

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2016
Open to Public Inspection

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

| | | | |
|---|--|------------------------------------|---|
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC. | | D Employer identification number 31-1255886 |
| | Doing business as | | E Telephone number 574-295-8761 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 120,660,403. |
| | 300 NIBCO PARKWAY | 301 | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| City or town, state or province, country, and ZIP or foreign postal code ELKHART, IN 46516 | | H(c) Group exemption number | |
| F Name and address of principal officer: PETER MCCOWN SAME AS C ABOVE | | | |
| I 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 | | | |
| J Website: WWW.INSPIRINGGOOD.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | L Year of formation: 1988 |
| | | | M State of legal domicile: IN |

Part I Summary

| | | | |
|---|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE 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 | 21 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 21 |
| | 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 18 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 81 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | -123,730. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | -167,549. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 13,918,852. | 26,967,222. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 5,515. | 4,180. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 3,537,196. | 5,594,784. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 6,808. | 0. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 17,468,371. | 32,566,186. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 14,379,761. | 14,051,552. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 926,665. | 1,100,817. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 0. | 0. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 741,185. | |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,516,353. | 2,065,969. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 16,822,779. | 17,218,338. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 645,592. | 15,347,848. |
| | 21 Total liabilities (Part X, line 26) | Beginning of Current Year | End of Year |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 231,634,260. | 272,074,268. |
| | | 20,382,483. | 21,867,962. |
| | | 211,251,777. | 250,206,306. |

Part II Signature Block

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

| | | | | | |
|-------------------------------|--|---|-------------------------------|---|--------------------------|
| Sign Here | Signature of officer | Date | | | |
| | PETER MCCOWN, PRESIDENT/CEO Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name SARA JACOBI, CPA | Preparer's signature SARA JACOBI, CPA | Date 05/15/18 | Check if self-employed <input type="checkbox"/> | PTIN P00450897 |
| | Firm's name BLUE & CO., LLC | Firm's EIN 35-1178661 | Phone no. 812-522-8416 | | |
| | Firm's address 813 WEST SECOND STREET SEYMOUR, IN 47274 | | | | |

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

COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.

Form 990 (2016)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
**TO IMPROVE THE QUALITY OF LIFE IN ELKHART COUNTY BY INSPIRING
GENEROSITY**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 15,858,427. including grants of \$ 14,051,552.) (Revenue \$ 4,180.)
THE COMMUNITY FOUNDATION OF ELKHART COUNTY (CFEC) WAS ESTABLISHED IN 1988 TO INSPIRE PEOPLE TO MAKE CHARITABLE GIFTS THAT IMPROVE THE QUALITY OF LIFE IN ELKHART COUNTY. AS A PUBLIC, TAX-EXEMPT, PHILANTHROPIC ORGANIZATION, CFEC SOLICITS AND DEVELOPS ENDOWED AND NON-ENDOWED FUNDS BENEFITING NOT-FOR-PROFIT ORGANIZATIONS SERVING 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

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶ 15,858,427.**

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

Part IV Checklist of Required Schedules

| | Yes | No |
|---|----------|----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | X | |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | X | |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | X | |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

Part IV Checklist of Required Schedules *(continued)*

| | | Yes | No |
|------------|--|----------|----------|
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b | <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 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> | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 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> | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b | <i>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> <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 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 | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| 4b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | | X |
| 9b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | X |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| 13b | 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 | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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, address, and telephone number of the person who possesses the organization's books and records: **▶**
COLE PATUZZI - 574-295-8761
300 NIBCO PARKWAY, NO. 301, ELKHART, IN 46516

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 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) DZUNG NGUYEN CHAIR | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (2) MICHAEL SCHOEFFLER VICE CHAIR & TREASURER | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (3) RICK JENKINS CHAIR EMERITUS | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (4) MEGAN BAUGHMAN SECRETARY | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (5) BRIAN SMITH DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (6) JILL SIGSBEE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (7) STEVE FIDLER DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (8) SHARON LIEGL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (9) ROB CRIPE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (10) RANDY CHRISTOPHEL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (11) DAVID WEED DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (12) JEFF WELLS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) LEVI KING DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) DEL KING DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (15) DAVID FINDLAY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (16) BOB SCHROCK DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (17) GORDON MOORE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below 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 | | | |
| (18) THOMAS PLETCHER DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (19) CIEN ASOERA DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (20) DEB BEAVERSON DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (21) DICK ARMINGTON DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (22) PETER L. MCCOWN PRESIDENT/CEO | 40.00 | | | X | | | 174,177. | 0. | 20,268. | |
| (23) COLE PATUZZI CFO / CONTROLLER | 40.00 | | | X | | | 81,701. | 0. | 11,549. | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total | | | | | | | 255,878. | 0. | 31,817. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 255,878. | 0. | 31,817. | |

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

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---------------------|
| STIFEL 200 NIBCO PARKWAY, ELKHART, IN 46516 | MANAGEMENT FEES | 325,961. |
| MERCER, 701 MARKET ST, SUITE 1100, ST LOUIS, MO 63101 | MANAGEMENT FEES | 266,100. |
| INSIGHT STRATEGIC CONCEPTS 3743 E. JACKSON BLVD, ELKHART, IN 46516 | STRATEGIC GOALS AND STRATEGIES PLANNING | 134,375. |
| KEYBANK 127 PUBLIC SQUARE, CLEVELAND, OH 44114 | MANAGEMENT FEES | 102,833. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|--|--|----------------------|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a 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 | 26,967,222. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 6,290,841. | | | | |
| | h Total. Add lines 1a-1f | | 26,967,222. | | | | |
| Program Service Revenue | 2 a PROGRAM SERVICE REVENUE | Business Code 900099 | 4,180. | 4,180. | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | 4,180. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 3,702,654. | | -123,730. | 3,826,384. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 89,986,147. | 200. | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | |
| | | 88,094,217. | 0. | | | | |
| | c Gain or (loss) | | | | | | |
| | 1,891,930. | 200. | | | | | |
| | d Net gain or (loss) | | | 1,892,130. | | 1,892,130. | |
| | 8 a 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 | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a 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 | | | | | |
| 11 a _____ | | | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions. | | | 32,566,186. | 4,180. | -123,730. | 5,718,514. | |

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 12,408,731. | 12,408,731. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,642,821. | 1,642,821. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 323,994. | 106,916. | 110,159. | 106,919. |
| 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 | 620,838. | 204,876. | 211,085. | 204,877. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 81,784. | 26,988. | 27,807. | 26,989. |
| 10 Payroll taxes | 74,201. | 24,487. | 25,228. | 24,486. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 11,712. | 3,865. | 3,982. | 3,865. |
| c Accounting | 35,322. | 11,657. | 12,009. | 11,656. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 1,076,436. | 1,076,436. | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 62,144. | 20,507. | 21,129. | 20,508. |
| 12 Advertising and promotion | 201,907. | | | 201,907. |
| 13 Office expenses | 42,040. | 12,108. | 17,918. | 12,014. |
| 14 Information technology | 38,050. | 12,556. | 12,937. | 12,557. |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 30,017. | 9,905. | 10,206. | 9,906. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 94,833. | 31,295. | 32,243. | 31,295. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 31,640. | 10,764. | 10,438. | 10,438. |
| 23 Insurance | 17,431. | 5,752. | 5,927. | 5,752. |
| 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 UBIT FEDERAL | 11,611. | | 11,611. | |
| b PROGRAMS AND EVENTS | 213,941. | 213,941. | | |
| c BAD DEBT | 82,612. | | 82,612. | |
| d COMMUNITY RELATIONS | 52,719. | | | 52,719. |
| e All other expenses | 63,554. | 34,822. | 23,435. | 5,297. |
| 25 Total functional expenses. Add lines 1 through 24e | 17,218,338. | 15,858,427. | 618,726. | 741,185. |
| 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 if following SOP 98-2 (ASC 958-720)

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|--|---|--------------------------|--------------|--------------------|--|
| Assets | 1 Cash - non-interest-bearing | 226. | 1 | 69. | |
| | 2 Savings and temporary cash investments | 11,278,121. | 2 | 10,098,699. | |
| | 3 Pledges and grants receivable, net | | 3 | | |
| | 4 Accounts receivable, net | 487,219. | 4 | 538,237. | |
| | 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 instr). Complete Part II of Sch L | | 6 | | |
| | 7 Notes and loans receivable, net | 21,713. | 7 | 4,050. | |
| | 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 | 153,017. | | | |
| | b Less: accumulated depreciation | 80,652. | | | |
| | 11 Investments - publicly traded securities | 79,661. | 10c | 72,365. | |
| | 12 Investments - other securities. See Part IV, line 11 | 133,839,258. | 11 | 161,166,004. | |
| | 13 Investments - program-related. See Part IV, line 11 | 84,315,764. | 12 | 97,996,196. | |
| | 14 Intangible assets | | 13 | | |
| | 15 Other assets. See Part IV, line 11 | | 14 | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 1,612,298. | 15 | 2,198,648. | | |
| | 231,634,260. | 16 | 272,074,268. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 159,421. | 17 | 143,805. | |
| | 18 Grants payable | 1,034,506. | 18 | 535,870. | |
| | 19 Deferred revenue | | 19 | | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 18,616,153. | 21 | 20,639,631. | |
| | 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 | 572,403. | 25 | 548,656. | |
| | 26 Total liabilities. Add lines 17 through 25 | 20,382,483. | 26 | 21,867,962. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | 2,160,874. | 27 | 2,674,026. | |
| | 28 Temporarily restricted net assets | 209,090,903. | 28 | 247,532,280. | |
| | 29 Permanently restricted net assets | | 29 | | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| 33 Total net assets or fund balances | 211,251,777. | 33 | 250,206,306. | | |
| 34 Total liabilities and net assets/fund balances | 231,634,260. | 34 | 272,074,268. | | |

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

Part XI Reconciliation of Net Assets

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

| | | |
|--|-----------|--------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) | 1 | 32,566,186. |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 17,218,338. |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3 | 15,347,848. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 211,251,777. |
| 5 Net unrealized gains (losses) on investments | 5 | 25,661,923. |
| 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 | -2,055,242. |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 250,206,306. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|--|-----------|----------|----------|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| 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 | | | |
| b Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| 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 | | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

SCHEDULE A
(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF ELKHART COUNTY, 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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

COMMUNITY FOUNDATION

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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4804678. | 9604628. | 19856095. | 13918852. | 26967222. | 75151475. |
| 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 | 4804678. | 9604628. | 19856095. | 13918852. | 26967222. | 75151475. |
| 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) | | | | | | 13024133. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 62127342. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 4804678. | 9604628. | 19856095. | 13918852. | 26967222. | 75151475. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 3744358. | 5510114. | 5453893. | 4746811. | 3826384. | 23281560. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 3,255. | -149,616. | -56,089. | 278,155. | -123,730. | -48,025. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1,123. | 751. | | | | 1,874. |
| 11 Total support. Add lines 7 through 10 | | | | | | 98386884. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 24,045. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 63.15 % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | 54.32 % |
| 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

COMMUNITY FOUNDATION

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2016. 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 - 2015. 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

COMMUNITY FOUNDATION

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

COMMUNITY FOUNDATION

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|--------------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | (B) Current Year |
|---|---|----------------|------------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | Current Year |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

COMMUNITY FOUNDATION

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

| Section D - Distributions | Current Year |
|--|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2016 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|---|-------------------------------------|---|--|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions | | | |
| 3 Excess distributions carryover, if any, to 2016: | | | |
| a | | | |
| b | | | |
| c From 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2016 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions | | | |
| 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b Excess from 2013 | | | |
| c Excess from 2014 | | | |
| d Excess from 2015 | | | |
| e Excess from 2016 | | | |

COMMUNITY FOUNDATION

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for providing supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Table with 2 columns: Name of the organization (COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.) and Employer identification number (31-1255886).

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [X] 501(c)(3) (enter number) organization [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [] 527 political organization Form 990-PF [] 501(c)(3) exempt private foundation [] 4947(a)(1) nonexempt charitable trust treated as a private foundation [] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year [] \$

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

| | |
|--|--|
| Name of organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC. | Employer identification number 31-1255886 |
|--|--|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | | \$ 1,997,472. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 905,197. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 5,851,504. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 2,037,846. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 1,600,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 710,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC. | Employer identification number 31-1255886 |
|--|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ <u>2,500,953.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ <u>3,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC. | Employer identification number 31-1255886 |
|--|--|

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| 1 | STOCK <hr/> <hr/> <hr/> | \$ 1,041,565. | 12/22/16 |
| 2 | STOCK <hr/> <hr/> <hr/> | \$ 903,747. | 07/18/16 |
| 3 | LOAN RECEIVABLE <hr/> <hr/> <hr/> | \$ 85,340. | 06/30/17 |
| 4 | STOCK <hr/> <hr/> <hr/> | \$ 2,037,846. | 12/21/16 |
| | <hr/> <hr/> <hr/> | \$ _____ | _____ |
| | <hr/> <hr/> <hr/> | \$ _____ | _____ |

| | |
|--|---|
| Name of organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC. | Employer identification number 31-1255886 |
|--|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

| | | | |
|---|---------------------|--|-------------------------------------|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization COMMUNITY FOUNDATION OF ELKHART COUNTY, 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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-2d table). 3-8. Monitoring and enforcement details (states, policy, hours, expenses, requirements). 9. Reporting requirements.

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

Form with two main sections: 1a. Reporting requirements for works of art, historical treasures, etc. 1b. Amounts relating to these items (revenue, assets). 2. Reporting requirements for financial gain (revenue, assets).

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

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 <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 227,509,093. | 232,489,234. | 223,056,819. | 183,816,447. | 36,347,397. |
| b Contributions | 26,720,768. | 13,805,082. | 20,265,587. | 9,278,327. | 141,115,823. |
| c Net investment earnings, gains, and losses | 30,306,116. | -3,269,964. | -737,384. | 36,210,392. | 11,231,262. |
| d Grants or scholarships | 13,891,945. | 14,039,773. | 9,069,619. | 5,228,653. | 3,447,001. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 1,951,203. | 1,475,486. | 1,026,169. | 1,019,694. | 1,431,034. |
| g End of year balance | 268,692,829. | 227,509,093. | 232,489,234. | 223,056,819. | 183,816,447. |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 60 %
- b** Permanent endowment _____ %
- c** Temporarily restricted endowment 99.40 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 153,017. | 80,652. | 72,365. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 72,365. |

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|--------------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) HEDGE FUNDS | 33,948,433. | END-OF-YEAR MARKET VALUE |
| (B) PRIVATE EQUITY | 64,047,763. | END-OF-YEAR MARKET VALUE |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 97,996,196. | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|-----------------|
| (1) Federal income taxes | |
| (2) ANNUITIES PAYABLE | 548,656. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 548,656. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.

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

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

| | | | | |
|---|---|----|-------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 54,483,840. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | a Net unrealized gains (losses) on investments | 2a | 25,661,923. | |
| | b Donated services and use of facilities | 2b | 30,850. | |
| | c Recoveries of prior year grants | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | 1,919,439. | |
| | e Add lines 2a through 2d | 2e | | 27,612,212. |
| 3 | Subtract line 2e from line 1 | | 3 | 26,871,628. |
| 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 | 1,076,436. | |
| | b Other (Describe in Part XIII.) | 4b | 4,618,122. | |
| | c Add lines 4a and 4b | 4c | | 5,694,558. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 32,566,186. |

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

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

| | | | | |
|---|--|----|------------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 15,529,311. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | a Donated services and use of facilities | 2a | 30,850. | |
| | b Prior year adjustments | 2b | | |
| | c Other losses | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | 1,951,203. | |
| | e Add lines 2a through 2d | 2e | | 1,982,053. |
| 3 | Subtract line 2e from line 1 | | 3 | 13,547,258. |
| 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 | 1,076,436. | |
| | b Other (Describe in Part XIII.) | 4b | 2,594,644. | |
| | c Add lines 4a and 4b | 4c | | 3,671,080. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 17,218,338. |

Part XIII Supplemental Information.

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

PART 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.

PART V, LINE 4:

THE PRIMARY INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO PROVIDE SUPPORT TO NOT-FOR-PROFIT ORGANIZATIONS SERVING ELKHART COUNTY.

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.

Part XIII Supplemental Information (continued)

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, 2017 AND 2016, 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 | -34,211. |
| CHANGE IN VALUE OF LIFE INSURANCE | 2,447. |
| ADMINISTRATIVE FEES | 1,951,203. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 1,919,439. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|---------------------|------------|
| SFAS 136 ADJUSTMENT | 4,618,122. |
|---------------------|------------|

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|---------------------|------------|
| ADMINISTRATIVE FEES | 1,951,203. |
|---------------------|------------|

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SFAS 136 ADJUSTMENT 2,594,644.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

| | |
|---|---|
| Name of the organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC. | Employer identification number 31-1255886 |
|---|---|

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

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | PASSIVE INVESTMENTS | | 34,558,169. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Sub-total | 0 | 0 | | | 34,558,169. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 34,558,169. |

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

Schedule F (Form 990) 2016

COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

**Employer identification number
31-1255886**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| ADEC INC PO BOX 398 BRISTOL, IN 46507-0398 | 35-1060633 | 501(C)(3) | 91,275. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| AIDS MINISTRIES-AIDS ASSIST OF NORTH INDIANA - 616 S MAIN STREET - ELKHART, IN 46516 | 35-1902136 | 501(C)(3) | 10,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| AMERICAN RED CROSS NORTHERN INDIANA CHAPTER - 1123 S INDIANA AVENUE - GOSHEN, IN 46526-5207 | 53-0196605 | 501(C)(3) | 40,470. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| BASHOR HOME OF THE UNITED METHODIST CHURCH - PO BOX 843 - GOSHEN, IN 46527-0843 | 35-0933555 | 501(C)(3) | 105,814. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| BEACON HEALTH FOUNDATION INC 615 N MICHIGAN STREET SOUTH BEND, IN 46601 | 35-1536129 | 501(C)(3) | 9,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| BETHANY CHRISTIAN SCHOOLS 2904 S MAIN STREET GOSHEN, IN 46526-5499 | 35-0941106 | 501(C)(3) | 11,480. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **142.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **8.**

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

Schedule I (Form 990) (2016)

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| BETHEL COLLEGE INC 1001 BETHEL CIRCLE MISHAWAKA, IN 46545 | 35-0935587 | 501(C)(3) | 16,940. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| BIG BROTHERS BIG SISTERS OF ELKHART COUNTY - 2606 PEDDLERS VILLAGE ROAD SUITE 205 - GOSHEN, IN 46526 | 35-1272588 | 501(C)(3) | 48,320. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| BOY SCOUTS OF AMERICA LASALLE COUNCIL - 1340 SOUTH BEND AVENUE - SOUTH BEND, IN 46617-1424 | 35-0867966 | 501(C)(3) | 79,530. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| BOYS & GIRLS CLUB OF ELKHART COUNTY INC - PO BOX 614 - GOSHEN, IN 46527-0614 | 35-1033735 | 501(C)(3) | 1,277,141. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| CAMPUS CENTER FOR YOUNG CHILDREN INC - 1900 S MAIN STREET - GOSHEN, IN 46526 | 35-2010179 | 501(C)(3) | 11,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| CENTER FOR COMMUNITY JUSTICE 121 S THIRD STREET ELKHART, IN 46516-3135 | 35-1620204 | 501(C)(3) | 52,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| CENTER FOR HOSPICE CARE 501 COMFORT PLACE MISHAWAKA, IN 46545 | 31-0952866 | 501(C)(3) | 12,173. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| CENTER FOR THE HOMELESS 813 S MICHIGAN STREET SOUTH BEND, IN 46601 | 35-1768544 | 501(C)(3) | 16,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| CENTRE-IN FOOD COOPERATIVE DBA MAPLE CITY MARKET - 314 S MAIN STREET - GOSHEN, IN 46526 | 35-1556860 | | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |

Schedule I (Form 990)

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CHAMBER OF COMMERCE OF ST JOSEPH COUNTY - 101 N MICHIGAN STREET SUITE 300 - SOUTH BEND, IN 46601 | 35-0153330 | 501(C)(6) | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| CHILD AND PARENT SERVICES INC PO BOX 773 ELKHART, IN 46515-0773 | 35-0888765 | 501(C)(3) | 793,398. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| CHRIST COMMISSARY 24197 COUNTY ROAD 16 ELKHART, IN 46516-5653 | 27-2415799 | 501(C)(3) | 13,573. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| CHURCH COMMUNITY SERVICES PO BOX 2346 ELKHART, IN 46515-2346 | 35-1155054 | 501(C)(3) | 74,820. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| CHURCH WOMEN UNITED 223 S MAIN STREET GOSHEN, IN 46526 | 35-1427937 | 501(C)(3) | 20,018. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| CITIZENS CONCERNED FOR THE CONSTITUTION DBA. ADVANCE AMERICA - PO BOX 44590 - INDIANAPOLIS, IN 46209 | 35-1510587 | 501(C)(3) | 5,700. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| CITY OF ELKHART 229 S 2ND STREET ELKHART, IN 46516 | 35-6001016 | 509(A)(1) | 6,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| CITY OF GOSHEN 202 S 5TH STREET GOSHEN, IN 46528 | 35-6001045 | 509(A)(1) | 6,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| CITY OF GOSHEN PARKS & RECREATION DEPARTMENT - 607 W PLYMOUTH AVENUE - GOSHEN, IN 46526 | 35-6001045 | 501(C)(3) | 12,500. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CITY OF NAPPANEE PO BOX 29 NAPPANEE, IN 46550-0029 | 35-6001129 | 509(A)(1) | 52,310. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| CLINTON FRAME CHURCH 63846 COUNTY ROAD 35 GOSHEN, IN 46528 | 35-1605987 | 501(C)(3) | 10,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| CONNECT, INC. C/O MICHIANA PARTNERSHIP - 4477 PROGRESS DRIVE - SOUTH BEND, IN 46628 | 35-1893288 | 501(C)(3) | 50,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| COUNCIL ON AGING OF ELKHART COUNTY 131 W TYLER STREET SUITE A ELKHART, IN 46516 | 51-0178910 | 501(C)(3) | 6,310. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| CROSSING NATIONAL 2930 S NAPPANEE STREET ELKHART, IN 46517 | 26-0588186 | 501(C)(3) | 5,740. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| DEPAUW UNIVERSITY PO BOX 37 GREENCASTLE, IN 46135-0037 | 35-0869045 | 501(C)(3) | 100,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| DIOCESE OF FT WAYNE SOUTH BEND INC PO BOX 390 FORT WAYNE, IN 46801-0390 | 35-0876373 | 501(C)(3) | 30,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| DISABLED AMERICAN VETERANS CHARITABLE SERVICE TRUST - 3725 ALEXANDRIA PIKE - COLD SPRING, KY 41076 | 52-1521276 | 501(C)(3) | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| ECONOMIC DEVELOPMENT CORPORATION OF ELKHART COUNTY INC - 300 NIBCO PARKWAY, SUITE 201 - ELKHART, IN 46516 | 35-1973845 | 501(C)(3) | 8,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| EDWARDSBURG SPORTS COMPLEX 27566 US 12 EDWARDSBURG, MI 49112 | 32-0156076 | 501(C)(3) | 62,864. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| EIGHTH STREET MENNONITE CHURCH 602 S 8TH STREET GOSHEN, IN 46526 | 35-1078922 | 501(C)(3) | 8,500. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| ELEVATE VENTURES 50 E 91ST STREET SUITE 213 INDIANAPOLIS, IN 46240 | 27-4118692 | 501(C)(3) | 75,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| ELKHART ARTS ALLIANCE INC DBA ELKHART COUNTY ARTS ALLIANCE - 205 S MAIN STREET - ELKHART, IN 46516 | 81-4279483 | 501(C)(3) | 20,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| ELKHART CENTRAL HIGH SCHOOL 1 BLAZER BLVD ELKHART, IN 46516 | 35-1123802 | 501(C)(3) | 6,475. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| ELKHART CIVIC THEATRE INC PO BOX 252 BRISTOL, IN 46507-0252 | 35-1179573 | 501(C)(3) | 15,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| ELKHART COMMUNITY SCHOOLS 2720 CALIFORNIA ROAD ELKHART, IN 46514 | 35-1123802 | 501(C)(3) | 33,480. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| ELKHART COUNTY CLUBHOUSE 114 S FIFTH STREET GOSHEN, IN 46528 | 27-1151738 | 501(C)(3) | 84,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| ELKHART COUNTY CONVENTION & VISITORS BUREAU - 219 CARAVAN DRIVE - ELKHART, IN 46514 | 35-1755629 | 501(C)(6) | 145,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |

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| ELKHART COUNTY HISTORICAL SOCIETY INC - PO BOX 434 - BRISTOL, IN 46507-0434 | 31-1020569 | 501(C)(3) | 10,100. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| ELKHART COUNTY PARKS DEPARTMENT 211 W LINCOLN AVENUE GOSHEN, IN 46526 | 35-6000142 | 501(C)(3) | 75,800. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| ELKHART COUNTY YOUTH FOR CHRIST DBA LIFELINE MINISTRIES - PO BOX 73 - ELKHART, IN 46515-0073 | 35-1111021 | 501(C)(3) | 79,490. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| ELKHART EDUCATION FOUNDATION 2746 OLD US 20 WEST SUITE B ELKHART, IN 46514 | 46-3429545 | 501(C)(3) | 18,130. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| ELKHART FESTIVALS INC DBA ELKHART JAZZ FESTIVAL - 410 S MAIN STREET - ELKHART, IN 46516 | 47-5394067 | 501(C)(3) | 74,500. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| ELKHART YOUTH FOOTBALL LEAGUE PO BOX 2660 ELKHART, IN 46514 | 90-0893324 | 501(C)(3) | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| ETHOS INC 1025 N MICHIGAN STREET ELKHART, IN 46514-2215 | 91-2094413 | 501(C)(3) | 1,209,750. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| FAITH LUTHERAN CHURCH OF GOSHEN 406 S 5TH STREET GOSHEN, IN 46526 | 46-5581288 | 501(C)(3) | 78,668. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| FAITH MISSION OF ELKHART INC PO BOX 162 ELKHART, IN 46515-0162 | 35-6033504 | 501(C)(3) | 122,155. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| FIRST CONGREGATIONAL CHURCH 431 S 3RD STREET ELKHART, IN 46516 | 35-1013395 | 501(C)(3) | 121,140. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| FIRST UNITED METHODIST CHURCH - GOSHEN - 214 S 5TH STREET - GOSHEN, IN 46528 | 35-6005629 | 501(C)(8) | 10,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| FIVE STAR LIFE 2204 CALIFORNIA ROAD ELKHART, IN 46514 | 46-3463430 | 501(C)(3) | 14,200. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| FOOD FOR THE POOR INC 6401 LYONS ROAD COCONUT CREEK, FL 33073 | 59-2174510 | 501(C)(3) | 6,750. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| FRIENDS OF THE PUMPKINVINE NATURE TRAIL - 1212 WESTBROOKE COURT - GOSHEN, IN 46528 | 35-1871609 | 501(C)(3) | 401,200. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| GIRL SCOUTS OF NORTHERN INDIANA MICHIANA INC - 1218 E UNIVERSITY DRIVE - GRANGER, IN 46530 | 35-0868091 | 501(C)(3) | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| GOSHEN ART HOUSE 211 S MAIN STREET B GOSHEN, IN 46526 | 35-2222627 | 501(C)(3) | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| GOSHEN COLLEGE INC 1700 S MAIN STREET GOSHEN, IN 46526 | 35-2158366 | 501(C)(3) | 152,180. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| GOSHEN DAY CARE BOARD DBA WALNUT HILL EARLY CHILDHOOD CENTER - 1201 S 11TH STREET - GOSHEN, IN 46526 | 35-1146723 | 501(C)(3) | 355,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| GOSHEN HEALTH FOUNDATION INC PO BOX 139 GOSHEN, IN 46527 | 46-2565300 | 501(C)(3) | 36,818. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| GOSHEN INTERFAITH HOSPITALITY NETWORK - 105 S 3RD STREET - GOSHEN, IN 46526 | 35-1969470 | 501(C)(3) | 80,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| GOSHEN KIWANIS FOUNDATION PO BOX 287 GOSHEN, IN 46527-0287 | 35-2127317 | 501(C)(3) | 6,470. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| GOSHEN THEATER INC 234 S MAIN STREET SUITE 1 GOSHEN, IN 46526 | 90-0964247 | 501(C)(3) | 52,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| GREATER ELKHART CHAMBER OF COMMERCE - PO BOX 428 - ELKHART, IN 46515-0428 | 35-0290590 | 501(C)(6) | 19,470. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| GREENCROFT COMMUNITIES FOUNDATION PO BOX 819 GOSHEN, IN 46527 | 23-7126990 | 501(C)(3) | 90,110. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| GUIDANCE MINISTRIES INC PO BOX 1494 ELKHART, IN 46515-1494 | 52-2216937 | 501(C)(3) | 22,538. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| HABITAT FOR HUMANITY OF ELKHART COUNTY - PO BOX 950 - GOSHEN, IN 46527-0950 | 35-1685313 | 501(C)(3) | 72,120. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| HEALTHY BEGINNINGS 1400 HUDSON STREET ELKHART, IN 46516 | 35-6000142 | 501(C)(3) | 7,890. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| HEARTLAND ALLIANCE'S NATIONAL IMMIGRANT JUSTICE CENTER - 203 S MAIN STREET SUITE 6 - GOSHEN, IN 46526 | 36-1877640 | 501(C)(3) | 15,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| HISTORIC ELKHART RIVER QUEEN 722 MIDDLETON RUN ROAD ELKHART, IN 46516 | 47-4735316 | 501(C)(3) | 32,700. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| HOLY CROSS COLLEGE INC PO BOX 308 NOTRE DAME, IN 46556-0308 | 35-1148835 | 501(C)(3) | 17,300. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| HOOSIERS FEEDING THE HUNGRY INC 4490A STATE ROAD 327 GARRETT, IN 46738-9702 | 45-2402892 | 501(C)(3) | 15,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| HORIZON EDUCATION ALLIANCE 124 E WASHINGTON STREET GOSHEN, IN 46528 | 46-0803293 | 501(C)(3) | 555,501. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| HUMANE SOCIETY OF ELKHART COUNTY INCORPORATED - 54687 COUNTY ROAD 19 - BRISTOL, IN 46507 | 35-0996134 | 501(C)(3) | 937,193. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| INDIANA & MICHIGAN MENNONITE CAMP ASSOCIATION, DBA AMIGO CENTRE - 26455 BANKER ROAD - STURGIS, MI 49091 | 35-1103269 | 501(C)(3) | 10,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| INDIANA BLACK EXPO INC - ELKHART CHAPTER - PO BOX 2719 - ELKHART, IN 46515-2719 | 35-2333120 | 501(C)(3) | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| INDIANA CONFERENCE OF UNITED METHODIST CHURCH - 301 PENNSYLVANNIA PARKWAY SUITE 300 - INDIANAPOLIS, IN 46280 | 27-0264680 | 501(C)(3) | 100,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| INDIANA GOLF FOUNDATION INC PO BOX 516 FRANKLIN, IN 46131-0516 | 35-2145820 | 501(C)(3) | 34,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47402 | 35-6018940 | 501(C)(3) | 427,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| JUNIOR ACHIEVEMENT OF NORTHERN INDIANA INC - 3221 MAGNUM DRIVE - ELKHART, IN 46516 | 35-0922731 | 501(C)(3) | 16,200. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| KIWANIS INTERNATIONAL INC PO BOX 802 ELKHART, IN 46515 | 35-6030744 | 501(C)(4) | 8,470. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| LACASA OF GOSHEN INC 202 N COTTAGE AVENUE GOSHEN, IN 46528 | 35-1554538 | 501(C)(3) | 19,650. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| LIFEWORKS MINISTRIES 216055 BAYWOOD LN GRANGER, IN 46530-9179 | 30-0448314 | 501(C)(3) | 25,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| LOGAN COMMUNITY RESOURCE CENTER 2505 E JEFFERSON BLVD SOUTH BEND, IN 46615 | 35-0965639 | 501(C)(3) | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| LOVEWAY INCORPORATED 54151 COUNTY ROAD 33 MIDDLEBURY, IN 46540 | 35-1326709 | 501(C)(3) | 32,650. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| LYNN UNIVERSITY INC 3601 N MILITARY TRAIL BOCA RATON, FL 33437 | 59-1023117 | 501(C)(3) | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| MADONNA UNIVERSITY 36600 SCHOOLCRAFT ROAD LIVONIA, MI 48150 | 38-1498763 | 501(C)(3) | 10,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| MAPLE CITY HEALTH CARE CENTER 213 MIDDLEBURY STREET GOSHEN, IN 46528 | 35-1749398 | 501(C)(3) | 101,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| MDC GOLDENROD 1514 COLLEGE AVENUE GOSHEN, IN 46526 | 31-1205424 | 501(C)(3) | 47,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| MEDSTAR UNION MEMORIAL HOSPITAL 201 EAST UNIVERSITY PARKWAY BALTIMORE, MD 21218 | 52-0591685 | 501(C)(3) | 25,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| MERRY LEA ENVIRONMENTAL LEARNING CENTER - PO BOX 263 - WOLF LAKE, IN 46796 | 35-2158366 | 501(C)(3) | 20,620. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| MICHIANA PUBLIC BROADCASTING CORPORATION DBA WNIT - PO BOX 7034 - SOUTH BEND, IN 46634-7034 | 35-1155594 | 501(C)(3) | 12,500. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| MID AMERICA FILMMAKERS INC PO BOX 6065 SOUTH BEND, IN 46660-6065 | 32-0097088 | 501(C)(3) | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| MIDDLEBURY DAY CARE DBA LITTLE SAINTS CHILD CARE - 708 WAYNE STREET - MIDDLEBURY, IN 46540 | 35-1916297 | 501(C)(3) | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| MIDWEST MUSEUM OF AMERICAN ART 429 S MAIN STREET ELKHART, IN 46516 | 31-0937828 | 501(C)(3) | 5,635. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| NAPPANEE AREA CHAMBER OF COMMERCE 302 W MARKET STREET NAPPANEE, IN 46550 | 35-1177470 | 501(C)(6) | 10,750. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| NATURE CONSERVANCY 4245 N FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203-1606 | 53-0242652 | 501(C)(3) | 53,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| NEW GENERATIONS CHILDCARE MINISTRY 1527 BELMONT AVENUE ELKHART, IN 46516-4145 | 03-0579242 | 501(C)(3) | 12,705. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| NEW LIFE CHRISTIAN CENTER 15685 STATE ROUTE 120 BRISTOL, IN 46507 | 38-3454282 | 501(C)(3) | 7,500. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| NORTHERN INDIANA HISPANIC HEALTH COALITION - 444 N NAPPANEE STREET - ELKHART, IN 46514 | 32-0039221 | 501(C)(3) | 75,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| OAKLAWN FOUNDATION FOR MENTAL HEALTH - PO BOX 809 - GOSHEN, IN 46527 | 35-6060037 | 501(C)(3) | 15,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| OAKLAWN PSYCHIATRIC CENTER INC PO BOX 809 GOSHEN, IN 46527-0809 | 35-1070041 | 501(C)(3) | 351,170. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| POTAWATOMI ZOOLOGICAL SOCIETY 500 S GREENLAWN AVENUE SOUTH BEND, IN 46615 | 35-1183974 | 501(C)(3) | 19,200. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| PREMIER ARTS INC 410 S MAIN STREET ELKHART, IN 46516 | 35-1837569 | 501(C)(3) | 80,542. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| PROJECT LEAD THE WAY 3939 PRIORITY WAY SOUTH DRIVE SUITE INDIANAPOLIS, IN 46240 | 14-1816385 | 501(C)(3) | 31,185. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| PURRZILLA CAT RESCUE PO BOX 542011 GREENACRES, FL 33454 | 27-5500244 | 501(C)(3) | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| RETA INC 300 W HIGH STREET ELKHART, IN 46516 | 35-1609946 | 501(C)(3) | 7,890. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| RIBBON OF HOPE 600 EAST BLVD ELKHART, IN 46514 | 35-2118856 | 501(C)(3) | 19,690. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| RILEY CHILDREN'S FOUNDATION 30 SOUTH MERIDIAN STREET SUITE 200 INDIANAPOLIS, IN 46204-3540 | 35-0868147 | 501(C)(3) | 15,655. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| RIVER OAKS COMMUNITY CHURCH OF ELKHART - 58020 COUNTY ROAD 115 - GOSHEN, IN 46528 | 35-1771277 | 501(C)(3) | 10,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| RIVERVIEW ADULT DAY CENTER 2715 E JACKSON BLVD ELKHART, IN 46516 | 35-1829321 | 501(C)(3) | 8,750. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| ROBERTS WESLEYAN COLLEGE 2301 WESTSIDE DR ROCHESTER, NY 14624 | 16-0743126 | 501(C)(3) | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| RONALD MCDONALD HOUSE CHARITIES OF MICHIANA - PO BOX 1274 - SOUTH BEND, IN 46624-1274 | 35-1831691 | 501(C)(3) | 131,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |

Schedule I (Form 990)

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| RUTHMERE MUSEUM/FOUNDATION 302 E BEARDSLEY AVENUE ELKHART, IN 46514 | 32-0037914 | 501(C)(3) | 59,205. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| RYAN'S PLACE PO BOX 73 GOSHEN, IN 46527-0073 | 35-2136542 | 501(C)(3) | 25,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| SAINT MARY OF THE ANNUNCIATION PO BOX 245 BRISTOL, IN 46507-0245 | 35-1204442 | 501(C)(3) | 88,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| SALVATION ARMY GOSHEN CORPS PO BOX 114 GOSHEN, IN 46527-0114 | 13-2923701 | 501(C)(3) | 60,500. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| SALVATION ARMY OF ELKHART PO BOX 385 ELKHART, IN 46515-0385 | 13-2923701 | 501(C)(3) | 30,868. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| SAMARITAN HEALTH & LIVING CENTER INC - 311 W HIGH STREET - ELKHART, IN 46516-2827 | 35-1288674 | 501(C)(3) | 99,600. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| SPA WOMEN'S MINISTRY HOMES 512 1/2 S MAIN STREET ELKHART, IN 46516 | 43-1998891 | 501(C)(3) | 25,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| SPECIAL OPERATIONS WARRIOR FOUNDATION - PO BOX 89367 - TAMPA, FL 33689 | 52-1183585 | 501(C)(3) | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| SPRING ARBOR UNIVERSITY 106 E MAIN STREET SPRING ARBOR, MI 49283 | 38-1359569 | 501(C)(3) | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |

Schedule I (Form 990)

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105 | 62-0646012 | 501(C)(3) | 8,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| ST. PIUS X CATHOLIC CHURCH 52553 FIR ROAD GRANGER, IN 46530 | 35-0940397 | 501(C)(3) | 35,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| ST. THOMAS THE APOSTLE CATHOLIC SCHOOL - 1405 N MAIN STREET - ELKHART, IN 46514 | 35-0876373 | 501(C)(3) | 103,783. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| ST. VINCENT DE PAUL PARISH & SCHOOL - 1114 S MAIN STREET - ELKHART, IN 46516 | 38-3808231 | 501(C)(3) | 21,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| STAN & HANEY D.R.A.F.T. FUND 15569 MCGREGOR BLVD FORT MYERS, FL 33908 | 20-0942579 | 501(C)(3) | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| STUDEBAKER NATIONAL MUSEUM FOUNDATION - 201 CHAPIN STREET - SOUTH BEND, IN 46601 | 20-8028196 | 501(C)(3) | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| TEN THOUSAND VILLAGES GOSHEN INC 206 S MAIN STREET GOSHEN, IN 46526 | 26-0715124 | 501(C)(3) | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| THE LERNER 410 S MAIN STREET ELKHART, IN 46516 | 35-6001016 | 501(C)(3) | 5,830. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| THE LUTHERAN FOUNDATION 3024 FAIRFIELD AVE FORT WAYNE, IN 46807-1604 | 35-0886840 | 501(C)(3) | 100,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |

Schedule I (Form 990)

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| THE RVDA EDUCATION FOUNDATION 3930 UNIVERSITY DRIVE FAIRFAX, VA 22030 | 54-1664245 | 501(C)(3) | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| TOWN OF MIDDLEBURY 418 N MAIN STREET MIDDLEBURY, IN 46540 | 35-6001109 | 501(C)(3) | 25,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| TRINITY FOUNDATION 2715 E JACKSON BLVD ELKHART, IN 46516 | 47-1589616 | 501(C)(3) | 21,130. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| TRINITY UNITED METHODIST CHURCH OF ELKHART INDIANA - 2715 EAST JACKSON BOULEVARD - ELKHART, IN 46516 | 35-0874265 | 501(C)(3) | 123,328. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| ULEAD INC 212 S MAIN STREET SUITE 2 GOSHEN, IN 46526 | 35-2049624 | 501(C)(3) | 269,096. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| UNITED CANCER SERVICES OF ELKHART COUNTY - 23971 US HIGHWAY 33 - ELKHART, IN 46517 | 35-1091429 | 501(C)(3) | 39,550. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| UNITED THEOLOGICAL SEMINARY 4501 DENLINGER ROAD DAYTON, OH 45426 | 31-0568239 | 501(C)(3) | 6,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| UNITED WAY OF ELKHART COUNTY PO BOX 3048 ELKHART, IN 46515 | 35-0953433 | 501(C)(3) | 35,500. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| UNITY CHURCH OF PEACE 905 E COLFAX AVE SOUTH BEND, IN 46617 | 31-0989295 | 501(C)(3) | 23,520. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |

Schedule I (Form 990)

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| VERA BRADLEY FOUNDATION FOR BREAST CANCER - 12420 STONEBRIDGE RD. - ROANOKE, IN 46783 | 35-2058177 | 501(C)(3) | 10,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| VISUALLY IMPAIRED PRESCHOOL SERVICES - 1100 W 42ND STREET SUITE 228 - INDIANAPOLIS, IN 46208 | 61-1061973 | 501(C)(3) | 9,450. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| WAKARUSA MAPLE SYRUP HERITAGE PO BOX 291 WAKARUSA, IN 46573-0291 | 47-5308386 | 501(C)(3) | 5,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| WAWASEE AREA CONSERVANCY FOUNDATION - PO BOX 548 - SYRACUSE, IN 46567 | 35-1832807 | 501(C)(3) | 10,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| WELLFIELD BOTANIC GARDENS 1011 N MAIN STREET ELKHART, IN 46514 | 20-1642142 | 501(C)(3) | 535,870. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| WOMEN'S CARE CENTER 229 W MARION STREET ELKHART, IN 46516 | 35-1609945 | 501(C)(3) | 121,300. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| WOMEN'S CARE CENTER FOUNDATION 360 N NOTRE DAME AVENUE SOUTH BEND, IN 46617 | 38-3651599 | 501(C)(3) | 5,283. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| YMCA OF MICHIANA 1201 NORTHSIDE BLVD SOUTH BEND, IN 46615 | 35-0868216 | 501(C)(3) | 15,000. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |
| YWCA OF NORTH CENTRAL INDIANA 1102 S FELLOWS STREET SOUTH BEND, IN 46601 | 35-0868226 | 501(C)(3) | 71,630. | 0. | | | TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| SCHOLARSHIPS | 977 | 1,642,821. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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. ORGANIZATIONS THAT RECEIVE GRANTS FROM UNRESTRICTED FUNDS HAVE UP TO ONE YEAR TO REPORT BACK TO CFEC REGARDING HOW THE GRANT FUNDS WERE USED. OTHER GRANTS REQUESTS FROM DESIGNATED, DONOR ADVISED, AND SCHOLARSHIP FUNDS ARE APPROVED BY THE MANAGEMENT AND THE BOARD OF DIRECTORS. GRANTS FROM DONOR

Part IV Supplemental Information

ADVISED AND DESIGNATED FUNDS ARE UNRESTRICTED AND CAN BE USED IN ANY WAY
THE RECIPIENT ORGANIZATIONS WOULD LIKE.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2016

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.**

Employer identification number **31-1255886**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----------|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2016

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) PETER L. MCCOWN PRESIDENT/CEO | (i) | 174,177. | 0. | 0. | 9,500. | 10,768. | 194,445. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **COMMUNITY FOUNDATION OF ELKHART COUNTY, 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 | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 40 | 6,205,501. | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (LOAN RECEIVAB) | X | 1 | 85,340. | 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**

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

COMMUNITY FOUNDATION

Schedule M (Form 990) (2016) OF ELKHART COUNTY, INC.

31-1255886

Page 2

Part II

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

SCHEDULE M, LINE 32B:

NON CASH CONTRIBUTIONS ARE SOLD BY THE APPROPRIATE ORGANIZATION. STOCKS
ARE PROCESSED AND SOLD BY THE BROKERAGE FIRM, REAL ESTATE IS MARKETED
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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

| | |
|---|---|
| Name of the organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC. | Employer identification number 31-1255886 |
|---|---|

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SCHOLARSHIP. THROUGH THE SCOPE OF THESE SERVICES, THE CFEC CONTINUES
TO BE THE PHILANTHROPIC CONDUIT IN ELKHART COUNTY.

FORM 990, PART VI, SECTION A, LINE 2:

THE BOARD OF DIRECTORS INCLUDES INDIVIDUALS WHO MAINTAIN NORMAL BUSINESS
RELATIONSHIPS WITH ONE ANOTHER.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S FINANCE COMMITTEE REVIEWS THE FORM 990 IN DETAIL WITH OUR
TAX ADVISORS. AFTER ANY QUESTIONS HAVE BEEN ANSWERED AND ANY CHANGES HAVE
BEEN MADE, THE FORM 990 IS PRESENTED TO THE FULL BOARD OF DIRECTORS AT A
QUARTERLY BOARD MEETING. ONCE APPROVED BY THE BOARD, THE RETURN IS THEN
FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS, COMMITTEE MEMBERS AND EMPLOYEES COMPLETE AN ANNUAL
CONFLICT OF INTEREST QUESTIONNAIRE. THE ORGANIZATION'S PRESIDENT REVIEWS
THE COMPLETED QUESTIONNAIRES TO DETERMINE IF ANY POTENTIAL OR ACTUAL
CONFLICTS OF INTEREST EXIST. IF THERE IS A CONFLICT, THE COMMITTEE HEAD
WILL ADDRESS IT WITH THE PERSON AND POSSIBLY ASK THEM TO REMOVE THEMSELVES
FROM SAID COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ORGANIZATION'S EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE
COMPENSATION FOR THE PRESIDENT. THE EXECUTIVE COMMITTEE UTILIZES THE

| | |
|---|--|
| Name of the organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC. | Employer identification number 31-1255886 |
|---|--|

NATIONAL COUNCIL ON FOUNDATIONS ANNUAL SURVEY TO DETERMINE THE APPROPRIATE AMOUNT OF COMPENSATION. 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 STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|--|-------------|
| SFAS 136 ADJUSTMENT | -2,023,478. |
| CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS | -34,211. |
| CHANGE IN VALUE OF LIFE INSURANCE | 2,447. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -2,055,242. |

FORM 990, PART XII, LINE 2C
THE PROCEDURES 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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.** Employer identification number **31-1255886**

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

| (a) Name, address, and EIN (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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---------------------------------|--|----------------------------|---|--|--|----|
| | | | | | | Yes | No |
| ECCF HOLDINGS, INC. - 20-3670120 P.O. BOX 2932 ELKHART, IN 46516 | COMMUNITY DEVELOPMENT | INDIANA | 501(C) | LINE 12A, I | COMMUNITY FOUNDATION OF ELKHART COUNTY | X | |
| ELKHART HEALTH FITNESS AND AQUATICS INC - 38-4018882, 600 EAST BOULEVARD, ELKHART, IN 46514 | PROMTE OR ENHANCE THE COMMUNITY | INDIANA | 501C | LINE 7 | COMMUNITY FOUNDATION OF ELKHART COUNTY | X | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

**COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.**

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

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

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

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | X | |
| s Other transfer of cash or property from related organization(s) | X | |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

