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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ELKHART COUNTY COMMUNITY FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
101 SOUTH MAIN STREET

City or town, state or country, and ZIP + 4
ELKHART, IN 46515

D Employer identification number
31-1255886

E Telephone number
(574) 295-8761

G Gross receipts $ 9,891,575

F Name and address of principal officer
PETER MCCOWN
101 SOUTH MAIN STREET
ELKHART, IN 46515

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW ELKHARTCCF ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1988 | **M** State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE QUALITY OF LIFE IN ELKHART COUNTY BY INSPIRING GENEROSITY

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	8
6	Total number of volunteers (estimate if necessary)	**6**	65
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-20,923
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-20,923

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,848,457	3,264,611
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,518,402	1,227,727
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	7,305
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,366,859	4,499,643
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,326,904	2,935,547
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	430,621	523,276
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶331,257		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	494,633	372,183
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,252,158	3,831,006
	19 Revenue less expenses Subtract line 18 from line 12	-885,299	668,637

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	46,282,666	45,951,507
	21 Total liabilities (Part X, line 26)	7,274,874	8,270,277
	22 Net assets or fund balances Subtract line 21 from line 20	39,007,792	37,681,230

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

****** 2013-05-08
Signature of officer — Date

PETER MCCOWN PRESIDENT/CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
KANDY L WISCHMEIER CPA	2013-05-08	☐	P00118327

Firm's name (or yours if self-employed), address, and ZIP + 4
BLUE & CO LLC
106 COMMUNITY DR
SEYMOUR, IN 47274

EIN ▶ 35-1178661

Phone no ▶ (812) 522-8416

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO IMPROVE THE QUALITY OF LIFE IN ELKHART COUNTY BY INSPIRING GENEROSITY

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 and section 4947(a)(1) trusts 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 $ 3,311,195 including grants of $ 2,935,547) (Revenue $ 7,305)

THE ELKHART COUNTY COMMUNITY FOUNDATION (ECCF) WAS ESTABLISHED IN 1989 TO INSPIRE PEOPLE TO MAKE CHARITABLE GIFTS THAT IMPROVE THE QUALITY OF LIFE IN ELKHART COUNTY AS A PUBLIC, TAX-EXEMPT, PHILANTHROPIC ORGANIZATION, ECCF SOLICITS AND DEVELOPS ENDOWMENT FUNDS AND DISTRIBUTES INCOME FROM THEM, VIA QUARTERLY GRANTS, TO NOT-FOR-PROFIT ORGANIZATIONS THROUGHOUT THE COUNTY PROGRAM GRANTS ARE MADE TO OUR NONPROFIT PARTNERS IN THE AREAS OF ARTS & CULTURE, COMMUNITY DEVELOPMENT, EDUCATION, HEALTH & HUMAN SERVICES, RELIGION AND YOUTH DEVELOPMENT, PLUS SPECIAL PROGRAM GRANTS FROM THE FUND FOR ELKHART COUNTY OUR DONORS AND THE COMMUNITY ALSO SUPPORT OUR THRIVING SCHOLARSHIP PROGRAMS, INCLUDING THE LILLY ENDOWMENT COMMUNITY SCHOLARSHIP THROUGH THE SCOPE OF THESE SERVICES, THE ECCF CONTINUES TO BE THE PHILANTHROPIC CONDUIT IN ELKHART COUNTY

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 3,311,195

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*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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*	3		No
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*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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*	6	Yes	
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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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.*	11b	Yes	
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.*	11c		No
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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
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, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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*	17		No
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*	18		No
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*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	9		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		No
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		No
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ IN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

LAURA NYE
101 SOUTH MAIN STREET
ELKHART, IN 46515
(574) 295-8761

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

Check if Schedule O contains a response to any question 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REBECCA BALL-MILLER CHAIRPERSON	1 00	X		X				0	0	0
(2) RANDALL JACOBS SECRETARY	1 00	X		X				0	0	0
(3) MATT PLETCHER TREASURER	1 00	X		X				0	0	0
(4) BRIAN SMITH VICE-CHAIRPERSON	1 00	X		X				0	0	0
(5) RANDY CHRISTOPHEL DIRECTOR	1 00	X						0	0	0
(6) RICK JENKINS DIRECTOR	1 00	X						0	0	0
(7) LEVON JOHNSON DIRECTOR	1 00	X						0	0	0
(8) TONI JOHNSON DIRECTOR	1 00	X						0	0	0
(9) LEVI KING DIRECTOR	1 00	X						0	0	0
(10) MICHAEL KUBACKI DIRECTOR	1 00	X						0	0	0
(11) SUE MILLER DIRECTOR	1 00	X						0	0	0
(12) JAMES MORTON DIRECTOR	1 00	X						0	0	0
(13) DZUNG NGUYEN DIRECTOR	1 00	X						0	0	0
(14) MICHAEL PIANOWSKI DIRECTOR	1 00	X						0	0	0
(15) JILL RICHARDSON DIRECTOR	1 00	X						0	0	0
(16) MICHAEL SCHOEFFLER DIRECTOR	1 00	X						0	0	0
(17) ROBERT SCHROCK DIRECTOR	1 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TIM STONGER DIRECTOR	1 00	X						0	0	0
(19) DAVID WEED DIRECTOR	1 00	X						0	0	0
(20) M SCOTT WELCH DIRECTOR	1 00	X						0	0	0
(21) JEFFREY WELLS DIRECTOR	1 00	X						0	0	0
(22) LAURA NYE FINANCIAL MANAGER	34 00			X				41,863	0	15,435
(23) PETER MCCOWN PRESIDENT/CEO	40 00			X				39,748	0	10,216
(24) W EARL TAYLOR PARTIAL YEAR PRESIDENT/CEO	40 00			X				107,345	0	19,292

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	188,956	0	44,943

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 ▶ 1

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

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 ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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 3,264,611				
	g	Noncash contributions included in lines 1a-1f $ 589,476				
	h	**Total.** Add lines 1a-1f . . . . . ▶	3,264,611			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	939,538		-20,923	960,461
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 5,680,121				
	b	Less cost or other basis and sales expenses 5,391,932				
	c	Gain or (loss) 288,189				
	d	Net gain or (loss) . . . . . ▶	288,189			288,189
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	ADMINISTRATIVE FEES 900099	7,305	7,305		
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	7,305			
	12	**Total revenue.** See Instructions . . . ▶	4,499,643	7,305	-20,923	1,248,650

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) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	2,329,970	2,329,970		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	605,577	605,577		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	247,709	61,713	62,227	123,769
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	202,952	50,738	50,738	101,476
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,968	1,242	1,242	2,484
9	Other employee benefits	43,802	10,950	10,950	21,902
10	Payroll taxes	23,845	5,961	5,961	11,923
11	Fees for services (non-employees)				
a	Management				
b	Legal	7,776	2,644	2,566	2,566
c	Accounting	27,303	9,283	9,010	9,010
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	183,824	183,824		
g	Other	27,869	9,475	9,197	9,197
12	Advertising and promotion	18,688			18,688
13	Office expenses	28,428	16,368	6,030	6,030
14	Information technology				
15	Royalties . .				
16	Occupancy	13,188		657	12,531
17	Travel	14,015	4,625	4,765	4,625
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,850	15,084	766	
20	Interest				
21	Payments to affiliates	8,285	2,817	2,734	2,734
22	Depreciation, depletion, and amortization	2,718	924	897	897
23	Insurance	9,443		9,443	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MISCELLANEOUS	6,772		6,772	
b	DONOR DEVELOPMENT	3,780		3,780	
c	COMMUNITY RELATIONS	2,878			2,878
d	DUES AND SUBSCRIPTIONS	1,366		819	547
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	3,831,006	3,311,195	188,554	331,257
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		100	1	100
	2	Savings and temporary cash investments		670,331	2	996,174
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		249,569	4	298,544
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		204,362	7	156,033
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 14,591			
	b	Less accumulated depreciation	10b 12,222	3,537	10c	2,369
	11	Investments—publicly traded securities		32,526,595	11	30,358,382
	12	Investments—other securities See Part IV, line 11		12,490,524	12	13,317,369
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		137,648	15	822,536
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		46,282,666	16	45,951,507
Liabilities	17	Accounts payable and accrued expenses		31,142	17	72,784
	18	Grants payable		222,390	18	193,692
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	7,535,517
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		7,021,342	25	468,284
	26	**Total liabilities.** Add lines 17 through 25		7,274,874	26	8,270,277
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		38,729,193	27	448,883
	28	Temporarily restricted net assets		278,599	28	37,232,347
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		39,007,792	33	37,681,230
	34	Total liabilities and net assets/fund balances		46,282,666	34	45,951,507

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	4,499,643
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,831,006
3	Revenue less expenses Subtract line 2 from line 1	3	668,637
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	39,007,792
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,995,199
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	37,681,230

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ELKHART COUNTY COMMUNITY FOUNDATION INC

Employer identification number
31-1255886

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 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,837,248	2,333,974	2,028,535	1,848,457	3,264,611	12,312,825
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	2,837,248	2,333,974	2,028,535	1,848,457	3,264,611	12,312,825
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)						940,117
6 **Public Support.** Subtract line 5 from line 4						11,372,708

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,837,248	2,333,974	2,028,535	1,848,457	3,264,611	12,312,825
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	871,665	652,322	651,877	1,257,080	939,538	4,372,482
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	17,499		6,236		7,305	31,040
11 **Total support** (Add lines 7 through 10)						16,716,347

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	**14**	68 030 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	63 480 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ELKHART COUNTY COMMUNITY FOUNDATION INC

Employer identification number
31-1255886

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	49	
2	Aggregate contributions to (during year)	373,187	
3	Aggregate grants from (during year)	395,023	
4	Aggregate value at end of year	6,767,836	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☑ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	35,224,758	30,982,180	28,059,874	38,951,820	
b	Contributions	1,777,355	1,603,770	1,537,736	770,989	
c	Investment earnings or losses	1,847,985	5,611,611	3,189,844	-9,401,047	
d	Grants or scholarships	2,196,879	2,972,803	1,805,274	2,261,888	
e	Other expenditures for facilities and programs					
f	Administrative expenses	305,822				
g	End of year balance	36,347,397	35,224,758	30,982,180	28,059,874	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 0 260 %
- b Permanent endowment ▶
- c Term endowment ▶ 99 740 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. 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		14,591	12,222	2,369
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,369

Part VII Investments—Other Securities. 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) HEDGE FUNDS	8,904,211	C
(B) PRIVATE EQUITY	4,413,158	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	13,317,369	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ANNUITIES PAYABLE	468,284
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	468,284

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,499,643
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,831,006
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	668,637
4	Net unrealized gains (losses) on investments	4	-1,412,053
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	17,683
8	Other (Describe in Part XIV)	8	-600,829
9	Total adjustments (net) Add lines 4 - 8	9	-1,995,199
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,326,562

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2,007,755
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-1,412,053		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	383,818		
e	Add lines **2a** through **2d**			2e	-1,028,235
3	Subtract line **2e** from line **1**			3	3,035,990
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	183,824		
b	Other (Describe in Part XIV)	4b	1,279,829		
c	Add lines **4a** and **4b**			4c	1,463,653
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	4,499,643

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,152,000
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 XIV)	2d	399,451		
e	Add lines **2a** through **2d**			2e	399,451
3	Subtract line **2e** from line **1**			3	2,752,549
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	183,824		
b	Other (Describe in Part XIV)	4b	894,633		
c	Add lines **4a** and **4b**			4c	1,078,457
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	3,831,006

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO PROVIDE FUNDS TO BENEFIT NOT-FOR-PROFIT ORGANIZATIONS IN ELKHART COUNTY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2012, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS AS SUCH, THE FOUNDATION IS GENERALLY EXEMPT FROM INCOME TAXES HOWEVER, THE FOUNDATION IS REQUIRED TO FILE FEDERAL FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX WHICH IS AN INFORMATIONAL RETURN ONLY
PART XI, LINE 8 - OTHER ADJUSTMENTS		SFAS 136 ADJUSTMENT -385,196 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -15,633 NON-ENDOWED FUND WITHDRAWAL -200,000 TOTAL TO SCHEDULE D, PART XI, LINE 8 -600,829
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - 15,633 ADMINISTRATIVE FEES 399,451
PART XII, LINE 4B - OTHER ADJUSTMENTS		SFAS 136 ADJUSTMENT 1,279,829
PART XIII, LINE 2D - OTHER ADJUSTMENTS		ADMINISTRATIVE FEES 399,451
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SFAS 136 ADJUSTMENT 894,633

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ELKHART COUNTY COMMUNITY FOUNDATION INC

Employer identification number
31-1255886

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

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PASSIVE INVESTMENTS		5,324,005
3a Sub-total	0	0			5,324,005
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			5,324,005

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V 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 of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 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" to Form 990, Part IV, line 16. Use Part V 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 31-1255886
Name: ELKHART COUNTY COMMUNITY FOUNDATION INC

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ELKHART COUNTY COMMUNITY FOUNDATION INC

Employer identification number
31-1255886

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 97

3 Enter total number of other organizations listed in the line 1 table . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	325	605,577			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION'S GRANT COMMITTEE REVIEWS GRANT APPLICATIONS EACH QUARTER AND GIVES A RECOMMENDATION AS TO WHICH ORGANIZATIONS WILL RECEIVE A GRANT, AS WELL AS HOW MUCH MONEY EACH ORGANIZATION WILL RECEIVE THE GRANT COMMITTEE'S RECOMMENDATIONS ARE APPROVED BY THE BOARD OF DIRECTORS OTHER GRANTS REQUESTS FROM DESIGNATED, DONOR ADVISED, AND SCHOLARSHIP FUNDS ARE APPROVED BY THE PROGRAM OFFICER AND THE BOARD OF DIRECTORS ORGANIZATIONS THAT RECEIVE GRANTS FROM UNRESTRICTED FUNDS HAVE UP TO ONE YEAR TO REPORT BACK TO ECCF REGARDING HOW THE GRANT FUNDS WERE USED GRANTS FROM DONOR ADVISED AND DESIGNATED FUNDS ARE UNRESTRICTED AND CAN BE USED IN ANY WAY THE RECIPIENT ORGANIZATIONS WOULD LIKE

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 31-1255886
Name: ELKHART COUNTY COMMUNITY FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADAMSVILLE ROAD CHURCH OF GOD 51287 CR 7 ELKHART,IN 46514		501(C)3	6,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ADEC RESOURCES FOR INDEPENDENCE 19670 SR120/PO BOX 398 BRISTOL,IN 46507	35-1060633	501(C)3	40,950				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION6415 CASTLEWAY WEST DRIVE SUITE 114 114 INDIANAPOLIS,IN 46250		501(C)3	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN RED CROSS - ELKHART CO CHAPTER721 RIVERVIEW AVENUE ELKHART,IN 46516	35-0909968	501(C)3	80,175				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BACK-2-SCHOOL ELKHART1521 PRAIRIE STREET ELKHART,IN 46516		501(C)3	12,200				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BASHOR HOME OF THE UNITED METHODIST CHURCHPO BOX 843 GOSHEN,IN 46527	35-0933555	501(C)3	32,200				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERSBIG SISTERS OF ELKHART CO INC 59029 COUNTY ROAD 13 ELKHART,IN 46517	35-1272588	501(C)3	15,587				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOY SCOUTS OF AMERICA LASALLE COUNCIL1340 SOUTH BEND AVENUE SOUTH BEND,IN 466171424	35-0867966	501(C)3	6,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS & GIRLS CLUB OF ELKHARTPO BOX 1538 ELKHART,IN 46515	35-1033735	501(C)3	20,388				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOYS & GIRLS CLUB OF GOSHENPO BOX 614 GOSHEN,IN 46527	35-1033735	501(C)3	86,967				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS & GIRLS CLUB OF NAPPANEEPO BOX 6 NAPPANEE,IN 46550	35-1033735	501(C)3	13,775				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAMPUS CENTER FOR YOUNG CHILDREN1900 SOUTH MAIN STREET GOSHEN,IN 46526	35-2010179	501(C)3	11,400				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAPS - CHILDREN AND PARENT SERVICESPO BOX 773 ELKHART,IN 46515	35-0888765	501(C)3	41,425				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATHOLIC CHURCH EXTENSION SOCIETY150 S WACKER DR FL 20 CHICAGO,IL 606069508		501(C)3	25,325				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR COMMUNITY JUSTICE121 SOUTH THIRD STREET ELKHART,IN 46516	35-1620204	501(C)3	37,850				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTER FOR HEALING AND HOPEPO BOX 195 GOSHEN,IN 46527	02-0560511	501(C)3	32,300				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR HOSPICE CARE 4220 EDISON LAKES PKWY SUITE 210 MISHAWAKA,IN 46545	31-0952866	501(C)3	5,492				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CES CHAMBERLAIN ELEMENTARY SCHOOL-GOSHEN COMMUNITY428 NORTH FIFTH STREET GOSHEN,IN 46526		501(C)3	7,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CHRIST'S COMMISSARY (FIRST BREHTREN CHURCH)24197 COUNTY ROAD 16 EAST ELKHART,IN 46516	08-1811584	501(C)3	5,150				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHURCH COMMUNITY SERVICESPO BOX 2346 ELKHART,IN 46515	35-1155054	501(C)3	51,734				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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COUNCIL ON AGING OF ELKHART COUNTY 230 EAST JACKSON BOULEVARD ELKHART,IN 46516	51-0178910	501(C)3	18,425				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DIOCESE OF FT WAYNESOUTH BEND915 S CLINTON STREET P O BOX 390 FORT WAYNE,IN 46801	35-0876373	501(C)3	18,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DOWNTOWN ELKHART INC418 S MAIN STREET ELKHART,IN 46516	31-1173964	501(C)3	40,650				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ECONOMIC DEVELOPMENT CORPORATION102 WEST LINCOLN AVE SUITE 210 GOSHEN,IN 46526	35-1973845	501(C)3	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ELEVATE VENTURES 1 N CAPITOL AVENUE INDIANAPOLIS,IN 46204		501(C)3	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART AREA CAREER CENTER 2424 CALIFORNIA ROAD ELKHART,IN 46514		501(C)3	21,150				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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ELKHART CHILD DEVELOPMENT CENTER2121 PRAIRIE STREET ELKHART,IN 46517	35-1163554	501(C)3	8,750				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART CHRISTIAN ACADEMY25943 CR 22 E ELKHART,IN 46517	20-1161755	501(C)3	9,150				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ELKHART COUNTY 4-H & AGRICULTURAL EXPOSITION ELK CO FAIRGROUNDS 17746 CR 34 GOSHEN,IN 46526		501(C)3	17,800				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY CONVENTION & VISITORS BUREAU 219 CARAVAN DRIVE ELKHART,IN 46514	35-1755629	501(C)3	11,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ELKHART COUNTY WOMEN'S SHELTER 101 EAST HIVELY AVENUE ELKHART,IN 46517	35-0868079	501(C)3	8,425				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART MUNICIPAL BAND FOUNDATIONPO BOX 641 ELKHART,IN 465150641		501(C)3	11,300				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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FAITH MISSION OF ELKHARTPO BOX 162 ELKHART,IN 46515	35-6033504	501(C)3	12,725				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST BAPTIST CHURCH52953 CR 17 BRISTOL,IN 46507		501(C)3	12,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FIRST CONGREGATIONAL CHURCH431 SOUTH 3RD STREET ELKHART,IN 46516	35-1013395	501(C)3	41,305				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST PRESBYTERIAN CHURCH200 EAST BEARDSLEY STREET ELKHART,IN 46516	35-0868002	501(C)3	48,575				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FIRST UNITED METHODIST CHURCH214 S FIFTH ST GOSHEN,IN 46526	35-6005629	501(C)3	10,150				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIVE STAR-MANOWE MINISTRIES2204 CALIFORNIA ROAD ELKHART,IN 46514	38-3325828	501(C)3	33,650				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FOOD BANK OF NORTHERN INDIANA702 S CHAPIN STREET SOUTH BEND,IN 46601	35-1898055	501(C)3	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS OF THE MIDDLEBURY PARKS223 RIVERPARK DRIVE MIDDLEBURY,IN 46540		501(C)3	18,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GOSHEN CHAMBER OF COMMERCE232 S MAIN STREET GOSHEN,IN 46526		501(C)3	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN COLLEGE MUSIC CENTERGOSHEN COLLEGE MUSIC CENTER GOSHEN,IN 46526	32-2158366	501(C)3	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GOSHEN HOSPITAL & HEALTH CARE FOUNDATION1926 W LINCOLN AVE SUITE A GOSHEN,IN 46526	35-1974765	501(C)3	16,858				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN INTERFAITH HOSPITALITY NETWORK105 S 3RD STREET GOSHEN,IN 46526	35-1969470	501(C)3	7,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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GOSHEN KIWANIS FOUNDATIONPO BOX 287 GOSHEN,IN 46527	35-2127317	501(C)3	5,050				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN PUBLIC LIBRARY601 SOUTH FIFTH GOSHEN,IN 46526		501(C)3	13,625				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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GOSHEN ROTARY CLUBPO BOX 113 GOSHEN,IN 465270113		501(C)3	5,475				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREENCROFT FOUNDATIONPO BOX 819 GOSHEN,IN 465270819	23-7126990	501(C)3	30,050				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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GUIDANCE MINISTRIES216 N 2ND ST PO 1494 ELKHART,IN 46515	52-2216937	501(C)3	24,025				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HABITAT FOR HUMANITY OF ELKHART COUNTY PO BOX 950 GOSHEN,IN 46527	35-1685313	501(C)3	17,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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HEART CITY DENTAL CENTER 615 N RIVERSIDE DR ELKHART,IN 46514	35-1875364	501(C)3	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOLY CROSS COLLEGE54515 STATE ROAD 933 N NOTRE DAME,IN 465560308		501(C)3	15,000				PULTE HALL RENOVATION PROJECT

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HOOSIERS FEEDING THE HUNGRY0505 CR 32 CORUNNA,IN 46730	52-2151919	501(C)3	22,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KIWANIS CLUB OF ELKHARTPO BOX 802 ELKHART,IN 46516		501(C)3	7,600				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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LACASA OF GOSHEN202 NORTH COTTAGE AVENUE GOSHEN,IN 46526	35-1554538	501(C)3	14,625				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEARNING GENERATION INITIATIVE1396 BENHAM AVENUE SUITE A ELKHART,IN 46516	65-1182156	501(C)3	51,675				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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LEMONADE DAY 1800 WEST LOOP SOUTH SUITE 1875 HOUSTON,TX 77027		501(C)3	15,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LOVEWAYCOUNTY ROAD 33 MIDDLEBURY,IN 46540	35-1326709	501(C)3	8,200				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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MAPLE CITY HEALTH CARE CENTER213 MIDDLEBURY STREET GOSHEN,IN 46526	35-1749398	501(C)3	16,534				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARIAN HIGH SCHOOL1311 SOUTH LOGAN MISHAWAKA,IN 46544		501(C)3	3,475				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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MDC GOLDENROD 1518 COLLEGE AVE GOSHEN,IN 46526	31-1205424	501(C)3	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MERRY LEA ENVIRONMENTAL LEARNING CENTER PO BOX 263 WOLF LAKE,IN 46796	35-2158366	501(C)3	15,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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MIDWEST MUSEUM OF AMERICAN ART 429 SOUTH MAIN STREET ELKHART,IN 46516	31-0937828	501(C)3	9,900				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTHRIDGE HS DOLLARS FOR SCHOLARS813 S MAIN STREET MIDDLEBURY,IN 46540	04-2296967	501(C)3	15,100				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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O'HANA HERITAGE FOUNDATIONPO BOX 186 SOUTH BEND,IN 46624		501(C)3	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OAKLAWN COMMUNITY MENTAL HEALTH CENTERPO BOX 809 GOSHEN,IN 46527	35-1070041	501(C)3	19,700				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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PREMIER ARTS INC410 SOUTH MAIN STEET ELKHART,IN 46516	35-1837569	501(C)3	11,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PURDUE UNIVERSITY610 PURDUE HALL OUTSIDE AW 20 WEST LAFAYETTE, IN 47907		501(C)3	1,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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RILEY CHILDREN'S FOUNDATION30 SOUTH MERIDIAN ST SUITE 200 INDIANAPOLIS,IN 462043540	35-0868147	501(C)3	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RIVERVIEW ADULT DAY CARE CENTER 2715 EAST JACKSON BLVD ELKHART,IN 46516	35-1829321	501(C)3	11,990				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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RUTHMERE MUSEUMFOUNDATION 302 EAST BEARDSLEY AVENUE ELKHART,IN 46514	32-0037914	501(C)3	31,725				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RYAN'S PLACEPO BOX 73 GOSHEN,IN 46527		501(C)3	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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SALVATION ARMY OF ELKHART300 N MAIN ST PO BOX 385 ELKHART,IN 46515	13-2923701	501(C)3	25,155				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SALVATION ARMY OF GOSHEN CORPS1013 N MAIN ST PO BOX 114 GOSHEN,IN 46527	13-2923701	501(C)3	8,459				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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SAMARITAN CENTER221 EAST CRAWFORD STREET ELKHART,IN 46514	35-1288674	501(C)3	8,900				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SIGMA ALPHA EPSILON FOUNDATION1856 SHERIDAN ROAD EVANSTON,IL 60201		501(C)3	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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SPA WOMEN'S MINISTRY HOME 23221 US 20 EAST ELKHART,IN 46516	43-1998891	501(C)3	8,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SPECIAL OPERATIONS WARRIOR FOUNDATIONPO BOX 13483 TAMPA,FL 336813483	52-1183585	501(C)3	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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ST JOHN'S CATHOLIC SCHOOL117 WEST MONROE GOSHEN,IN 46526		501(C)3	6,300				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST THOMAS THE APOSTLE CATHOLIC SCHOOL1405 NORTH MAIN STREET ELKHART,IN 46516	35-0876373	501(C)3	11,794				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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ST VINCENT DEPAUL CATHOLIC CHURCH1108 SOUTH MAIN STREET ELKHART,IN 46516		501(C)3	9,344				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SUSANNA'S KITCHEN CO FIRST CONG CHURCH431 S 3RD STREET ELKHART,IN 46516		501(C)3	6,400				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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THE POST301 E LINCOLN AVENUE GOSHEN,IN 46528	37-1416520	501(C)3	18,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRINITY UNITED METHODIST CHURCH & FOUNDATION2715 EAST JACKSON BOULEVARD ELKHART,IN 46516		501(C)3	8,125				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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UNITED CANCER SERVICES OF ELKHART COUNTY23971 US HIGHWAY 33 EAST ELKHART,IN 46517	35-1091429	501(C)3	6,525				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNITED WAY OF ELKHART COUNTYPO BOX 3048 ELKHART,IN 46515	35-0953433	501(C)3	10,625				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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UNITY CHURCH OF SOUTH BEND 905 E COLFAX SOUTH BEND,IN 46617	31-0989295	501(C)3	23,250				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF NOTRE DAME NOTRE DAME IN 46556 NOTRE DAME,IN 46556	35-0868188	501(C)3	10,320				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOW PROGRAM (ELK CENTRAL CHRISTIAN CHURCH)418 W FRANKLIN ELKHART,IN 46515		501(C)3	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WELLFIELD BOTANIC GARDENS INCPO BOX 476 ELKHART,IN 46515	20-1642142	501(C)3	473,873				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WHEELCHAIR HELP & OCCUPATIONAL THERAPY1201 RICHMOND ST ELKHART,IN 46516	01-3683350	501(C)3	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WINDOWCHURCH WOMEN UNITED OF GOSHEN223 S MAIN STREET GOSHEN,IN 46526	35-1427937	501(C)3	19,834				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WNIT MICHIANA PUBLIC BROADCASTING CORPORATIONPO BOX 7034 SOUTH BEND,IN 46634	35-1155594	501(C)3	36,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WOMEN'S CARE CENTER FOUNDATION360 N NOTRE DAME AVE SOUTH BEND,IN 46617	38-3651599	501(C)3	88,264				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA OF ELKHART COUNTY200 EAST JACKSON BLVD ELKHART,IN 46516	35-0868208	501(C)3	88,425				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YOUTH FOR CHRISTPO BOX 73 / 174 STATE STREET ELKHART,IN 46515	35-1111021	501(C)3	41,200				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YWCA OF NORTH CENTRAL INDIANA1102 FELLOWS STREET SOUTH BEND,IN 46601		501(C)3	5,025				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ELKHART COUNTY COMMUNITY FOUNDATION INC

Employer identification number
31-1255886

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	9	589,476	FMV
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 ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ELKHART COUNTY COMMUNITY FOUNDATION INC

Employer identification number
31-1255886

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S PRESIDENT, FINANCIAL MANAGER, AND TREASURER REVIEW THE FORM 990 IN DETAIL AFTER ANY QUESTIONS HAVE BEEN ANSWERED AND ANY CHANGES HAVE BEEN MADE. THE FORM 990 IS PRESENTED TO THE FULL BOARD OF DIRECTORS AT A QUARTERLY BOARD MEETING BY OUR TAX ADVISORS. ONCE APPROVED BY THE BOARD, THE RETURN IS THEN FILED WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS, COMMITTEE MEMBERS AND ALL EMPLOYEES COMPLETE AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE. THE ORGANIZATION'S PRESIDENT REVIEWS THE COMPLETED QUESTIONNAIRES TO DETERMINE IF ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST EXIST. IF THERE IS A CONFLICT, THE COMMITTEE HEAD WILL ADDRESS IT WITH THE PERSON AND POSSIBLY ASK THEM TO REMOVE THEMSELVES FROM SAID COMMITTEE.
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE COMPENSATION FOR THE PRESIDENT. THE EXECUTIVE COMMITTEE UTILIZES THE NATIONAL COUNCIL ON FOUNDATIONS ANNUAL SURVEY TO DETERMINE THE APPROPRIATE AMOUNT OF COMPENSATION. THE PRESIDENT WAS LAST EVALUATED IN DECEMBER 2011. THE EVALUATION FORMS ARE KEPT ON FILE BY THE CHAIRMAN OF THE BOARD
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,412,053 PRIOR PERIOD ADJUSTMENTS 17,683 SFAS 136 ADJUSTMENT -385,196 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -15,633 NON-ENDOWED FUND WITHDRAWAL -200,000 TOTAL TO FORM 990, PART XI, LINE 5 -1,995,199
CHANGES IN PROCEDURES OF AUDIT COMMITTEE	FORM 990, PART XII, LINE 2C	THE PROCEDURES THE AUDIT COMMITTEE TAKES ANNUALLY DID NOT CHANGE IN THE CURRENT YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ELKHART COUNTY COMMUNITY FOUNDATION INC

Employer identification number
31-1255886

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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

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 organization Yes	(g) Section 512(b)(13) controlled organization No
(1) WELLFIELD BOTANIC GARDENS INC 1000 N MAIN STREET ELKHART, IN 46514 20-1642142	EDUCATION & CELEBRATION OF NATURE	IN	501(C)	LINE 11A, I	N/A		No
(2) DREAMSWORK INC 234 WATERFALL DR STE C ELKHART, IN 46516 38-3653128	EDUCATION & SOCIAL DEVELOPMENT	IN	501(C)	LINE 11A, I	N/A		No
(3) ECCF HOLDINGS INC PO BOX 2932 ELKHART, IN 46516 20-3670120	COMMUNITY DEVELOPMENT	IN	501(C)	LINE 11A, I	N/A		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) WELLFIELD BOTANIC GARDENS INC	B	473,873	FMV
(2) ECCF HOLDINGS INC	B	68,456	FMV
(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) Disproprtionate 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	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	