

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.</b> Doing business as		<b>D</b> Employer identification number <b>31-1255886</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>300 NIBCO PARKWAY 301</b>	<b>E</b> Telephone number <b>574-295-8761</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>ELKHART, IN 46516</b>		<b>G</b> Gross receipts \$ <b>128,688,719.</b>
	<b>F</b> Name and address of principal officer: <b>PETER MCCOWN</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶

**J** Website: **WWW.INSPIRINGGOOD.ORG**

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

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE THE QUALITY OF LIFE IN ELKHART COUNTY BY INSPIRING GENEROSITY</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) <b>5</b> <b>21</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>69</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>-72,727.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38 <b>7b</b> <b>-99,199.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>22,956,757.</b> <b>22,326,278.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>9,035.</b> <b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>10,352,433.</b> <b>15,710,658.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>5,820.</b> <b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>33,324,045.</b> <b>38,036,936.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>26,424,408.</b> <b>26,872,200.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>1,135,805.</b> <b>1,359,946.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>465,470.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>2,011,729.</b> <b>1,720,643.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>29,571,942.</b> <b>29,952,789.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>3,752,103.</b> <b>8,084,147.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) <b>294,618,743.</b> <b>301,659,661.</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>28,288,344.</b> <b>26,935,631.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>266,330,399.</b> <b>274,724,030.</b>

**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		
	<b>PETER MCCOWN, PRESIDENT/CEO</b> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>SARA JACOBI, CPA</b>	<b>SARA JACOBI, CPA</b>	<b>05/04/20</b>		<b>P00450897</b>
	Firm's name ▶ <b>BLUE &amp; CO., LLC</b>	Firm's EIN ▶ <b>35-1178661</b>			
	Firm's address ▶ <b>813 WEST SECOND STREET SEYMOUR, IN 47274</b>		Phone no. <b>812-522-8416</b>		

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

COMMUNITY FOUNDATION  
OF ELKHART COUNTY, INC.

**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 \$ 28,347,208. including grants of \$ 26,872,200.) (Revenue \$ \_\_\_\_\_)  
**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 **28,347,208.**

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

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....	<b>X</b>	
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....	<b>X</b>	
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....	<b>X</b>	
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> 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> .....		<b>X</b>
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	<b>X</b>	

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

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b> X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	40
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		21
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	21		
<b>2</b> 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?	<b>2</b>		X	
<b>3</b> 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?	<b>3</b>			X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			X
<b>7a</b> 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?	<b>7a</b>			X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		X	
<b>9</b> 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	<b>9</b>			X

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

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>			X
<b>b</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?	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		X	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		X	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		X	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		X	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			X
<b>b</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?	<b>16b</b>			

**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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain 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) DAVID FINDLAY VICE CHAIR	1.00	X		X			0.	0.	0.	
(2) MICHAEL SCHOEFFLER CHAIR	1.00	X		X			0.	0.	0.	
(3) CIEN ASOERA SECRETARY	1.00	X		X			0.	0.	0.	
(4) MEGAN BAUGHMAN DIRECTOR	1.00	X					0.	0.	0.	
(5) DICK ARMINGTON DIRECTOR	1.00	X					0.	0.	0.	
(6) DAVID WEED DIRECTOR	1.00	X					0.	0.	0.	
(7) DEB BEAVERSON DIRECTOR	1.00	X					0.	0.	0.	
(8) RANDY CHRISTOPHEL TREASURER	1.00	X		X			0.	0.	0.	
(9) ROB CRIPE DIRECTOR	1.00	X					0.	0.	0.	
(10) STEVE FIDLER DIRECTOR	1.00	X					0.	0.	0.	
(11) BECKY BONTREGER DIRECTOR	1.00	X					0.	0.	0.	
(12) DEL KING DIRECTOR	1.00	X					0.	0.	0.	
(13) LEVI KING DIRECTOR	1.00	X					0.	0.	0.	
(14) SHARON LIEGL DIRECTOR	1.00	X					0.	0.	0.	
(15) GALEN MILLER DIRECTOR	1.00	X					0.	0.	0.	
(16) KEN JULIAN DIRECTOR	1.00	X					0.	0.	0.	
(17) THOMAS PLETCHER 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) KERRI RITCHIE DIRECTOR	1.00	X					0.	0.	0.	
(19) BOB SCHROCK DIRECTOR	1.00	X					0.	0.	0.	
(20) DAVE WEAVER DIRECTOR	1.00	X					0.	0.	0.	
(21) ISAAC TORRES DIRECTOR	1.00	X					0.	0.	0.	
(22) PETER L. MCCOWN PRESIDENT/CEO	40.00			X			180,989.	0.	42,410.	
(23) COLE PATUZZI CFO	40.00			X			94,658.	0.	26,143.	
<b>1b Sub-total</b> .....							275,647.	0.	68,553.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							275,647.	0.	68,553.	

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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	372,924.
MARTIN CAPITAL MANAGEMENT 131 E FRANKLIN STREET, ELKHART, IN 46516	MANAGEMENT FEES	344,633.
MERCER, 701 MARKET ST, SUITE 1100, ST LOUIS, MO 63101	MANAGEMENT FEES	278,063.
CRANE+GREY 4776 WEST 150 NORTH, LA PORTE, IN 46350	MARKETING	248,419.
KEYBANK 127 PUBLIC SQUARE, CLEVELAND, OH 44114	MANAGEMENT FEES	125,896.

**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 **5**

COMMUNITY FOUNDATION  
OF ELKHART COUNTY, INC.

Form 990 (2018)

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	22,326,278.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		7,318,278.				
	<b>h Total.</b> Add lines 1a-1f .....		22,326,278.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		8,735,682.		-72,727.	8,808,409.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		97,626,634.	125.				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		90,647,004.	4,779.				
	<b>c</b> Gain or (loss) .....	6,979,630.	-4,654.				
	<b>d</b> Net gain or (loss) .....			6,974,976.		6,974,976.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			38,036,936.	0.	-72,727.	15,783,385.	

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

Form 990 (2018)

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,069,204.	25,069,204.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	1,802,996.	1,802,996.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	374,669.	74,429.	225,809.	74,431.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	785,800.	276,845.	420,895.	88,060.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,443.	11,607.	20,594.	5,242.
<b>9</b> Other employee benefits	89,323.	33,946.	40,613.	14,764.
<b>10</b> Payroll taxes	72,711.	22,540.	40,017.	10,154.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	5,082.	1,118.	2,693.	1,271.
<b>c</b> Accounting	41,545.	9,140.	22,019.	10,386.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	781,999.	781,999.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	226,373.		158,461.	67,912.
<b>13</b> Office expenses	52,897.	17,456.	17,985.	17,456.
<b>14</b> Information technology	126,802.	27,896.	67,205.	31,701.
<b>15</b> Royalties				
<b>16</b> Occupancy	121,673.	36,502.	48,669.	36,502.
<b>17</b> Travel	25,188.	8,564.	5,793.	10,831.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	29,391.	6,172.	17,341.	5,878.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	57,189.	17,156.	22,876.	17,157.
<b>23</b> Insurance	26,323.	8,686.	8,950.	8,687.
<b>24</b> 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.)				
<b>a PROGRAMS AND EVENTS</b>	121,949.	121,949.		
<b>b DONOR DEVELOPMENT</b>	58,475.	0.	5,847.	52,628.
<b>c DUES AND SUBSCRIPTIONS</b>	17,202.	3,784.	9,117.	4,301.
<b>d SCHOLARSHIP ADMIN EXPEN</b>	14,807.	14,807.		
<b>e All other expenses</b>	13,748.	412.	5,227.	8,109.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	29,952,789.	28,347,208.	1,140,111.	465,470.
<b>26 Joint costs.</b> 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.**

Form 990 (2018)

**Part X Balance Sheet**

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

		<b>(A)</b>			<b>(B)</b>	
		Beginning of year			End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	220.	<b>1</b>		215.	
	<b>2</b> Savings and temporary cash investments .....	12,699,024.	<b>2</b>		27,775,828.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>			
	<b>4</b> Accounts receivable, net .....	594,597.	<b>4</b>		174,390.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>		
	<b>6</b> 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 .....			<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....	1,111.	<b>7</b>			
	<b>8</b> Inventories for sale or use .....			<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....			<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	392,488.				
	<b>b</b> Less: accumulated depreciation .....	149,205.				
		284,240.	<b>10c</b>		243,283.	
	<b>11</b> Investments - publicly traded securities .....	174,270,239.	<b>11</b>		155,390,217.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	105,992,744.	<b>12</b>		117,173,222.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
<b>15</b> Other assets. See Part IV, line 11 .....	776,568.	<b>15</b>		902,506.		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	294,618,743.	<b>16</b>		301,659,661.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	190,259.	<b>17</b>		172,511.	
	<b>18</b> Grants payable .....	3,864,914.	<b>18</b>		2,278,019.	
	<b>19</b> Deferred revenue .....		<b>19</b>		317,499.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	23,731,405.	<b>21</b>		23,687,676.	
	<b>22</b> 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 .....			<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> 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 .....	501,766.	<b>25</b>		479,926.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	28,288,344.	<b>26</b>		26,935,631.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	3,061,864.	<b>27</b>		3,290,487.	
	<b>28</b> Temporarily restricted net assets .....	263,268,535.	<b>28</b>		271,433,543.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>			
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>			
<b>33</b> Total net assets or fund balances .....	266,330,399.	<b>33</b>		274,724,030.		
<b>34</b> Total liabilities and net assets/fund balances .....	294,618,743.	<b>34</b>		301,659,661.		

**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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	38,036,936.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	29,952,789.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	8,084,147.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	266,330,399.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	385,988.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>9</b>	-76,504.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	<b>10</b>	274,724,030.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....
- If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  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? .....
- 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? .....
- 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 .....

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		



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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	19856095.	13918852.	26967222.	22956757.	22326278.	106025204
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	19856095.	13918852.	26967222.	22956757.	22326278.	106025204
<b>5</b> 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) .....						18010450.
<b>6 Public support.</b> Subtract line 5 from line 4.						88014754.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	19856095.	13918852.	26967222.	22956757.	22326278.	106025204
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	5453893.	4746811.	3826384.	4902795.	8808409.	27738292.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	-56,089.	278,155.	-123,730.	-146,116.	-72,727.	-120,507.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						133642989
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	33,080.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	65.86 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	63.10 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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>		

COMMUNITY FOUNDATION

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

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

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	Current Year
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			



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

OMB No. 1545-0047

2018

Name of the organization

COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization <b>COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.</b>	Employer identification number <b>31-1255886</b>
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**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	<hr/> <hr/> <hr/>	\$ <u>2,972,850.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>801,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>460,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,282,922.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>919,662.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>501,732.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.</b>	Employer identification number 31-1255886
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**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		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 482,571.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,008,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 529,706.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 1,149,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.</b>	Employer identification number <b>31-1255886</b>
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**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
13	<hr/> <hr/> <hr/>	\$ <u>1,055,017.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>464,050.</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 <b>COMMUNITY FOUNDATION                  OF ELKHART COUNTY, INC.</b>	Employer identification number 31-1255886
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**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/>	\$ 2,972,850.	04/01/19
5	STOCK <hr/> <hr/> <hr/>	\$ 917,663.	12/18/18
6	STOCK <hr/> <hr/> <hr/>	\$ 501,732.	03/28/19
8	STOCK <hr/> <hr/> <hr/>	\$ 482,571.	10/29/18
11	STOCK <hr/> <hr/> <hr/>	\$ 275,533.	01/07/19
	<hr/> <hr/> <hr/>	\$	

Name of organization <b>COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.</b>	Employer identification number <b>31-1255886</b>
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**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	137	
2 Aggregate value of contributions to (during year) .....	16,760,652.	
3 Aggregate value of grants from (during year) .....	21,810,133.	
4 Aggregate value at end of year .....	37,578,072.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....



**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) <b>HEDGE FUNDS</b>	34,106,092.	END-OF-YEAR MARKET VALUE
(B) <b>PRIVATE EQUITY</b>	83,067,130.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>117,173,222.</b>	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (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) <b>ANNUITIES PAYABLE</b>	<b>479,926.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>479,926.</b>

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	34,401,537.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 385,988.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 350.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 2,002,294.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	2,388,632.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	32,012,905.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 781,999.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 5,242,032.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	6,024,031.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	38,036,936.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	26,007,906.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b> 350.		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 2,122,527.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	2,122,877.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	23,885,029.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 781,999.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 5,285,761.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	6,067,760.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	29,952,789.

**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, 2019 AND 2018, 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	-123,020.
CHANGE IN VALUE OF LIFE INSURANCE	2,787.
ADMINISTRATIVE FEES	2,122,527.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,002,294.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

SFAS 136 ADJUSTMENT	5,242,032.
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## PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADMINISTRATIVE FEES	2,122,527.
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**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SFAS 136 ADJUSTMENT 5,285,761.







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; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ELKHART HEALTH FITNESS AND AQUATICS INC - 600 EAST BLVD - ELKHART, IN 46514	38-4018882	501(C)(3)	11,500,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOYS & GIRLS CLUBS OF ELKHART COUNTY INC - PO BOX 614 - GOSHEN, IN 46527-0614	35-1033735	501(C)(3)	3,387,280.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WELLFIELD BOTANIC GARDENS INC 1011 N MAIN STREET ELKHART, IN 46514	20-1642142	501(C)(3)	762,651.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HORIZON EDUCATION ALLIANCE 124 E WASHINGTON STREET GOSHEN, IN 46528	46-0803293	501(C)(3)	590,650.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WYCLIFFE ASSOCIATES INC PO BOX 620143 ORLANDO, FL 32862	95-2584324	501(C)(3)	500,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COMMUNITY SCHOOLS 2720 CALIFORNIA ROAD ELKHART, IN 46514	35-1123802	501(C)(3)	356,000.	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 ..... ▶ **194.**

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ **11.**

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

Schedule I (Form 990) (2018)

**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
ULEAD INC 212 S MAIN STREET, SUITE 2 GOSHEN, IN 46526	35-2049624	501(C)(3)	317,303.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SPA INC 23221 OLD US 20 ELKHART, IN 46516	43-1998891	501(C)(3)	309,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DEPAUW UNIVERSITY PO BOX 37 GREENCASTLE, IN 46135-0037	35-0869045	501(C)(3)	270,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAMP EBERHART ALUMNI ASSOCIATION INC - 316 S EDDY STREET - SOUTH BEND, IN 46617	31-1021547	501(C)(3)	258,500.	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)	246,846.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN HEALTH FOUNDATION INC PO BOX 139 GOSHEN, IN 46527-0139	46-2565300	501(C)(3)	233,645.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN COLLEGE INC 1700 S MAIN STREET GOSHEN, IN 46526	35-2158366	501(C)(3)	211,020.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF GOSHEN PARKS & RECREATION DEPARTMENT - 524 E JACKSON STREET - GOSHEN, IN 46526	35-6001045	501(C)(3)	206,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ENFOCUS 635 SOUTH LAFAYETTE BOULEVARD, SUIT SOUTH BEND, IN 46601	45-5638209	501(C)(3)	200,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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NAPPANEE POWER FROM THE PAST INC 28552 YARIAN STREET NAPPANEE, IN 46550	46-0901241	501(C)(3)	187,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ETHOS INC 1025 N MICHIGAN STREET ELKHART, IN 46514-2215	91-2094413	501(C)(3)	167,300.	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)	166,780.	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)	155,000.	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)	133,276.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WOMEN'S CARE CENTER INC 229 W MARION STREET ELKHART, IN 46516	35-1609945	501(C)(3)	132,800.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SOUTH BEND ELKHART REGIONAL PARTNERSHIP FOUNDATION - 635 S LAFAYETTE BLVD, SUITE 123 - SOUTH BEND, IN 46628	35-1893288	501(C)(3)	130,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BETHEL UNIVERSITY INC 1001 BETHEL CIRCLE MISHAWAKA, IN 46545	35-0935587	501(C)(3)	129,880.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SOUTHWESTERN MICHIGAN COLLEGE FOUNDATION - 58900 CHERRY GROVE ROAD - DOWAGIAC, MI 49047-9726	38-1943374	501(C)(3)	125,000.	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)	121,110.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RUTHMERE FOUNDATION INC 302 EAST BEARDSLEY AVENUE ELKHART, IN 46514	32-0037914	501(C)(3)	114,710.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOLY CROSS COLLEGE INC, PO BOX 308 NOTRE DAME, IN 46556-0308 - PO BOX 308 - NOTRE DAME, IN 46556-0308	35-1148835	501(C)(3)	109,460.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BASHOR HOME OF THE UNITED METHODIST CHURCH INC - PO BOX 843 - GOSHEN, IN 46527-0843	35-0933555	501(C)(3)	107,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY SYMPHONY ASSOCIATION - PO BOX 144 - ELKHART, IN 46515-0144	51-0181701	501(C)(3)	106,440.	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)	105,710.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THIRD STREET YOUTH ARTS INC 324 S 5TH STREET GOSHEN, IN 46528	47-2554514	501(C)(3)	100,350.	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
HEART CITY HEALTH CENTER INC 236 SIMPSON AVENUE ELKHART, IN 46516	35-1875364	501(C)(3)	100,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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ADEC INC 19670 STATE ROAD 120 BRISTOL, IN 46507-0398	35-1060633	501(C)(3)	95,506.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY CONVENTION & VISITORS BUREAU INC - 3421 CASSOPOLIS STREET - ELKHART, IN 46514	35-1755629	501(C)(6)	95,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREATER ELKHART CHAMBER OF COMMERCE INC - PO BOX 428 - ELKHART, IN 46515-0428	35-0290590	501(C)(6)	93,401.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MICHIANA PUBLIC BROADCASTING CORPORATION - PO BOX 7034 - SOUTH BEND, IN 46634-7034	35-1155594	501(C)(3)	88,750.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART EDUCATION FOUNDATION 2746 OLD US 20 W, SUITE B ELKHART, IN 46514	46-3429545	501(C)(3)	88,269.	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)	86,504.	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)	83,010.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRINITY UNITED METHODIST CHURCH OF ELKHART INDIANA - 2715 E JACKSON BOULEVARD - ELKHART, IN 46516	35-0874265	501(C)(3)	75,411.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA TEEN CHALLENGE PO BOX 4603 ELKHART, IN 46515-4603	35-1262844	501(C)(3)	75,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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ELEVATE VENTURES INC 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 FESTIVALS INC 410 S MAIN STREET ELKHART, IN 46516	47-5394067	501(C)(3)	73,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LOVEWAY INCORPORATED 54151 COUNTY ROAD 33 MIDDLEBURY, IN 46540	35-1326709	501(C)(3)	69,268.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RYAN'S PLACE INC PO BOX 73 GOSHEN, IN 46527-0073	35-2136542	501(C)(3)	68,563.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNITED WAY OF ELKHART COUNTY INC PO BOX 3048 ELKHART, IN 46515-3048	35-0953433	501(C)(3)	65,975.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PREMIER ARTS INC 410 S MAIN STREET ELKHART, IN 46516	35-1837569	501(C)(3)	65,620.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OAKLAWN FOUNDATION FOR MENTAL HEALTH INC - PO BOX 809 - GOSHEN, IN 46527	35-6060037	501(C)(3)	65,185.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN THEATER INC 216 S MAIN STREET GOSHEN, IN 46526	90-0964247	501(C)(3)	62,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE CENTER FOR HOSPICE & PALLIATIVE CARE INC - 501 COMFORT PLACE - MISHAWAKA, IN 46545	31-0952866	501(C)(3)	62,170.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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CANCER RESOURCES FOR ELKHART COUNTY INC - 23971 US HIGHWAY 33 - ELKHART, IN 46517	35-1091429	501(C)(3)	61,850.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF NOTRE DAME 400 MAIN BUILDING NOTRE DAME, IN 46556	35-0868188	501(C)(3)	61,655.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAITH LUTHERAN CHURCH OF GOSHEN INC - 406 S 5TH STREET - GOSHEN, IN 46526	46-5581288	501(C)(3)	60,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BIG BROTHERS BIG SISTERS OF ELKHART COUNTY INC - 3320 ELKHART ROAD - GOSHEN, IN 46526	35-1272588	501(C)(3)	57,520.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF NAPPANEE PO BOX 29 NAPPANEE, IN 46550-0029	35-6001129	GOVERNMENT	53,700.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YWCA NORTH CENTRAL INDIANA INC 1102 S FELLOWS STREET SOUTH BEND, IN 46601	35-0868226	501(C)(3)	53,200.	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)	52,300.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTER FOR COMMUNITY JUSTICE INCORPORATED - 121 S THIRD STREET - ELKHART, IN 46516-3135	35-1620204	501(C)(3)	51,250.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTER FOR HEALING AND HOPE PO BOX 195 GOSHEN, IN 46527-0195	02-0560511	501(C)(3)	50,530.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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CENTRAL CHRISTIAN CHURCH 418 W FRANKLIN STREET ELKHART, IN 46516-2742	35-0979231	501(C)(3)	50,172.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOOD SHEPHERD MONTESSORI SCHOOL INC - 1101 E JEFFERSON BLVD - SOUTH BEND, IN 46617	04-3673627	501(C)(3)	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA-MICHIGAN MENNONITE CAMP ASSOCIATION INC DBA AMIGO CENTRE - 26455 BANKER ROAD - STURGIS, MI 49091	35-1103269	501(C)(3)	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ILLINOIS AMISH INFORMATION EXHIBITS INC - PO BOX 284 - ARTHUR, IL 61911-0284	37-1345842	501(C)(3)	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ILLINOIS AMISH INFORMATION EXHIBITS INC - PO BOX 284 - ARTHUR, IL 61911-0284	37-1345842	501(C)(3)	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47402-0500	35-6018940	501(C)(3)	47,270.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRINITY SCHOOLS INC 107 S GREENLAWN AVENUE SOUTH BEND, IN 46617	35-1502075	501(C)(3)	46,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHURCH COMMUNITY SERVICES INC PO BOX 2346 ELKHART, IN 46515-2346	35-1155054	501(C)(3)	46,056.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LACASA OF GOSHEN INC, 202 N COTTAGE AVENUE GOSHEN, IN 46528 - 202 N COTTAGE AVENUE - GOSHEN, IN 46528	35-1554538	501(C)(3)	43,210.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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GOSHEN HS DOLLARS FOR SCHOLARS CHAPTER - 113 ISLAND VIEW DRIVE - GOSHEN, IN 46526	04-2296967	501(C)(3)	41,540.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDDLETON COMMUNITY SCHOOLS 56853 NORTHRIDGE DRIVE MIDDLEBURY, IN 46540	35-1097817	501(C)(3)	41,283.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOY SCOUTS OF AMERICA LASALLE COUNCIL, 1340 - 1340 SOUTH BEND AVENUE - SOUTH BEND, IN 46617-1424	35-0867966	501(C)(3)	40,840.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY COMMISSIONERS 117 N SECOND STREET GOSHEN, IN 46526	35-6000142	501(C)(3)	40,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KERN ROAD MENNONITE CHURCH 18211 KERN ROAD SOUTH BEND, IN 46614	43-3512510	501(C)(3)	35,600.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HELLO GORGEOUS OF HOPE INC 922 S BEIGER STREET MISHAWAKA, IN 46544	37-1521154	501(C)(3)	35,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN DAY CARE BOARD INC AKA WALNUT HILL EARLY CHILDHOOD CENTER - 1700 SHASTA DRIVE - GOSHEN, IN 46526	35-1146723	501(C)(3)	34,500.	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)	33,630.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDWEST MUSEUM OF AMERICAN ART FOUNDATION - 429 S MAIN STREET - ELKHART, IN 46516	31-0937828	501(C)(3)	33,466.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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GREENCROFT COMMUNITIES FOUNDATION INC - PO BOX 819 - GOSHEN, IN 46527-0819	23-7126990	501(C)(3)	32,530.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY CHAPLAINCY CORP OF ELKHART COUNTY DBA JAIL MINISTRY OF ELK CO - 26861 COUNTY ROAD 26 - ELKHART, IN 46517	31-1144451	501(C)(3)	32,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SALVATION ARMY OF ELKHART PO BOX 385 ELKHART, IN 46515	13-2923701	501(C)(3)	32,164.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTHRIDGE HS DOLLARS FOR SCHOLARS 56006 FOX HOLLOW DRIVE BRISTOL, IN 46507	04-2296967	501(C)(3)	32,120.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRINITY FOUNDATION 2715 E JACKSON BOULEVARD ELKHART, IN 46516	47-1589616	501(C)(3)	31,800.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HEALTHY BEGINNINGS 1400 HUDSON STREET ELKHART, IN 46516	35-6000142	501(C)(3)	31,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE CROSSING NATIONAL INC 515 S MAIN STREET ELKHART, IN 46516	26-0588186	501(C)(3)	30,785.	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)	30,000.	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)	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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RIBBON OF HOPE INC 600 EAST BOULEVARD ELKHART, IN 46514	35-2118856	501(C)(3)	28,150.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST PRESBYTERIAN CHURCH OF ELKHART - 200 E BEARDSLEY STREET - ELKHART, IN 46514	35-0868002	501(C)(3)	26,900.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GIRLS ON THE RUN MICHIANA 51160 BITTERSWEET ROAD, SUITE 202 GRANGER, IN 46530	27-2652189	501(C)(3)	26,820.	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)	25,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
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
CROSSROADS COMMUNITY CHURCH OF THE NAZARENE - 57415 ALPHA DRIVE - GOSHEN, IN 46528	35-0992108	501(C)(3)	25,000.	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)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SALVATION ARMY RAY & JOAN KROC CORPS COMMUNITY CENTER - 900 W WESTERN AVENUE - SOUTH BEND, IN 46601	13-5562351	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAMILY CHRISTIAN DEVELOPMENT CENTER INC - PO BOX 227 - NAPPANEE, IN 46550-0227	35-1979463	501(C)(3)	24,892.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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CHURCH WOMEN UNITED AKA THE WINDOW 223 S MAIN STREET GOSHEN, IN 46526	35-1427937	501(C)(3)	23,955.	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)	23,890.	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)	23,780.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ANABAPTIST MENNONITE BIBLICAL SEMINARY INC - 3003 BENHAM AVENUE - ELKHART, IN 46517	35-1902148	501(C)(3)	22,820.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MAPLE CITY HEALTH CARE CENTER INC 213 MIDDLEBURY STREET GOSHEN, IN 46528	35-1749398	501(C)(3)	22,329.	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)	21,780.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BAUGO COMMUNITY SCHOOLS 29125 COUNTY ROAD 22 WEST ELKHART, IN 46517-9354	35-1097956	501(C)(3)	21,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TOWN OF MILLERSBURG PO BOX 278 MILLERSBURG, IN 46543-0278	35-6001113	501(C)(3)	21,300.	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)	21,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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JR MEMORIAL CRUISE FOR A CURE 10928 PARK STREET LAKEVIEW, OH 43331	47-4123590	501(C)(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE CHILDREN'S THERAPLAY FOUNDATION INC - 9919 TOWNE ROAD - CARMEL, IN 46032	35-2121568	501(C)(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIFE ACTION MINISTRIES PO BOX 31 BUCHANAN, MI 49107	38-2157686	501(C)(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART CENTRAL HS DOLLARS FOR SCHOLARS - PO BOX 2681 - ELKHART, IN 46515-2681	04-2296967	501(C)(3)	19,850.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIVE STAR LIFE 2204 CALIFORNIA ROAD ELKHART, IN 46514	46-3463430	501(C)(3)	18,450.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY 4-H & AGRICULTURAL EXPOSITION INC - 17746 COUNTY ROAD 34, SUITE D - GOSHEN, IN 46528-9202	35-1053099	501(C)(3)	18,000.	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)	17,796.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF ELKHART 229 S 2ND STREET ELKHART, IN 46516	35-6001016	GOVERNMENT	17,400.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST UNITED METHODIST CHURCH - GOSHEN, 214 S 5TH STREET GOSHEN, IN 46528 - 214 S 5TH STREET - GOSHEN, IN 46528	35-6005629	501(C)(8)	17,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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COUNCIL ON AGING OF ELKHART COUNTY INC - 131 W TYLER STREET, SUITE 1A - ELKHART, IN 46516	51-0178910	501(C)(3)	16,170.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	16,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GUIDANCE MINISTRIES INC PO BOX 1494 ELKHART, IN 46515-1494	52-2216937	501(C)(3)	16,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. JOHN'S EPISCOPAL CHURCH 226 W LEXINGTON AVENUE ELKHART, IN 46516	35-0953455	501(C)(3)	16,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL MICHIGAN UNIVERSITY 1200 S FRANKLIN STREET MOUNT PLEASANT, MI 48859	38-6004447	501(C)(3)	16,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTER FOR THE HOMELESS INC 813 S MICHIGAN STREET SOUTH BEND, IN 46601	35-1768544	501(C)(3)	15,575.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PRAIRIE STREET MENNONITE CHURCH PO BOX 1687 ELKHART, IN 46515-1687	35-0876350	501(C)(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NAPPANEE ARTS COUNCIL INC 1600 W MARKET STREET NAPPANEE, IN 46550	82-4266066	501(C)(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY FERAL CAT COALITION INCORPORATED - PO BOX 2196 - ELKHART, IN 46515-2196	27-0683077	501(C)(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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RESTOR CHURCH INC PO BOX 348 GOSHEN, IN 46527	82-2959040	501(C)(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PACKARD MOTOR CAR FOUNDATION 49965 VAN DYKE AVENUE SHELBY TOWNSHIP, MI 48317-1307	31-1502101	501(C)(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. PIUS X CATHOLIC CHURCH 52553 FIR ROAD GRANGER, IN 46530	35-6005217	501(C)(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHURCH OF THE SAVIOR CHRISTIAN REFORMED CHURCH - 1855 N HICKORY ROAD - SOUTH BEND, IN 46635	35-1609315	501(C)(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MADONNA UNIVERSITY 36600 SCHOOLCRAFT ROAD LIVONIA, MI 48150	38-1498763	501(C)(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST BAPTIST CHURCH OF ELKHART 53953 COUNTY ROAD 17 BRISTOL, IN 46507	35-0953436	501(C)(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY LCC INC, PO BOX 919 BRISTOL, IN 46507-0919	35-1884044	501(C)(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA PHILANTHROPY ALLIANCE FOUNDATION F.K.A. INDIANA GRANTMAKERS ALLIANCE - 32 E WASHINGTON STREET, SUITE 1100 -	35-1868240	501(C)(3)	15,000.	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

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RETA INC 300 W HIGH STREET ELKHART, IN 46516	35-1609946	501(C)(3)	14,610.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARIAN HIGH SCHOOL 1311 S LOGAN STREET MISHAWAKA, IN 46544-4701	35-1101600	501(C)(3)	14,560.	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)	14,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DOWNTOWN GOSHEN INC 234 S MAIN STREET SUITE 4 GOSHEN, IN 46526	35-1848884	501(C)(3)	14,000.	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)	14,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SALVATION ARMY GOSHEN CORPS PO BOX 114 GOSHEN, IN 46527	13-2923701	501(C)(3)	13,680.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTHWOOD SCHOLARSHIP FOUNDATION 2101 N MAIN STREET NAPPANEE, IN 46550	04-2296967	501(C)(3)	13,130.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHAMBER OF COMMERCE GOSHEN 232 S MAIN STREET GOSHEN, IN 46526	35-0907750	501(C)(6)	12,945.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BEREAN COMMUNITY CHURCH FBO OPERATION 6:12 - 67138 SHIMMEL ROAD - STURGIS, MI 49091	82-0711532	501(C)(3)	12,663.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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NORTHRIDGE BAND BOOSTERS ASSOCIATION INC - PO BOX 83 - MIDDLEBURY, IN 46540-0083	20-2366205	501(C)(3)	12,636.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
VISUALLY IMPAIRED PRESCHOOL SERVICES INC - 1100 W 42ND STREET, SUITE 228 - INDIANAPOLIS, IN 46208	61-1061973	501(C)(3)	12,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDDLEBURY COMMUNITY PUBLIC LIBRARY - PO BOX 192 - MIDDLEBURY, IN 46540	35-1451384	501(C)(3)	12,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CONCORD LITTLE LEAGUE INC PO BOX 394 ELKHART, IN 46515-0394	31-0917071	501(C)(3)	12,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KIWANIS INTERNATIONAL INC PO BOX 802 ELKHART, IN 46515	35-6030744	501(C)(4)	12,000.	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)	11,750.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA UNIVERSITY SOUTH BEND PO BOX 7111 SOUTH BEND, IN 46634-7111	35-6001673	501(C)(3)	11,735.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COLLEGE MENNONITE CHURCH INC 1900 S MAIN STREET GOSHEN, IN 46526	35-1970747	501(C)(3)	11,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WHEELCHAIRHELP ORG 515 EAST STREET ELKHART, IN 46516	04-3683350	501(C)(3)	11,380.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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CONCORD COMMUNITY SCHOOLS CORPORATION - 59040 MINUTEMAN WAY - ELKHART, IN 46517	35-6006398	501(C)(3)	11,140.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. PAUL'S UNITED METHODIST CHURCH 405 W BEARDSLEY AVENUE ELKHART, IN 46514-2662	35-6005217	501(C)(3)	11,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LAKE FOREST ACADEMY 1500 W KENNEDY ROAD LAKE FOREST, IL 60045	36-2216167	501(C)(3)	11,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EDWARDSBURG SPORTS COMPLEX INC 27566 US 12 EDWARDSBURG, MI 49112	32-0156076	501(C)(3)	11,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NAPPANEE AREA CHAMBER OF COMMERCE INC - 302 W MARKET STREET - NAPPANEE, IN 46550	35-1177470	501(C)(6)	10,550.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LOST LIMBS FOUNDATION INC PO BOX 191 ATLANTA, IN 46031	45-4964918	501(C)(3)	10,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF INDIANAPOLIS 1400 E HANNA AVENUE INDIANAPOLIS, IN 46227	35-0868107	501(C)(3)	10,310.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FORT LEWIS COLLEGE FOUNDATION 1000 RIM DRIVE DURANGO, CO 81301-3999	23-7122114	501(C)(3)	10,092.	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)	10,046.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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THE LERNER 410 S MAIN STREET ELKHART, IN 46516	35-6001016	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. PIUS X CATHOLIC SCHOOL 52553 FIR ROAD GRANGER, IN 46530	35-0940397	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GRACE COLLEGE & SEMINARY 200 SEMINARY DRIVE WINONA LAKE, IN 46590	35-0868095	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART PUBLIC LIBRARY 300 S SECOND STREET ELKHART, IN 46516	35-6001397	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GIVEHEAR AKA HEARCARE CONNECTION INC - 130 W MAIN STREET SUITE 150 - FORT WAYNE, IN 46802	45-2803181	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SPECIAL OPERATIONS WARRIOR FOUNDATION - PO BOX 89367 - TAMPA, FL 33689	52-1183585	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARINE RETAILERS ASSOCIATION OF AMERICA - 8401 73RD AVENUE NORTH SUITE 71 - MINNEAPOLIS, MN 55428	23-7432127	501(C)(6)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GARY SINISE FOUNDATION PO BOX 368 WOODLAND HILLS, CA 91365-0368	80-0587086	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SOUTH BEND CIVC THEATRE INC 403 N MAIN STREET SOUTH BEND, IN 46601	35-1572312	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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THOROBRED WRESTLING CLUB 6100 W GILA SPRINGS PLACE SUITE 1 CHANDLER, AZ 85226	61-1728823	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART ROWING CLUB 722 MIDDLETON RUN ROAD ELKHART, IN 46516	83-3876726	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HISTORICAL SOCIETY OF MARTIN COUNTY INC - 825 NE OCEAN BLVD - STUART, FL 34996	59-0913326	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NATIONAL CHRISTIAN CHARITABLE FOUNDATION INC - 11625 RAINWATER DRIVE SUITE 500 - ALPHARETTA, GA 30009	58-1493949	501(C)(3)	10,000.	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)	10,000.	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)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STAN & HANEY D.R.A.F.T. FUND C/O WELLS FARGO ADVISORS FORT MYERS, FL 33908	20-0942579	501(C)(3)	10,000.	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)	10,000.	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)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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GOSHEN INTERFAITH HOSPITALITY NETWORK INC - 105 S 3RD STREET - GOSHEN, IN 46526	35-1969470	501(C)(3)	9,835.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN NATIONAL RED CROSS 1123 S INDIANA AVENUE GOSHEN, IN 46526-5207	53-0196605	501(C)(3)	9,700.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS OF THE PUMPKINVINE NATURE TRAIL INC - PO BOX 392 - GOSHEN, IN 46527-0392	35-1871609	501(C)(3)	9,700.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN KIWANIS FOUNDATION INC PO BOX 287 GOSHEN, IN 46527-0287	35-2127317	501(C)(3)	9,600.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YOUNG LIFE PO BOX 70065 PRESCOTT, AZ 86304-7065	84-0385934	501(C)(3)	9,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RONALD MCDONALD HOUSE CHARITIES OF MICHIANA - 610 N MICHIGAN STREET, SUITE 310 - SOUTH BEND, IN 46601	35-1831691	501(C)(3)	9,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDDLEBURY THEN AND NOW INC, PO BOX 207 MIDDLEBURY, IN 46540-0207	82-4382686	501(C)(3)	9,450.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART MEMORIAL HS DOLLARS FOR SCHOLARS CHAPTER - PO BOX 1243 - ELKHART, IN 46515-1243	04-2296969	501(C)(3)	9,130.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STREAMS OF MERCY INC PO BOX 3220 MCKINNEY, TX 75070-3220	47-0930787	501(C)(3)	9,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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GOSHEN ART HOUSE INC 211 S MAIN STREET B GOSHEN, IN 46526	35-2222627	501(C)(3)	9,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GENERAL COUNCIL OF THE ASSEMBLIES OF GOD - 1445 N BOONVILLE AVENUE - SPRINGFIELD, MO 65802-1894	44-0577787	501(C)(3)	9,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. THOMAS THE APOSTLE CATHOLIC CHURCH - 1405 N MAIN STREET - ELKHART, IN 46514	35-0940397	501(C)(3)	8,900.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY HISTORICAL SOCIETY INC - PO BOX 434 - BRISTOL, IN 46507-0434	31-1020569	501(C)(3)	8,880.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PRINCE OF PEACE LUTHERAN CHURCH 18548 COUNTY ROAD 18 GOSHEN, IN 46528	35-1539368	501(C)(3)	8,400.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF ELKHART PARKS & RECREATION DEPARTMENT - 201 S SECOND STREET - ELKHART, IN 46516	35-6001016	501(C)(3)	8,390.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CONCORD HS DOLLARS FOR SCHOLARS CHAPTER - 59117 MINUTEMAN WAY - ELKHART, IN 46517	04-2296967	501(C)(3)	8,300.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY CLUBHOUSE INC 114 S FIFTH STREET GOSHEN, IN 46528	27-1151738	501(C)(3)	8,095.	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)	8,029.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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**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
RILEY CHILDREN'S FOUNDATION 30 S MERIDIAN STREET SUITE 200 INDIANAPOLIS, IN 46204-3540	35-0868147	501(C)(3)	7,630.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART CHRISTIAN ACADEMY INC 25943 COUNTY ROAD 22 ELKHART, IN 46517	20-1161755	501(C)(3)	7,510.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAMP MILLHOUSE INC 25600 KELLY ROAD SOUTH BEND, IN 46614	35-0984031	501(C)(3)	7,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHAMBER OF COMMERCE OF ST. JOSEPH COUNTY - 101 N MICHIGAN STREET, SUITE 300 - SOUTH BEND, IN 46601	35-0153330	501(C)(6)	7,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRINITY LUTHERAN CHURCH 30888 COUNTY ROAD 6 ELKHART, IN 46514	35-1011522	501(C)(3)	7,310.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MONTESSORI SCHOOL OF ELKHART INC 1 MONTESSORI DRIVE ELKHART, IN 46514	35-1136500	501(C)(3)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RIVERVIEW ADULT DAY CENTER INC 2715 E JACKSON BLVD ELKHART, IN 46516	35-1829321	501(C)(3)	6,910.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAMP ALEXANDER MACK INC PO BOX 158 MILFORD, IN 46542-0158	35-1076829	501(C)(3)	6,550.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MENNONITE CENTRAL COMMITTEE PO BOX 500 AKRON, PA 17501-0500	23-6002702	501(C)(3)	6,412.	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
HUNTINGTON UNIVERSITY INC 2303 COLLEGE AVENUE HUNTINGTON, IN 46750	35-0868101	501(C)(3)	6,250.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDDLEBURY CHAMBER OF COMMERCE INC PO BOX 243 MIDDLEBURY, IN 46540	35-2046028	501(C)(6)	6,235.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DOCTORS WITHOUT BORDERS USA 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	6,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PURDUE FOUNDATION OF ELKHART COUNTY - PO BOX 382 - GOSHEN, IN 46527-0382	20-2362058	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NATIONAL MILITARY FAMILY ASSOCIATION INC - 3601 EISENHOWER AVENUE, SUITE 425 - ALEXANDRIA, VA 22304	52-0899384	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TREY WHITFIELD SCHOOL PO BOX 384 BROOKLYN, NY 11208	11-3577637	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WOUNDED WARRIOR PROJECT INC PO BOX 75817 TOPEKA, KS 66675-8517	20-2370934	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RIVER OAKS COMMUNITY CHURCH OF ELKHART INC - 58020 COUNTY ROAD 115 - GOSHEN, IN 46528	35-1771277	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAMPUS CRUSADE FOR CHRIST INC 100 LAKE HART DRIVE ORLANDO, FL 32832	95-6006173	501(C)(3)	6,000.	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
NEXT LEVEL INTERNATIONAL PO BOX 10148 SOUTH BEND, IN 46680	35-2037418	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ASSEMBLY MENNONITE CHURCH 1201 S 11TH STREET GOSHEN, IN 46526	83-1344702	501(C)(3)	5,600.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. JOHN THE EVANGELIST CATHOLIC SCHOOL - 117 W MONROE STREET - GOSHEN, IN 46526	31-1906189	501(C)(3)	5,570.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WAKARUSA MAPLE SYRUP HERITAGE INC PO BOX 291 WAKARUSA, IN 46573-0291	47-5308386	501(C)(3)	5,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITIZENS CONCERNED FOR THE CONSTITUTION INC AKA ADVANCE AMERICA - 101 W OHIO STREET SUITE 660 - INDIANAPOLIS, IN 46204	35-1510587	501(C)(3)	5,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CULTIVATE CULINARY SCHOOL AND CATERING - 701 N NILES AVENUE - SOUTH BEND, IN 46617	81-3306113	501(C)(3)	5,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GRANTS PAYABLE 300 NIBCO PARKWAY ELKHART, IN 46516		501(C)(3)	-1,214,780.	0.			TO ACCOUNT FOR GRANTS INCLUDED IN PAYABLES

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	837	1,738,480.	0.		
HARDSHIP ASSISTANCE	11	64,516.	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. GRANT REQUESTS FROM DESIGNATED, DONOR ADVISED, AND SCHOLARSHIP FUNDS ARE APPROVED BY THE MANAGEMENT AND THE BOARD OF DIRECTORS. GRANTS FROM DONOR ADVISED AND

**Part IV** Supplemental Information

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

**2018**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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 checked="" 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
<b>1b</b>		<b>X</b>
<b>2</b>		<b>X</b>
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2018

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)	180,989.	0.	0.	29,643.	12,767.	223,399.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

ON OCCASION, THE PRESIDENT'S SPOUSE WILL ACCOMPANY HIM ON DONOR

RELATIONSHIP BUILDING TRIPS

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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	54	7,218,278.	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 ▶ ( PROMISSORY NO )	X	1	100,000.	
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

**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, PART I, COLUMN (B):

THERE WERE 54 SEPARATE CONTRIBUTIONS OF STOCK GIFTS

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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 15:

THE NATIONAL COUNCIL ON FOUNDATIONS' ANNUAL SURVEY IS UTILIZED WHEN  
EVALUATING COMPENSATION LEVELS. THE EXECUTIVE COMMITTEE REVIEWS AND

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

APPROVES COMPENSATION FOR THE PRESIDENT. THE PRESIDENT REVIEWS STAFF  
COMPENSATION LEVELS WITH THE FINANCE COMMITTEE CHAIRPERSON.

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	43,729.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-123,020.
CHANGE IN VALUE OF LIFE INSURANCE	2,787.
TOTAL TO FORM 990, PART XI, LINE 9	-76,504.

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

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

**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)3	LINE 12A, I	COMMUNITY FOUNDATION OF ELKHART COUNTY	X	
ELKHART HEALTH FITNESS AND AQUATICS INC - 38-4018882, 615 N MICHIGAN ST, SOUTH BEND, IN 46601	PROMTE OR ENHANCE THE COMMUNITY	INDIANA	501(C)3	LINE 7	COMMUNITY FOUNDATION OF ELKHART COUNTY	X	

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

Schedule R (Form 990) 2018

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

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

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

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

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

**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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) ELKHART HEALTH FITNESS AND AQUATICS INC	B	11,500,000.	
(2)			
(3)			
(4)			
(5)			
(6)			



