDATION INC. 19290 CLINE AVE. LOWELL IN 46356	35-2128513	501C3	80,000				CHARITABLE SUPPORT
(4) TRINITY ENGLISH EVANGELICAL 450 WEST WASHINGTON BLVD. FORT WAYNE IN 46802	35-0876356	501C3	17,246				CHARITABLE SUPPORT
(5) TROUBLED WATER FILM 602 W. IONIA ST. LANSING MI 48933	38-2517980	501C3	10,000				CHARITABLE SUPPORT
(6) TURNSTONE CENTER FOR CHILDREN 3320 N CLINTON ST FORT WAYNE IN 46805	35-0913541	501C3	200,141				CHARITABLE SUPPORT
(7) UNIFIED DEVELOPMENTS 855 WEBSTER ST. 601 FORT WAYNE IN 46802			8,000				CHARITABLE SUPPORT
(8) UNITED WAY OF ALLEN COUNTY INC. 347 W BERRY ST STE 300 FORT WAYNE IN 46802	35-0867932	501C3	26,731				CHARITABLE SUPPORT
(9) UNITED WAY METROPOLITAN NASHVILLE 250 VENTURE CIRCLE NASHVILLE TN 37228	62-0533104	501C3	10,000				CHARITABLE SUPPORT

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNITY PERFORMING ARTS FOUNDATION PO BOX 10394 FORT WAYNE IN 46852	35-2110907	501C3	10,010				CHARITABLE SUPPORT
(2)	UNIVERSITY OF SAINT FRANCIS 2701 SPRING ST FORT WAYNE IN 46808	35-0886846	501C3	72,981				CHARITABLE SUPPORT
(3)	UNIVERSITY OF VIRGINIA MCINTIRE PO BOX 400173 CHARLOTTESVILLE VA 22904	51-0159775	501C3	9,000				CHARITABLE SUPPORT
(4)	VERA BRADLEY FOUNDATION 12420 STONEBRIDGE RD. ROANOKE IN 46783	35-2058177	501C3	81,000				CHARITABLE SUPPORT
(5)	VETERANS NATIONAL MEMORIAL SHRINE PO BOX 26 ARCOLA IN 46704	35-1300823	501C3	10,900				CHARITABLE SUPPORT
(6)	VINCENT VILLAGE INC. 2827 HOLTON AVE FORT WAYNE IN 46806	35-1780135	501C3	88,000				CHARITABLE SUPPORT
(7)	VOLUNTEER LAWYER PROGRAM OF NE IN 347 W. BERRY STREET SUITE 101 FORT WAYNE IN 46802	01-0718469	501C3	10,000				CHARITABLE SUPPORT
(8)	WELLSPRING INTERFAITH SOCIAL SVCS 1316 BROADWAY AVE FORT WAYNE IN 46802	51-0151621	501C3	50,432				CHARITABLE SUPPORT
(9)	WHITINGTON HOMES AND SERVICES 2423 FAIRFIELD AVE. FORT WAYNE IN 46807	31-0884478	501C3	7,100				CHARITABLE SUPPORT

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WOMEN IN NUTRACEUTICALS (WIN) 6850 W MORELOS PLACE CHANDLER AZ 85226	88-2640477		10,000				CHARITABLE SUPPORT
(2)	WOMEN'S CARE CENTER INC. 4600 W. JEFFERSON BLVD. FORT WAYNE IN 46804	35-1609945	501C3	17,500				CHARITABLE SUPPORT
(3)	WORD NERD MEDIA 331 EAST PARK ROAD UNITE 214 INDIAN TRAIL NC 28079			5,632				CHARITABLE SUPPORT
(4)	WORLD BASEBALL ACADEMY, INC. 1701 FREEMAN ST FORT WAYNE IN 46802	30-0202606	501C3	10,574				CHARITABLE SUPPORT
(5)	WORLD PARTNERS PO BOX 9127 FORT WAYNE IN 46899	35-1161320	501C3	6,000				CHARITABLE SUPPORT
(6)	YMCA OF GREATER FORT WAYNE 347 W BERRY ST STE 500 FORT WAYNE IN 46802	35-0886850	501C3	158,174				CHARITABLE SUPPORT
(7)	YOUNG LIFE FORT WAYNE 3308 ARROWWOOD DR. FORT WAYNE IN 46815	84-0385934	501C3	6,750				CHARITABLE SUPPORT
(8)	YOUTH FOR CHRIST OF NORTHERN IN 6427 OAKBROOK PARKWAY FORT WAYNE IN 46825	35-1051837	501C3	11,338				CHARITABLE SUPPORT
(9)	YWCA NORTHEAST INDIANA 5920 DECATUR RD. FORT WAYNE IN 46816	35-0868220	501C3	99,085				CHARITABLE SUPPORT

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

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

Schedule I (Form 990) 2023

**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.
Attach to Form 990.

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

OMB No. 1545-0047

2023

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ZIONSVILLE PARKS FOUNDATION 49 BOONE VILLAGE #185 ZIONSVILLE IN 46077	85-2902312	501C3	10,000				CHARITABLE SUPPORT
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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	142	352,570			
2 GRANTS	71	114,308			
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

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

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

OMB No. 1545-0047

2023

Open to Public
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**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
1b		
2		
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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 R. BRADLEY LITTLE PRESIDENT & CEO	(i)	207,450	0	0	6,488	23,516	237,454	0
	(ii)	0	0	0	0	0	0	0
2 HEIDI LUDWIG COO	(i)	160,296	0	0	5,052	20,554	185,902	0
	(ii)	0	0	0	0	0	0	0
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 L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27,
28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

2023

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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total \$ _____

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) GARY SHEARER	DIRECTOR	149,801	HEALTH INS PROVIDER		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCHEDULE L, PART V - ADDITIONAL INFORMATION

GARY SHEARER IS THE PRESIDENT AND CEO OF PHP OF NORTHERN INDIANA, INC., WHICH PROVIDES HEALTH INSURANCE COVERAGE TO EMPLOYEES OF THE COMMUNITY FOUNDATION OF GREATER FORT WAYNE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

**Open To Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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	32	7,306,668	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 (AUCTION ITEMS)	X	43	21,751	FAIR MARKET VALUE
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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)**

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.

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

OMB No. 1545-0047

2023

**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 106 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

GARY SHEARER	CHRISTINE BOLES
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 8, 2024 AS ULTIMATELY FILED WITH THE IRS. PRIOR TO DISTRIBUTION TO OFFICERS AND DIRECTORS, MANAGEMENT AND THE AUDIT COMMITTEE OF THE COMMUNITY FOUNDATION OF GREATER FORT WAYNE REVIEWED THE FORM 990 AT A MEETING HELD ON JULY 31, 2024.

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF GREATER

35-1119450

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

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

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF GREATER

35-1119450

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 \$ 164,074

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

**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 FT WAYNE IN 46802 35-1948487	PROJECTS	IN	501C3	12A	CFGFW	X	
(2) FORT WAYNE CENTRAL IMPROVEMENT FDN 555 E. WAYNE STREET FT WAYNE IN 46802 35-1527622	REAL ESTAT	IN	501C3	12A	CFGFW	X	
(3) SUMMIT INITIATIVES FOUNDATION INC 555 E. WAYNE STREET FT WAYNE IN 46802 45-4671150	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)													

