


<b>Form 990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

**A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ELKHART COUNTY COMMUNITY FOUNDATION INC		<b>D</b> Employer identification number 31-1255886
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 101 SOUTH MAIN STREET	Room/suite	<b>E</b> Telephone number (574) 295-8761
	City or town, state or country, and ZIP + 4 ELKHART, IN 46515		<b>G</b> Gross receipts \$ 204,746,405
	<b>F</b> Name and address of principal officer PETER MCCOWN 101 SOUTH MAIN STREET ELKHART, IN 46515		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ WWW.ELKHARTCCF.ORG			

<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>	<b>L</b> Year of formation 1988	<b>M</b> State of legal domicile IN
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Part I Summary

Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	66
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,255
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,264,611	Current Year 143,777,835
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,227,727	6,276,604
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,305	1,123
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,499,643	150,055,562
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	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)		523,276	474,243
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
16b Total fundraising expenses (Part IX, column (D), line 25) <u>352,582</u>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		372,183	670,294
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,831,006	5,093,817
19 Revenue less expenses Subtract line 18 from line 12		668,637	144,961,745
Net Assets or Fund Balances	Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	45,951,507	197,402,382
	21 Total liabilities (Part X, line 26)	8,270,277	9,141,840
	22 Net assets or fund balances Subtract line 21 from line 20	37,681,230	188,260,542

## Part II Signature Block

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

<b>Sign Here</b>	*****				2014-04-29	
	Signature of officer				Date	
<b>Paid Preparer Use Only</b>	PETER MCCOWN PRESIDENT/CEO					
	Type or print name and title					
	Print/Type preparer's name KANDY L WISCHMEIER CPA		Preparer's signature		Date 2014-04-29	Check <input type="checkbox"/> if self-employed
Firm's name    BLUE & CO LLC					Firm's EIN    35-1178661	
Firm's address    106 COMMUNITY DR SEYMOUR, IN 47274					Phone no (812) 522-8416	

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

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 4,504,552 including grants of \$ 3,949,280 ) (Revenue \$ 1,123 )

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 \$ )

<b>4e</b>	<b>Total program service expenses</b>	<b>4,504,552</b>
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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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	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, line 10? 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 and XII 	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 and XII 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, Parts I and IV 	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	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.	1	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
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, securities account, or other financial 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 as charitable contributions?		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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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 this 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. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	THE ORGANIZATION 101 SOUTH MAIN STREET ELKHART, IN (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN SMITH CHAIRPERSON	1 00	X		X				0	0	0
(2) RANDALL JACOBS SECRETARY	1 00	X		X				0	0	0
(3) MICHAEL SCHOEFFLER TREASURER	1 00	X		X				0	0	0
(4) RICK JENKINS VICE-CHAIRPERSON	1 00	X		X				0	0	0
(5) REBECCA BALL-MILLER CHAIR EMERITIS	1 00	X						0	0	0
(6) MEGAN BAUGHMAN DIRECTOR	1 00	X						0	0	0
(7) RANDY CHRISTOPHEL DIRECTOR	1 00	X						0	0	0
(8) DAVID FINDLAY DIRECTOR	1 00	X						0	0	0
(9) LEVON JOHNSON DIRECTOR	1 00	X						0	0	0
(10) TONI JOHNSON DIRECTOR	1 00	X						0	0	0
(11) DEL KING DIRECTOR	1 00	X						0	0	0
(12) LEVI KING DIRECTOR	1 00	X						0	0	0
(13) SUE MILLER DIRECTOR	1 00	X						0	0	0
(14) GORDON MOORE DIRECTOR	1 00	X						0	0	0
(15) DZUNG NGUYEN DIRECTOR	1 00	X						0	0	0
(16) MATT PLETCHER DIRECTOR	1 00	X						0	0	0
(17) JILL RICHARDSON DIRECTOR	1 00	X						0	0	0

## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	149,520	0	40,034

2

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

## Section B. Independent Contractors

**1**

(A) Name and business address	(B) Description of services	(C) Compensation
FUND EVALUATION GROUP 1 INDIANA SQUARE INDIANAPOLIS IN 46204	MANAGEMENT FEES	148,954

2



Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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	143,777,835		
	g	Noncash contributions included in lines 1a-1f \$		29,474,099		
	h	Total. Add lines 1a-1f . . . . .		143,777,835		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		3,747,613	3,255
4		Income from investment of tax-exempt bond proceeds . .				
5		Royalties . . . . .				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss) . . . . .				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss) . . . . .		2,528,991		2,528,991
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	1,123	1,123	
b						
c						
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .		1,123			
12	Total revenue. See Instructions . . . . .		150,055,562	1,123	3,255	6,273,349

Part IX

Statement of Functional Expenses

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

Check if Schedule O contains a response 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.	3,853,454	3,853,454		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	95,826	95,826		
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.	203,215	50,708	50,937	101,570
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.	191,829	47,957	47,957	95,915
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	6,749	1,687	1,687	3,375
9	Other employee benefits.	46,569	11,642	11,642	23,285
10	Payroll taxes.	25,881	6,470	6,470	12,941
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	11,306	3,844	3,731	3,731
c	Accounting.	21,609	7,347	7,131	7,131
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	365,151	365,151		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	66,720	22,685	22,017	22,018
12	Advertising and promotion.	39,062			39,062
13	Office expenses.	29,456	15,987	6,734	6,735
14	Information technology.	1,809	615	597	597
15	Royalties.				
16	Occupancy.	15,864		793	15,071
17	Travel.	20,076	6,625	6,826	6,625
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	12,701	10,194	2,507	
20	Interest.				
21	Payments to affiliates.	8,162	2,776	2,693	2,693
22	Depreciation, depletion, and amortization.	4,658	1,584	1,537	1,537
23	Insurance.	14,290		14,290	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	MISCELLANEOUS	37,309		37,309	
b	DONOR DEVELOPMENT	10,332		10,332	
c	COMMUNITY RELATIONS	9,300			9,300
d	DUES AND SUBSCRIPTIONS	2,489		1,493	996
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	5,093,817	4,504,552	236,683	352,582
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			100	1	15,876
	2	Savings and temporary cash investments			996,174	2	6,331,880
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			298,544	4	676,132
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.				6	
	7	Notes and loans receivable, net			156,033	7	118,658
	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	20,672			
	b	Less: accumulated depreciation	10b	6,049	2,369	10c	14,623
	11	Investments—publicly traded securities			30,358,382	11	124,001,952
	12	Investments—other securities. See Part IV, line 11.			13,317,369	12	60,586,248
	13	Investments—program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11.			822,536	15	5,657,013
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).			45,951,507	16	197,402,382
Liabilities	17	Accounts payable and accrued expenses			72,784	17	20,556
	18	Grants payable			193,692	18	531,937
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			7,535,517	21	8,175,453
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.				22	
	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.			468,284	25	413,894
	26	<b>Total liabilities.</b> Add lines 17 through 25.			8,270,277	26	9,141,840
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	27	Unrestricted net assets			448,883	27	1,560,006
	28	Temporarily restricted net assets			37,232,347	28	186,700,536
	29	Permanently restricted net assets				29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	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	<b>Total net assets or fund balances</b>			37,681,230	33	188,260,542
	34	<b>Total liabilities and net assets/fund balances</b>			45,951,507	34	197,402,382

Part XI Reconciliation 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	150,055,562
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	5,093,817
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	144,961,745
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	37,681,230
5	Net unrealized gains (losses) on investments . . . . .	5	6,210,249
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-592,682
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	188,260,542

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

2012

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 described in **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 - Non-functionally integrated
- 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?  

(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 supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,333,974	2,028,535	1,848,457	3,264,611	4,804,678	14,280,255
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	2,333,974	2,028,535	1,848,457	3,264,611	4,804,678	14,280,255
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)						3,006,360
6 Public support. Subtract line 5 from line 4						11,273,895

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	2,333,974	2,028,535	1,848,457	3,264,611	4,804,678	14,280,255
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	652,322	651,877	1,257,080	939,538	3,747,613	7,248,430
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )		6,236		7,305	1,123	14,664
11	Total support (Add lines 7 through 10)						21,543,349
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 2012 (line 6, column (f) divided by line 11, column (f))	14	52 330 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	68 030 %
16a	<b>33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		
b	<b>33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		
17a	<b>10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b	<b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIIPart III

Support Schedule for Organizations Described in Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation



SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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	57
2	Aggregate contributions to (during year)	3,054,772
3	Aggregate grants from (during year)	913,770
4	Aggregate value at end of year	12,014,104
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?	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$

b

Assets included in Form 990, Part X

▶ \$

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☒

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	36,347,397	35,224,758	30,982,180	28,059,874
b	Contributions	141,115,823	1,777,355	1,603,770	1,537,736
c	Net investment earnings, gains, and losses	11,231,262	1,847,985	5,611,611	3,189,844
d	Grants or scholarships	3,447,001	2,196,879	2,972,803	1,805,274
e	Other expenditures for facilities and programs				
f	Administrative expenses	1,431,034	305,822		
g	End of year balance	183,816,447	36,347,397	35,224,758	30,982,180

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

Describe in Part XIII 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		20,672	6,049	14,623
e	Other				
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				14,623



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	156,374,778
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	6,210,249
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	1,598,300
e	Add lines 2a through 2d . . . . .	2e	7,808,549
3	Subtract line 2e from line 1 . . . . .	3	148,566,229
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	365,151
b	Other (Describe in Part XIII ) . . . . .	4b	1,124,182
c	Add lines 4a and 4b . . . . .	4c	1,489,333
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	150,055,562

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	5,795,466
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	1,551,046
e	Add lines 2a through 2d . . . . .	2e	1,551,046
3	Subtract line 2e from line 1 . . . . .	3	4,244,420
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	365,151
b	Other (Describe in Part XIII ) . . . . .	4b	484,246
c	Add lines 4a and 4b . . . . .	4c	849,397
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	5,093,817

Part XIII

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

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	CONTRIBUTIONS HELD FOR OTHERS REPRESENTS FUNDS PLACED ON DEPOSIT WITH THE ORGANIZATION BY OTHER 501(C)(3) ORGANIZATIONS BASED ON THEIR INDIVIDUAL BOARD RESOLUTIONS
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, LINE 2	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, 2013, 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 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 32,660. CHANGE IN VALUE OF LIFE INSURANCE 14,594. ADMINISTRATIVE FEES 1,551,046.
PART XI, LINE 4B - OTHER ADJUSTMENTS		SFAS 136 ADJUSTMENT 1,124,182
PART XII, LINE 2D - OTHER ADJUSTMENTS		ADMINISTRATIVE FEES 1,551,046
PART XII, LINE 4B - OTHER ADJUSTMENTS		SFAS 136 ADJUSTMENT 484,246

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

2012

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PASSIVE INVESTMENTS		6,568,430
3a Sub-total	0	0			6,568,430
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			6,568,430

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. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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.  
Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ 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



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

[illegible]

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ELKHART COUNTY COMMUNITY FOUNDATION INC

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

2012

Open to Public  
Inspection

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. Part II can be duplicated 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 . . . . .

95

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.  
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	40	95,826			

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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

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
ADEC INC19670 STATE ROAD 120 BRISTOL,IN 46507	35-1060633	501(C)(3)	23,712				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BACK-2-SCHOOL ELKHART INC2832 NEFF ST ELKHART,IN 46514	27-2096785	501(C)(3)	7,200				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
BALL STATE UNIVERSITY 200 WUNIVERSITY AVENUE MUNCIE,IN 473060725	35-0933555	501(C)(3)	500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BASHOR HOME OF THE UNITED METHODIST CHURCHPO BOX 843 GOSHEN,IN 46527		501(C)(3)	30,800				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
BETHEL COLLEGE1001 BETHEL CIRCLE MISHAWAKA,IN 46545	35-0935587	501(C)(3)	30,370				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BIG BROTHERSBIG SISTERS OF ELKHART CO INC59029 COUNTY ROAD 13 ELKHART,IN 46517	35-1272588	501(C)(3)	7,030				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
BOY SCOUTS OF AMERICA LASALLE COUNCIL1340 SOUTH BEND AVENUE SOUTH BEND,IN 466171424	35-0867966	501(C)(3)	15,250				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOYS & GIRLS CLUB OF ELKHARTPO BOX 1538 ELKHART,IN 46515	35-1033735	501(C)(3)	12,360				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)	28,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOYS AND GIRLS CLUB OF GOSHEN102 WEST LINCOLN SUITE 24 GOSHEN,IN 46527	35-1033735	501(C)(3)	95,160				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
BUTLER UNIVERSITY4600 SUNSET AVENUE INDIANAPOLIS,IN 46208	35-1076829	501(C)(3)	1,250				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAMP ALEXANDER MACK PO BOX 158 MILFORD,IN 46542		501(C)(3)	20,390				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
CAMP WATCHA-WANNA-DOPO BOX 11166 FT WAYNE,IN 468561166	35-1847286	501(C)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAMPUS CENTER FOR YOUNG CHILDREN INC 1900 S MAIN ST GOSHEN,IN 46526	35-2010179	501(C)(3)	8,449				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 - CHILD AND PARENT SERVICESPO BOX 773 ELKHART,IN 46515	35-0888765	501(C)(3)	120,449				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTER FOR COMMUNITY JUSTICE INCORPORATED 121 SOUTH THIRD STREET ELKHART,IN 46516	35-1620204	501(C)(3)	37,500				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

(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 HEALING AND HOP902 S MAIN ST GOSHEN,IN 465270195	02-0560511	501(C)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHRIST'S COMMISSARY (FIRST BRETHEN CHURCH) 24197 COUNTY ROAD 16 EAST ELKHART,IN 46516	08-1811584	501(C)(3)	10,797				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
CHURCH COMMUNITY SERVICESPO BOX 2346 ELKHART,IN 46515	35-1155054	501(C)(3)	73,255				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF GOSHEN202 S 5TH STREET SUITE 1 GOSHEN,IN 465283714	35-6001045	501(C)(3)	50,000				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
CONCORD HIGH SCHOOL 59117 MINUTEMAN WAY ELKHART,IN 46517	51-0178910	501(C)(3)	6,280				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COUNCIL ON AGING OF ELKHART COUNTY230 EAST JACKSON BOULEVARD ELKHART,IN 46516		501(C)(3)	15,120				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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CROSSING EDUCATIONAL CENTE2930 S NAPPANEE STREET ELKHART,IN 46517	35-1756462	501(C)(3)	92,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DEPAUW UNIVERSITY300E SEMINARY STREET GREENCASTLE,IN 46135	35-0869045	501(C)(3)	25,000				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 INC 112 DIVISION STREET ELKHART,IN 465163121	31-1173964	501(C)(3)	95,849				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ECHS COMMEMORATIVE SCHOLARSHIP22600 REMINGTON COURT ELKHART,IN 46514		501(C)(3)	5,478				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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ECONOMIC DEVELOPMENT CORPORATION300 NIBCO PARKWAY SUITE ELKHART,IN 46516	35-1973845	501(C)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELEVATE VENTURES1 N CAPITOL AVENUE SUITE INDIANAPOLIS,IN 46204	27-4118692	501(C)(3)	10,000				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 AREA CAREER CENTER2424 CALIFORNIA ROAD ELKHART,IN 46514		501(C)(3)	20,600				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART CENTRAL HIGH SCHOO1 BLAZER BLVD ELKHART,IN 46514		501(C)(3)	6,280				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 CENTRAL HS DOLLARS FOR SCHOLARS POBOX 2681 ELKHART,IN 465152681	04-2296967	501(C)(3)	14,560				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART CIVIC THEATRE - BRISTOL OPERA HOUSE PO BOX 252 BRISTOL,IN 46507	35-1179573	501(C)(3)	9,000				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 COMMUNITY SCHOOLS2720 CALIFORNIA ROAD ELKHART,IN 46514	35-2043398	501(C)(3)	8,430				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY 4-H & AG EXPOSITION17746 CR 34 GOSHEN,IN 46526	35-1053099	501(C)(3)	19,110				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 SHERIFFS DEPARTMENT 26861 CR 26 ELKHART,IN 46517	35-0868079	501(C)(3)	23,674				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY WOMEN'S SHELTER101 EAST HIVELY AVENUE ELKHART,IN 46517		501(C)(3)	8,210				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 GENERAL HOSPITAL FOUNDATION 600 EAST BLVD ELKHART,IN 46514	35-6061200		11,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EMERGE MINISTRIES COMMUNITY DEVELOPMENT CORP731 WAGNER AVE ELKHART,IN 46516	35-2130810	501(C)(3)	10,000				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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FAITH MISSION OF ELKHARTPO BOX 162 ELKHART,IN 46515	35-6033504	501(C)(3)	21,675				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST BAPTIST CHURCH 52953 CR 17 BRISTOL,IN 46507		501(C)(3)	60,000				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 CHURC431 SOUTH 3RD STREET ELKHART,IN 46516	35-1013395	501(C)(3)	34,050				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST UNITED METHODIST CHURCH - GOSHEN214 SOUTH 5TH STREET GOSHEN,IN 46528	35-6005629	501(C)(3)	10,175				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION



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FIVE STAR - MANOWE MINISTRIES2204 CALIFORNIA ROAD ELKHART,IN 46514	38-3325828	501(C)(3)	20,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN COLLEGE1700 SOUTH MAIN STREET GOSHEN,IN 46526	35-2158366	501(C)(3)	127,110				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 SUIT GOSHEN,IN 46526	35-1974765	501(C)(3)	17,300				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN HS DOLLARS FOR SCHOLARS CHAPTER113 ISLAND VIEW DRIVE GOSHEN,IN 46526	04-2296967	501(C)(3)	21,980				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)	5,470				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN PUBLIC LIBRARY601 SOUTH FIFTH GOSHEN,IN 46526		501(C)(3)	13,240				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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GREENCROFT FOUNDATIONPO BOX 819 GOSHEN,IN 465270819	23-7126990	501(C)(3)	39,470				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREENLOCKERS630 E UNIVERSITY DRIVE GRANGER,IN 46530		501(C)(3)	8,000				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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HABITAT FOR HUMANITY OF ELKHART COUNTYP BOX 950 GOSHEN,IN 46527	35-1685313	501(C)(3)	30,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HEART CITY HEALTH CENTER236 SIMPSON AVENUE ELKHART,IN 46516	35-1875364	501(C)(3)	5,310				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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HORIZON EDUCATION ALLIANCE124 EAST WASHINGTON STREET GOSHEN,IN 46528	46-0803293	501(C)(3)	327,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA UNIVERSITY FOUNDATIONPO BOX 500 BLOOMINGTON,IN 47402	35-6018940	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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INDIANA UNIVERSITY SOUTH BEND1700 MISHAWAKA AVE SOUTH BEND,IN 46634	27-0451909	501(C)(3)	15,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
IT'S POSSIBLE INC26861 CR 26 ELKHART,IN 46517		501(C)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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IVY TECH ELKHART COUNTY22531 C R 18 GOSHEN,IN 46528	35-1554538	501(C)(3)	9,750				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LACASA OF GOSHEN202 NORTH COTTAGE AVENUE GOSHEN,IN 46526		501(C)(3)	15,280				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION



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LEARNING GENERATION INITIATIVE1396 BENHAM AVENUE SUITE ELKHART,IN 46516	65-1182156	501(C)(3)	66,860				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEMONADE DAY1800 WEST LOOP SOUTH SUIT HOUSTON,TX 77027		501(C)(3)	9,750				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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LEMONADE DAY - ELKHART3221 MAGNUM DRIVE ELKHART,IN 46516	35-1111021	501(C)(3)	29,900				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIFELINE YOUTH MINISTRIESPO BOX 73 ELKHART,IN 46515		501(C)(3)	50,260				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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MARIAN HIGH SCHOOL 1311 S LOGAN ST MISHAWAKA,IN 46544	35-1101600	501(C)(3)	53,220				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MENNONITE DISABILITIES COMMITTEE1518 COLLEGE AVE GOSHEN,IN 46526	31-1205424	501(C)(3)	12,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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MERRY LEA ENVIRONMENTAL LEARNING CENTERPO BOX 263 WOLF LAKE,IN 46796	35-2158366	501(C)(3)	16,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEIGHBORHOOD HEALTH CLINIC121 GOODLETTE RD NAPLES,FL 34102		501(C)(3)	11,250				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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NORTHRIDGE HS DOLLARS FOR SCHOLARS813 S MAIN STREET MIDDLEBURY,IN 46540	04-2296967	501(C)(3)	26,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTHWOOD HIGH SCHOOL2101 N MAIN STREET NAPPANEE,IN 46550			7,000				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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OAKLAWN COMMUNITY MENTAL HEALTH CENTER PO BOX 809 GOSHEN,IN 46527	35-1070041	501(C)(3)	19,570				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OAKLAWN FOUNDATION PO BOX 809 GOSHEN,IN 46527	35-6060037	501(C)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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O'HANA HERITAGE FOUNDATION53131 QUINCE ROAD SOUTH BEND,IN 46624	37-1523448	501(C)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PINECREST PRESCHOOL AND CHILDRENS CENTER 512 HALLIE ROAD ELKHART,IN 46514		501(C)(3)	30,000				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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PURDUE UNIVERSITY610 PURDUE HALL OUTSIDE 20 WEST LAFAYETTE,IN 479071102	35-0868147	501(C)(3)	1,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RILEY CHILDREN'S FOUNDATION30 SOUTH MERIDIAN ST SUITE 20 INDIANAPOLIS,IN 46204		501(C)(3)	8,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION



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RUTHMERE MUSEUMFOUNDATION302 EAST BEARDSLEY AVENUE ELKHART,IN 46514	32-0037914	501(C)(3)	20,950				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SALVATION ARMY-GOSHEN1013 N MAIN ST GOSHEN,IN 46527	13-2923701	501(C)(3)	6,625				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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SALVATION ARMY OF ELKHARTPO BOX 385 ELKHART,IN 465150385	13-2923701	501(C)(3)	24,717				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SIGMA ALPHA EPSILON FOUNDATION1856 SHERIDAN ROAD EVANSTON,IL 60201		501(C)(3)	30,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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SPECIAL OPERATIONS WARRIOR FOUNDATIONPO BOX 13483 TAMPA,FL 336813483	52-1183585	501(C)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST JOHN'S CATHOLIC SCHOOL117 WEST MONROE GOSHEN,IN 46526		501(C)(3)	5,670				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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ST MARY'S COLLEGE147 LE MANS HALL NOTRE DAME,IN 465569966		501(C)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SUSANNA'S KITCHEN431 S 3RD STREET ELKHART,IN 46516		501(C)(3)	7,937				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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TRINITY FOUNDATION INC 2715 EAST JACKSON BOULEVAR ELKHART,IN 46516	35-1315676	501(C)(3)	20,370				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRINITY LUTHERAN CHURCH202 S GREENE RD GOSHEN,IN 46526		501(C)(3)	15,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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UNITED CANCER SERVICES OF ELKHART COUNTY23971 US HIGHWAY 33 ELKHART,IN 46517	35-1091429	501(C)(3)	8,060				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNITED WAY OF ELKHART COUNTYPO BOX 3048 ELKHART,IN 46515	35-0953433	501(C)(3)	27,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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UNITY CHURCH OF SOUTH BEND905 E COLFAX SOUTH BEND,IN 46617	31-0989295	501(C)(3)	21,530				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF NOTRE DAME400 MAIN BUILDING NOTRE DAME,IN 46556	35-0868188	501(C)(3)	8,048				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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WALNUT HILL EARLY CHILDHOOD CENTER1201 SOUTH 11TH STREET GOSHEN,IN 46526	35-1146723	501(C)(3)	11,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WELLFIELD BOTANIC GARDENS INC1011 NORTH MAIN STREET ELKHART,IN 46514	20-1642142	501(C)(3)	309,220				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION



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WINDOWCHURCH WOMEN UNITED OF GOSHEN223 S MAIN STREET GOSHEN,IN 46526	35-1427937	501(C)(3)	16,941				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)	24,550				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
WVPE 881 PUBLIC RADIO 2424 CALIFORNIA ROAD ELKHART,IN 46514	35-0868208	501(C)(3)	6,425				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YMCA OF ELKHART COUNTY 200 EAST JACKSON BLVD ELKHART,IN 46516		501(C)(3)	22,315				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 1102 FELLOWS STREET SOUTH BEND,IN 46601	35-0868226	501(C)(3)	5,270				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	X	1	138,800	APPRAISAL
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 . . . . .	X	1	164,947	FMV
9 Securities—Publicly traded . . . . .	X	2	1,364,812	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 . . . . .	X	1	27,446,313	FMV
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 ► ( GUARANTEED LOANS ) . . . . .	X	1	359,227	FMV
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

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? . . . . .

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .

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

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

Yes

No

No

Yes

Yes

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

Cat No 51227J

Schedule M (Form 990) (2012)

Part II

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

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	NON CASH CONTRIBUTIONS ARE SOLD BY THE APPROPRIATE ORGANIZATION STOCKS ARE PROCESSED AND SOLD BY THE BROKERAGE FIRM, REAL ESTATE IS MARKETING AND SOLD BY A REAL ESTATE FIRM AND SO FORTH

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

2012

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	
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS, COMMITTEE MEMBERS AND ALL EMPLOYEES COMPLETE AN ANNUAL CONFLICT OF INTE REST QUESTIONNAIRE THE ORGANIZATION'S PRESIDENT REVIEWS THE COMPLETED QUESTIONNAIRES TO D ETERMINE IF ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST EXIST IF THERE IS A CONFLICT, T HE COMMITTEE HEAD WILL ADDRESS IT WITH THE PERSON AND POSSIBLY ASK THEM TO REMOVE THEMSELV ES FROM SAID COMMITTEE
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE COMPENSATION FOR THE PRESI DENT THE EXECUTIVE COMMITTEE UTILIZES THE NATIONAL COUNCIL ON FOUNDATIONS ANNUAL SURVEY T O DETERMINE THE APPROPRIATE AMOUNT OF COMPENSATION THE PRESIDENT WAS LAST EVALUATED IN DE CEMBER 2012 THE EVALUATION FORMS ARE KEPT ON FILE BY THE CHAIRMAN OF THE BOARD
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEME NTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	SFAS 136 ADJUSTMENT -639,936 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 32,660 CHANGE IN VALUE OF LIFE INSURANCE 14,594
CHANGES IN PROCEDURES OF AUDIT COMMITTEE	FORM 990, PART XII, LINE 2C	THE PROCEDURES THE AUDIT COMMITTEE (WHICH IS THE FINANCE COMMITTEE) TAKES ANNUALLY DID NOT CHANGE IN THE CURRENT YEAR

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

2012

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" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 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" to 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?		(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	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No



Part V

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

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-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2012

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.

[illegible]

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

**Part VII** **Supplemental Information**

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

Identifier	Return Reference	Explanation	
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