

Form 990
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

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	C Name of organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 300 NIBCO PARKWAY 301 City or town, state or province, country, and ZIP or foreign postal code ELKHART, IN 46516 F Name and address of principal officer: PETER MCCOWN SAME AS C ABOVE	D Employer identification number 31-1255886 E Telephone number 574-295-8761 G Gross receipts \$ 132,225,767. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.INSPIRINGGOOD.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1988 M State of legal domicile: IN

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE IN ELKHART COUNTY BY INSPIRING GENEROSITY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	21
	6	Total number of volunteers (estimate if necessary)	6	68
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-65,953.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	-114,346.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	22,326,278.
9		Program service revenue (Part VIII, line 2g)	0.	16,887.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,710,658.	11,775,331.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	25,886.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,036,936.	47,812,553.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,872,200.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,359,946.	1,537,196.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 515,219.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,720,643.	1,976,982.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,952,789.	38,344,667.
	19	Revenue less expenses. Subtract line 18 from line 12	8,084,147.	9,467,886.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	301,659,661.	314,805,317.
	21	Total liabilities (Part X, line 26)	26,935,631.	34,073,753.
	22	Net assets or fund balances. Subtract line 21 from line 20	274,724,030.	280,731,564.

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 PETER MCCOWN, PRESIDENT/CEO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name SARA JACOBI, CPA	Preparer's signature SARA JACOBI, CPA	Date 05/11/21	Check if self-employed <input type="checkbox"/>	PTIN P00450897
	Firm's name ▶ BLUE & CO., LLC Firm's address ▶ 813 WEST SECOND STREET SEYMOUR, IN 47274	Firm's EIN ▶ 35-1178661	Phone no. 812-522-8416		

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 \$ 36,596,219. including grants of \$ 34,830,489.) (Revenue \$ 16,887.)
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 on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **36,596,219.**

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.

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

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

**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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (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 on Schedule O)
- 19** Describe on 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) BECKY BONTREGER DIRECTOR	1.00	X					0.	0.	0.	
(2) CIEN ASOERA SECRETARY	1.00	X		X			0.	0.	0.	
(3) DAVE WEAVER TREASURER	1.00	X		X			0.	0.	0.	
(4) DAVID FINDLAY VICE CHAIR	1.00	X		X			0.	0.	0.	
(5) DAVID WEED DIRECTOR	1.00	X					0.	0.	0.	
(6) DEB BEAVERSON DIRECTOR	1.00	X					0.	0.	0.	
(7) DEL KING DIRECTOR	1.00	X					0.	0.	0.	
(8) DICK ARMINGTON DIRECTOR	1.00	X					0.	0.	0.	
(9) GALEN MILLER DIRECTOR	1.00	X					0.	0.	0.	
(10) ISAAC TORRES DIRECTOR	1.00	X					0.	0.	0.	
(11) JOHN LIECHTY DIRECTOR	1.00	X					0.	0.	0.	
(12) KEN JULIAN DIRECTOR	1.00	X					0.	0.	0.	
(13) KERRI RITCHIE DIRECTOR	1.00	X					0.	0.	0.	
(14) MEGAN BAUGHMAN DIRECTOR	1.00	X					0.	0.	0.	
(15) MICHAEL SCHOEFFLER CHAIR	1.00	X		X			0.	0.	0.	
(16) OLA YODER DIRECTOR	1.00	X					0.	0.	0.	
(17) ROB CRIFE 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) SHARON LIEGL DIRECTOR	1.00	X					0.	0.	0.	
(19) STEVE FIDLER DIRECTOR	1.00	X					0.	0.	0.	
(20) THOMAS PLETCHER DIRECTOR	1.00	X					0.	0.	0.	
(21) TODD CLEVELAND DIRECTOR	1.00	X					0.	0.	0.	
(22) COLE PATUZZI CFO	40.00			X			104,915.	0.	20,149.	
(23) PETER L. MCCOWN PRESIDENT/CEO	40.00			X			181,522.	0.	44,346.	
(24) CANDACE YODER EMPLOYEE	40.00				X		111,450.	0.	7,564.	
1b Subtotal							397,887.	0.	72,059.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							397,887.	0.	72,059.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MERCER, 701 MARKET ST, SUITE 1100, ST LOUIS, MO 63101	MANAGEMENT FEES	384,653.
STIFEL 200 NIBCO PARKWAY, ELKHART, IN 46516	MANAGEMENT FEES	258,945.
CRANE+GREY 4776 WEST 150 NORTH, LA PORTE, IN 46350	MARKETING	173,897.
KEYBANK 127 PUBLIC SQUARE, CLEVELAND, OH 44114	MANAGEMENT FEES	125,537.
MARTIN CAPITAL MANAGEMENT 131 E FRANKLIN STREET, ELKHART, IN 46516	RENT	111,839.

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.**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	35,994,449.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 15,408,641.				
	h Total. Add lines 1a-1f			35,994,449.			
Program Service Revenue	2 a PROGRAM SERVICE REVENUE	Business Code					
		900099	16,887.	16,887.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			16,887.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,135,180.		-65,953.	6,201,133.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		25,886.			25,886.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	90,053,365.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	84,413,214.				
	c Gain or (loss)	7c	5,640,151.				
	d Net gain or (loss)			5,640,151.		5,640,151.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			47,812,553.	16,887.	-65,953.	11,867,170.	

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

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	32,842,524.	32,842,524.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,987,965.	1,987,965.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	386,419.	123,654.	208,666.	54,099.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	924,999.	296,000.	499,499.	129,500.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,191.	13,501.	22,783.	5,907.
9 Other employee benefits	98,851.	31,632.	53,380.	13,839.
10 Payroll taxes	84,736.	27,116.	45,757.	11,863.
11 Fees for services (nonemployees):				
a Management				
b Legal	6,154.	2,092.	2,708.	1,354.
c Accounting	43,003.	14,621.	18,921.	9,461.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	734,277.	734,277.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	17,918.	6,092.	7,705.	4,121.
12 Advertising and promotion	214,176.		149,923.	64,253.
13 Office expenses	44,882.	14,811.	15,260.	14,811.
14 Information technology	192,226.	62,718.	81,941.	47,567.
15 Royalties				
16 Occupancy	116,987.	35,096.	46,795.	35,096.
17 Travel	25,949.	8,044.	7,525.	10,380.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,866.	10,760.	19,726.	5,380.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,580.	16,374.	21,832.	16,374.
23 Insurance	24,212.	7,990.	8,232.	7,990.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAMS AND EVENTS	340,638.	337,232.		3,406.
b DONOR DEVELOPMENT	73,906.	1,478.	0.	72,428.
c DUES AND SUBSCRIPTIONS	21,014.	7,145.	9,246.	4,623.
d MISCELLANEOUS	16,183.	86.	13,330.	2,767.
e All other expenses	15,011.	15,011.		
25 Total functional expenses. Add lines 1 through 24e	38,344,667.	36,596,219.	1,233,229.	515,219.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	215.	1	98.	
	2 Savings and temporary cash investments	27,775,828.	2	14,678,993.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	174,390.	4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	365,195.			
	b Less: accumulated depreciation	170,979.			
		243,283.	10c	194,216.	
	11 Investments - publicly traded securities	155,390,217.	11	182,907,991.	
	12 Investments - other securities. See Part IV, line 11	117,173,222.	12	116,151,681.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
15 Other assets. See Part IV, line 11	902,506.	15	872,338.		
16 Total assets. Add lines 1 through 15 (must equal line 33)	301,659,661.	16	314,805,317.		
Liabilities	17 Accounts payable and accrued expenses	172,511.	17	542,179.	
	18 Grants payable	2,278,019.	18	5,623,417.	
	19 Deferred revenue	317,499.	19	1,652.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	23,687,676.	21	27,448,517.	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	479,926.	25	457,988.	
	26 Total liabilities. Add lines 17 through 25	26,935,631.	26	34,073,753.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	3,290,487.	27	3,519,389.	
	28 Net assets with donor restrictions	271,433,543.	28	277,212,175.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	274,724,030.	32	280,731,564.	
33 Total liabilities and net assets/fund balances	301,659,661.	33	314,805,317.		

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

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	47,812,553.
2 Total expenses (must equal Part IX, column (A), line 25)	2	38,344,667.
3 Revenue less expenses. Subtract line 2 from line 1	3	9,467,886.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	274,724,030.
5 Net unrealized gains (losses) on investments	5	282,375.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	-3,742,727.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	280,731,564.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13918852.	26967222.	22956757.	22326278.	35994449.	122163558
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13918852.	26967222.	22956757.	22326278.	35994449.	122163558
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						22331737.
6 Public support. Subtract line 5 from line 4.						99831821.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	13918852.	26967222.	22956757.	22326278.	35994449.	122163558
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4746811.	3826384.	4902795.	8808409.	6227019.	28511418.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	278,155.	-123,730.	-146,116.	-72,727.	-65,953.	-130,371.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						150544605
12 Gross receipts from related activities, etc. (see instructions)					12	35,607.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	66.31 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	65.86 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

COMMUNITY FOUNDATION

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

COMMUNITY FOUNDATION

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

COMMUNITY FOUNDATION

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

COMMUNITY FOUNDATION

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

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

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

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

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

COMMUNITY FOUNDATION

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

2019

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

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

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

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

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

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

Name of organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.	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
1	_____ _____ _____	\$ <u>3,300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,002,214.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,308,659.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>1,044,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>8,100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>4,400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.	Employer identification number 31-1255886
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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		\$ <u>2,510,901.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ <u>900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ <u>928,045.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.	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
2	STOCK <hr/> <hr/> <hr/>	\$ 1,000,214.	12/31/19
3	STOCK <hr/> <hr/> <hr/>	\$ 1,308,659.	12/31/19
5	STOCK <hr/> <hr/> <hr/>	\$ 8,000,000.	12/19/19
7	STOCK <hr/> <hr/> <hr/>	\$ 1,085,952.	12/31/19
9	STOCK <hr/> <hr/> <hr/>	\$ 911,624.	01/27/20
	<hr/> <hr/> <hr/>	\$	

Name of organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.	Employer identification number 31-1255886
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
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 for instructions and the latest information.

OMB No. 1545-0047

2019

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.

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

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

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

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

Form with sections 1a-1b and 2. 1a: Reporting requirements for public exhibition. 1b: Reporting requirements for public service with revenue and asset amounts. 2: Reporting requirements for financial gain with revenue and asset amounts.

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	269,200,350.	288,283,287.	268,692,829.	227,509,093.	232,489,234.
b Contributions	27,105,712.	17,612,026.	22,973,389.	26,720,768.	13,805,082.
c Net investment earnings, gains, and losses	10,787,477.	-13,822,699.	26,519,950.	30,306,116.	-3,269,964.
d Grants or scholarships	29,326,176.	20,749,737.	27,764,190.	13,891,945.	14,039,773.
e Other expenditures for facilities and programs					
f Administrative expenses	2,176,593.	2,122,527.	2,138,691.	1,951,203.	1,475,486.
g End of year balance	275,590,770.	269,200,350.	288,283,287.	268,692,829.	227,509,093.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 1.00 %
 - b Permanent endowment _____ %
 - c Term endowment 99.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		365,195.	170,979.	194,216.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				194,216.

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

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HEDGE FUNDS	29,200,503.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY	86,951,178.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	116,151,681.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	457,988.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	457,988.

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

COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	39,203,149.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	282,375.	
b	Donated services and use of facilities	2b	350.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	2,194,707.	
e	Add lines 2a through 2d	2e		2,477,432.
3	Subtract line 2e from line 1		3	36,725,717.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	734,277.	
b	Other (Describe in Part XIII.)	4b	10,352,559.	
c	Add lines 4a and 4b	4c		11,086,836.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	47,812,553.

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

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

1	Total expenses and losses per audited financial statements		1	33,195,615.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	350.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	2,176,593.	
e	Add lines 2a through 2d	2e		2,176,943.
3	Subtract line 2e from line 1		3	31,018,672.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	734,277.	
b	Other (Describe in Part XIII.)	4b	6,591,718.	
c	Add lines 4a and 4b	4c		7,325,995.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	38,344,667.

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, 2020 AND 2019, 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	16,333.
CHANGE IN VALUE OF LIFE INSURANCE	1,781.
ADMINISTRATIVE FEES	2,176,593.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,194,707.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SFAS 136 ADJUSTMENT	10,352,559.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADMINISTRATIVE FEES	2,176,593.
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Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SFAS 136 ADJUSTMENT 6,591,718.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Open to Public Inspection

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

Employer identification number
31-1255886

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0			43,542,399.
3 a Subtotal	0	0			43,542,399.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			43,542,399.

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

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 for the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

**Employer identification number
31-1255886**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADEC INC 19670 STATE ROAD 120 BRISTOL, IN 46507-0398	35-1060633	501(C)(3)	124,577.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN HEART ASSOCIATION 6500 TECHNOLOGY DRVIE SUITE 100 INDIANAPOLIS, IN 46278	13-5613797	501(C)(3)	61,600.	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)	40,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ANAM CARA MINISTRIES 5945 CHOKECHERRY DRIVE COLORADO SPRINGS, CO 80919	46-2350819	501(C)(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ASSEMBLY MENNONITE CHURCH 1201 S 11TH STREET GOSHEN, IN 46526	83-1344702	501(C)(3)	8,150.	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)	923,320.	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 ▶ 210.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 10.

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

Schedule I (Form 990) (2019)

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

Schedule I (Form 990)

31-1255886

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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
BAUGO COMMUNITY SCHOOLS 29125 COUNTY ROAD 22 WEST ELKHART, IN 46517-9354	35-1097956	501(C)(3)	16,175.	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)	19,420.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BETHANY CHRISTIAN SCHOOLS 2904 S MAIN STREET GOSHEN, IN 46526	35-0941106	501(C)(3)	421,620.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BETHEL UNIVERSITY INC 1001 BETHEL CIRCLE MISHAWAKA, IN 46545	35-0935587	501(C)(3)	32,550.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BIBLE STUDY FELLOWSHIP 19001 HUEBNER ROAD SAN ANTONIO, TX 78258	94-1514010	501(C)(3)	80,000.	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)	87,890.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLESSED BEGINNINGS CARE CENTER 2521 E MARKET STREET NAPPANEE, IN 46550	47-1580110	501(C)(3)	150,000.	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)	46,170.	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)	1,375,975.	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

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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
BOYS & GIRLS CLUBS OF ST JOSEPH COUNTY - 502 E SAMPLE STREET - SOUTH BEND, IN 46601	35-1329625	501(C)(3)	13,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BRISTOL COMMUNITY FOOD PANTRY INC. PO BOX 757 BRISTOL, IN 46507	27-1448121	501(C)(3)	11,010.	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)	7,040.	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)	9,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CANCER RESOURCES FOR ELKHART COUNTY INC - 23971 US HIGHWAY 33 - ELKHART, IN 46517	35-1091429	501(C)(3)	59,516.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CARE UNIVERSITY 2607 TURNBERRY DRIVE APT 2A ELKHART, IN 46514	83-1519755	501(C)(3)	16,000.	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)	57,576.	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)	113,618.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTER FOR INNOVATIVE AND URBAN MINISTRY - 2801 S TELEGRAPH ROAD - DEARBORN, MI 48124	82-1420706	501(C)(3)	9,500.	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

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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
CENTRAL CHRISTIAN CHURCH 418 W FRANKLIN STREET ELKHART, IN 46516-2742	35-0979231	501(C)(3)	15,500.	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)	75,000.	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)	16,375.	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
CHILD AND PARENT SERVICES INC PO BOX 773 ELKHART, IN 46515-0773	35-0888765	501(C)(3)	232,634.	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)	53,869.	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)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHURCH WOMEN UNITED AKA THE WINDOW 223 S MAIN STREET GOSHEN, IN 46526	35-1427937	501(C)(3)	38,970.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF ELKHART 229 S 2ND STREET ELKHART, IN 46516	35-6001016	GOVERNMENT	26,600.	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

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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
CITY OF GOSHEN 202 S 5TH STREET GOSHEN, IN 46526	35-6001045	GOVERNMENT	6,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF NAPPANEE PO BOX 29 NAPPANEE, IN 46550-0029	35-6001129	GOVERNMENT	54,480.	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)	9,144.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY RESILIENCE GUILD 206 S MAIN STREET GOSHEN, IN 46528	47-3276626	501(C)(3)	9,805.	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)	9,080.	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)	28,356.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CORNERSTONE CHRISTIAN MONTESSORI 23830 COUNTY ROAD 106 ELKHART, IN 46514	27-0751474	501(C)(3)	11,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COUNCIL ON AGING OF ELKHART COUNTY INC - 131 W TYLER STREET, SUITE 1A - ELKHART, IN 46516	51-0178910	501(C)(3)	26,980.	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)	10,000.	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

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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
CULTIVATE CULINARY SCHOOL AND CATERING - 701 N NILES AVENUE - SOUTH BEND, IN 46617	81-3306113	501(C)(3)	109,890.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DEPAUW UNIVERSITY PO BOX 37 GREENCASTLE, IN 46135-0037	35-0869045	501(C)(3)	77,500.	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)	21,000.	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
DOWNTOWN GOSHEN INC 234 S MAIN STREET SUITE 4 GOSHEN, IN 46526	35-1848884	501(C)(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART ARTS ALLIANCE INC DBA ELKHART COUNTY ARTS ALLIANCE - 205 S MAIN STREET - ELKHART, IN 46516	81-4279483	501(C)(3)	6,360.	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)	20,520.	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)	5,510.	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)	35,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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ELKHART COMMUNITY SCHOOLS 2720 CALIFORNIA ROAD ELKHART, IN 46514	35-1123802	501(C)(3)	3,749,700.	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)	11,357.	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)	20,262.	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)	85,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY HEALTH DEPARTMENT 1400 HUDSON STREET ELKHART, IN 46516	35-6000142	501(C)(3)	20,000.	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)	25,000.	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)	80,430.	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)	82,190.	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)	36,480.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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ELKHART EDUCATION FOUNDATION 2746 OLD US 20 W, SUITE B ELKHART, IN 46514	46-3429545	501(C)(3)	57,034.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART FESTIVALS INC 410 S MAIN STREET ELKHART, IN 46516	47-5394067	501(C)(3)	51,440.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART HEALTH FITNESS AND AQUATICS INC - 600 EAST BLVD - ELKHART, IN 46514	38-4018882	501(C)(3)	8,345,523.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART KITCHEN INC PO BOX 2402 ELKHART, IN 46515	82-1452491	501(C)(3)	27,500.	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)	16,980.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART PUBLIC LIBRARY 300 S SECOND STREET ELKHART, IN 46516	35-6001397	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ENFOCUS 635 SOUTH LAFAYETTE BOULEVARD, SUIT SOUTH BEND, IN 46601	45-5638209	501(C)(3)	112,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ENHANCING MILLERSBURG INC PO BOX 314 MILLERSBURG, IN 46543-0278	82-1669274	501(C)(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ENRIGHT FLIGHT MINISTRIES 1919 JACKON LANE PORT ORANGE, FL 32128	59-3150545	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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ETHOS INC 1025 N MICHIGAN STREET ELKHART, IN 46514-2215	91-2094413	501(C)(3)	163,850.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAIRFIELD COMMUNITY SCHOOLS 67240 COUNTY ROAD 31 GOSHEN, IN 46528	35-1088121	501(C)(3)	27,500.	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
FAITH MISSION OF ELKHART INC PO BOX 162 ELKHART, IN 46515-0162	35-6033504	501(C)(3)	221,699.	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)	114,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST CONGREGATIONAL CHURCH 431 S 3RD STREET ELKHART, IN 46516	35-1013395	501(C)(3)	121,780.	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)	16,430.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST UNITED METHODIST CHURCH - GOSHEN - 214 S 5TH STREET - GOSHEN, IN 46528	35-6005629	501(C)(8)	23,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST UNITED METHODIST CHURCH OF MIDDLEBURY - PO BOX 347 - MIDDLEBURY, IN 46540	35-1436546	501(C)(3)	250,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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FIVE STAR LIFE 2204 CALIFORNIA ROAD ELKHART, IN 46514	46-3463430	501(C)(3)	18,900.	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)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FOUNDATION FOR A COURSE IN MIRACLES INC - 375 N STEPHANIE STREET - HENDERSON, NV 89014	13-3168245	501(C)(3)	61,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRATERNAL ORDER OF POLICE 52 ELKHART LODGE - PO BOX 386 - ELKHART, IN 46515	23-7156260	501(C)(8)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS OF THE LERNER INC 410 S MAIN STREET ELKHART, IN 46516	46-5409942	501(C)(3)	45,789.	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
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
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
GIRLS ON THE RUN MICHIANA 51160 BITTERSWEET ROAD, SUITE 202 GRANGER, IN 46530	27-2652189	501(C)(3)	17,690.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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GIVEHEAR AKA HEARCARE CONNECTION INC - 130 W MAIN STREET SUITE 150 - FORT WAYNE, IN 46802	45-2803181	501(C)(3)	24,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN COLLEGE INC 1700 S MAIN STREET GOSHEN, IN 46526	35-2158366	501(C)(3)	262,990.	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)	243,740.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN HOSPITAL ASSOCIATION INC 200 HIGH PARK AVENUE GOSHEN, IN 46526	35-6001540	501(C)(3)	500,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN HS DOLLARS FOR SCHOLARS CHAPTER - 113 ISLAND VIEW DRIVE - GOSHEN, IN 46526	04-2296967	501(C)(3)	39,070.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN INTERFAITH HOSPITALITY NETWORK INC - 105 S 3RD STREET - GOSHEN, IN 46526	35-1969470	501(C)(3)	10,000.	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)	10,040.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN PUBLIC LIBRARY 601 S 5TH STREET GOSHEN, IN 46526	35-1182856	501(C)(3)	12,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN THEATER INC 216 S MAIN STREET GOSHEN, IN 46526	90-0964247	501(C)(3)	820,520.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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GREATER ELKHART CHAMBER OF COMMERCE INC - PO BOX 428 - ELKHART, IN 46515-0428	35-0290590	501(C)(6)	242,972.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREENCROFT COMMUNITIES FOUNDATION INC - PO BOX 819 - GOSHEN, IN 46527-0819	23-7126990	501(C)(3)	32,670.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GUIDANCE MINISTRIES INC PO BOX 1494 ELKHART, IN 46515-1494	52-2216937	501(C)(3)	32,500.	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)	65,896.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HALL OF HEROES SUPER HERO MUSEUM 1915 CASSOPOLIS STREET ELKHART, IN 46514	30-0569966	501(C)(3)	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HEALTHY BEGINNINGS 1400 HUDSON STREET ELKHART, IN 46516	35-6000142	501(C)(3)	5,510.	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)	90,000.	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)	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HIVELY AVENUE MENNONITE CHURCH 800 E HIVELY AVENUE ELKHART, IN 46517	23-7151807	501(C)(3)	8,800.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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HOLY CROSS COLLEGE INC PO BOX 308 NOTRE DAME, IN 46556-0308	35-1148835	501(C)(3)	103,590.	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
HOPE CHURCH PO BOX 52 ATWOOD, IN 46502	14-1855554	501(C)(3)	5,400.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HORIZON EDUCATION ALLIANCE 124 E WASHINGTON STREET GOSHEN, IN 46528	46-0803293	501(C)(3)	791,760.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOUSING AUTHORITY CITY OF ELKHART 1396 BENHAM AVENUE ELKHART, IN 46516	35-1082584	501(C)(3)	212,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HUMAN DELTA INC 1165 FRANKLIN STREET SOUTH BEND, IN 46601	84-3487433	501(C)(3)	12,000.	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)	124,618.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HUNTINGTON UNIVERSITY INC 2303 COLLEGE AVENUE HUNTINGTON, IN 46750	35-0868101	501(C)(3)	7,470.	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)	13,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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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
INDIANA TEEN CHALLENGE PO BOX 4603 ELKHART, IN 46515-4603	35-1262844	501(C)(3)	6,400.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47402-0500	35-6018940	501(C)(3)	43,230.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JAXSON WILLIAMS AUGUSTUS SWANK FOUNDATION - 3900 EDISON LAKES PKWY - MISHAWAKA, IN 46545	30-6072980	501(C)(3)	7,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JUNIOR ACHIEVEMENT OF NORTHERN INDIANA INC - 3221 MAGNUM DRIVE - ELKHART, IN 46516	35-0922731	501(C)(3)	596,026.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KINGDOM IMPACT CHRISTIAN CULTURAL CHURCH - 2201 TOLEDO ROAD - ELKHART, IN 46517	26-3817382	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LACASA OF GOSHEN INC 202 N COTTAGE AVENUE GOSHEN, IN 46528	35-1554538	501(C)(3)	29,470.	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
LITTLE LEAGUE BASEBALL - GOSHEN PO BOX 514 GOSHEN, IN 46527	62-1435476	501(C)(3)	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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LITTLE LEAGUE BASEBALL - MIDDLEBURY - PO BOX 1304 - MIDDLEBURY, IN 46540	35-1900268	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LOST LIMBS FOUNDATION INC PO BOX 191 ATLANTA, IN 46031	45-4964918	501(C)(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LOVEWAY INCORPORATED 54151 COUNTY ROAD 33 MIDDLEBURY, IN 46540	35-1326709	501(C)(3)	61,285.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MAKE-A-WISH FOUNDATION OF AMERICA 1702 E HIGHLAND AVENUE PHOENIX, AZ 85016	86-0481941	501(C)(3)	61,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MAKE-A-WISH OHIO, KENTUCKY, INDIANA - 6201 CORPORATE DRIVE - INDIANAPOLIS, IN 46278	34-1471131	501(C)(3)	10,000.	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)	224,700.	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
MERRY LEA ENVIRONMENTAL LEARNING CENTER - PO BOX 263 - WOLF LAKE, IN 46796	35-2158366	501(C)(3)	21,170.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MICHIANA CHRISTIAN SERVICE CAMP 7383 STEINHAUER ROAD NILES, MI 49120	38-6111636	501(C)(3)	21,138.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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MICHIANA PUBLIC BROADCASTING CORPORATION - PO BOX 7034 - SOUTH BEND, IN 46634-7034	35-1155594	501(C)(3)	17,400.	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)	15,000.	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)	10,750.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDDLEBURY PARKS AND RECREATION DEPARTMENT - PO BOX 812 - MIDDLEBURY, IN 46540	35-6001109	501(C)(3)	13,750.	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)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDDLETON COMMUNITY SCHOOLS 56853 NORTHRIDGE DRIVE MIDDLEBURY, IN 46540	35-1097817	501(C)(3)	9,399.	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)	27,238.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOSAIC HEALTH AND HEALING ARTS INC 330 LAKEVIEW DRIVE GOSHEN, IN 46528	81-2316014	501(C)(3)	5,130.	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

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NAPPANEE ARTS COUNCIL INC 1600 W MARKET STREET NAPPANEE, IN 46550	82-4266066	501(C)(3)	120,000.	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
NATURE CONSERVANCY 4245 N FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203-1606	53-0242652	501(C)(3)	7,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEW CITY PRESBYTERIAN CHURCH PO BOX 46 SOUTH BEND, IN 46624	47-1982872	501(C)(3)	6,000.	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
NORTHERN INDIANA HISPANIC HEALTH COALITION - 444 N NAPPANEE STREET - ELKHART, IN 46514	32-0039221	501(C)(3)	53,000.	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)	33,040.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTHWOOD SCHOLARSHIP FOUNDATION 2101 N MAIN STREET NAPPANEE, IN 46550	04-2296967	501(C)(3)	13,210.	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)	85,300.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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(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
OAKLAWN PSYCHIATRIC CENTER INC PO BOX 809 GOSHEN, IN 46527-0809	35-1070041	501(C)(3)	307,910.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ONE SPIRIT LEARNING ALLIANCE 247 W 36TH STREET 6TH FLOOR NEW YORK, NY 10018	27-0027902	501(C)(3)	61,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
POTAWATOMI ZOOLOGICAL SOCIETY INC PO BOX 1764 SOUTH BEND, IN 46516	35-1183974	501(C)(3)	10,850.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PREMIER ARTS INC 410 S MAIN STREET ELKHART, IN 46516	35-1837569	501(C)(3)	198,960.	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)	11,700.	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)	6,900.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
REAL SERVICES INC PO BOX 1835 SOUTH BEND, IN 46634	35-1157606	501(C)(3)	35,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RESTOR CHURCH INC PO BOX 348 GOSHEN, IN 46527	82-2959040	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RETA INC 300 W HIGH STREET ELKHART, IN 46516	35-1609946	501(C)(3)	10,780.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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(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
RIBBON OF HOPE INC 600 EAST BOULEVARD ELKHART, IN 46514	35-2118856	501(C)(3)	22,470.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RILEY CHILDREN'S FOUNDATION 30 S MERIDIAN STREET SUITE 200 INDIANAPOLIS, IN 46204-3540	35-0868147	501(C)(3)	9,964.	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)	25,500.	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)	22,250.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ROCKY MOUNTAIN COLLEGE 1511 POLY DRIVE BILLINGS, MT 59102	81-0235407	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ROMA LEARNING TO FLY INC 4015 S MAIN STREET SOUTH BEND, IN 46614	47-1291946	501(C)(3)	6,000.	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)	18,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ROSE GARDEN RECOVERY COMMUNITY INC PO BOX 571 SYRACUSE, IN 46567	83-2507676	501(C)(3)	22,700.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ROTARY INTERNATIONAL PO BOX 113 GOSHEN, IN 46527	35-6077128	501(C)(3)	95,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTHMERE FOUNDATION INC 302 EAST BEARDSLEY AVENUE ELKHART, IN 46514	32-0037914	501(C)(3)	67,680.	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)	67,630.	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)	10,650.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SALVATION ARMY GOSHEN CORPS PO BOX 114 GOSHEN, IN 46527	13-2923701	501(C)(3)	15,870.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SALVATION ARMY OF ELKHART PO BOX 385 ELKHART, IN 46515	13-2923701	501(C)(3)	112,728.	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)	27,500.	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)	100,970.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SLEEP IN HEAVENLY PEACE INC PO BOX 116 KIMBERLY, ID 83341	46-4346568	501(C)(3)	13,000.	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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(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
SOUTH BEND ELKHART REGIONAL PARTNERSHIP FOUNDATION - 635 S LAFAYETTE BLVD, SUITE 123 - SOUTH BEND, IN 46628	35-1893288	501(C)(3)	200,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SPA INC 23221 OLD US 20 ELKHART, IN 46516	43-1998891	501(C)(3)	33,305.	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
SPONDYLITIS ASSOCIATION OF AMERICA 16360 ROSCOE BLVD SUIE 100 VAN NUYS, CA 91406	95-3890767	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST VINCENT DE PAUL CATHOLIC CHURCH 1108 S MAIN STREET ELKHART, IN 46516	38-3808231	501(C)(3)	6,563.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST VINCENT DE PAUL PARISH AND SCHOOL - 1114 S MAIN STREET - ELKHART, IN 46516	38-3808231	501(C)(3)	25,000.	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)	5,550.	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)	16,000.	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)	23,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. THOMAS THE APOSTLE CATHOLIC CHURCH - 1405 N MAIN STREET - ELKHART, IN 46514	35-0940397	501(C)(3)	13,720.	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)	130,283.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STABLE GROUNDS INC 56853 NORTHRIDGE DRIVE MIDDLEBURY, IN 46540	83-3855858	501(C)(3)	210,000.	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)	22,000.	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
THE CENTER FOR HOSPICE & PALLIATIVE CARE INC - 501 COMFORT PLACE - MISHAWAKA, IN 46545	31-0952866	501(C)(3)	50,893.	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
THE CROSSING NATIONAL INC 515 S MAIN STREET ELKHART, IN 46516	26-0588186	501(C)(3)	148,915.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE E3 ROBOTICS CENTER INC 3709 CASSOPOLIS STREET ELKHART, IN 46514	83-1619499	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FOUNDATION FOR THE CENTER FOR HOSPICE AND PALLIATIVE CARE INC - 501 COMFORT PLACE - MISHAWAKA, IN 46545	30-0433147	501(C)(3)	500,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE GARDEN OF SPIRITS INC 56915 COUNTY ROAD 13 ELKHART, IN 46516	83-2455631	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
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
TOWN OF MIDDLEBURY 418 N MAIN STREET MIDDLEBURY, IN 46540	35-6001109	GOVERNMENT	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRAVIS MILLS FOUNDATION 747 WESTERN AVENUE MANCHESTER, MA 04351	46-4239670	501(C)(3)	25,000.	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
TRINITY FOUNDATION 2715 E JACKSON BOULEVARD ELKHART, IN 46516	47-1589616	501(C)(3)	713,071.	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)	40,000.	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)	173,852.	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.)

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ULEAD INC 212 S MAIN STREET, SUITE 2 GOSHEN, IN 46526	35-2049624	501(C)(3)	367,272.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNITED THEOLOGICAL SEMINARY 4501 DENLINGER ROAD DAYTON, OH 45426	31-0568239	501(C)(3)	12,500.	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)	344,325.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNITY OF MICHIANA INC 52248 LAUREL ROAD SOUTH BEND, IN 46637	31-0989295	501(C)(3)	24,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF INDIANAPOLIS 1400 E HANNA AVENUE INDIANAPOLIS, IN 46227	35-0868107	501(C)(3)	10,810.	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)	74,589.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
U-TURN MINISTRIES OF GOSHEN INC PO BOX 1243 GOSHEN, IN 46527	37-1416520	501(C)(3)	17,500.	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)	26,480.	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)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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WA-NEE COMMUNITY SCHOOLS 1300 N MAIN STREET NAPPANEE, IN 46550	35-1074003	501(C)(3)	9,000.	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)	516,710.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WNET 825 EIGHTH AVENUE 14TH FLOOR NEW YORK, NY 10019	26-2810489	501(C)(3)	61,200.	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)	50,783.	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)	154,700.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YOUTH WITH A MISSION PO BOX 3000 LINDALE, TX 75771	23-7136015	501(C)(3)	9,000.	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)	128,675.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

**COMMUNITY FOUNDATION
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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	807	1,816,288.	0.		
HARDSHIP ASSISTANCE	33	171,677.	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:

GRANTS FROM THE ORGANIZATION'S UNRESTRICTED FUND ARE FOCUSED ON THREE AREAS
 - CAREER PATHWAYS, KIDS & FAMILY, AND PLACEMAKING. EACH FOCUS AREA HAS A
 GRANT COMMITTEE THAT REVIEWS GRANT REQUESTS AND MAKES GRANT RECOMMENDATIONS
 AFTER REVIEWING GRANT APPLICATIONS. THE GRANT RECOMMENDATIONS GO BEFORE
 THE BOARD OF DIRECTORS FOR FINAL APPROVAL. GRANTEES TYPICALLY HAVE A YEAR
 TO REPORT BACK ON THE USE OF THE GRANT DOLLARS. THE CAREER PATHWAYS
 COMMITTEE IS ALSO RESPONSIBLE FOR REVIEWING AND RECOMMENDING SCHOLARSHIP
 AWARDS TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. OTHER UNRESTRICTED

Part IV Supplemental Information

GRANTS, INCLUDING FOCUS AREA GRANTS UNDER \$25,000, MAY BE APPROVED BY
MANAGEMENT AND SUBMITTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL.
GRANT RECOMMENDATIONS FROM DESIGNATED AND DONOR ADVISED FUNDS ARE APPROVED
BY MANAGEMENT AND SENT TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. ANY
RESTRICTIONS ON THE USE OF THE DOLLARS ARE COMMUNICATED TO THE GRANTEE AT
THE TIME OF ISSUANCE; HOWEVER, THE MAJORITY OF THE GRANT DOLLARS ARE ISSUED
WITHOUT RESTRICTIONS.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

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)	181,522.	0.	0.	29,785.	14,561.	225,868.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

COMMUNITY FOUNDATION

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
COLE PATUZZI	CFO OF ORGANIZATION	0.	BOARD MEMBE		X
MIKE SCHOEFFLER	BOARD MEMBER OF COM	0.	BOARD MEMBE		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: COLE PATUZZI

(D) DESCRIPTION OF TRANSACTION: BOARD MEMBER OF EHFA - A RELATED ENTITY

(A) NAME OF PERSON: MIKE SCHOEFFLER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OF COMMUNITY FOUNDATION OF ELKHART COUNTY

(D) DESCRIPTION OF TRANSACTION: BOARD MEMBER OF EHFA - A RELATED ENTITY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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 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	52	15,332,141.	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	X	1	76,500.	FMV
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

- 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.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2019

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, 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 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.	Employer identification number 31-1255886
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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 1:

TO HELP EXPEDITE THE BUSINESS OF THE COMMUNITY FOUNDATION OF ELKHART
COUNTY, THE EXECUTIVE COMMITTEE IS EMPOWERED TO ACT ON BEHALF OF THE FULL
BOARD.

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 ITS
TAX ADVISORS. UPON RECOMMENDATION BY THE FINANCE COMMITTEE, THE FORM 990
IS PRESENTED TO THE FULL BOARD OF DIRECTORS AT A QUARTERLY BOARD MEETING.
ONCE APPROVED BY THE BOARD, THE RETURN IS 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.

Name of the organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.	Employer identification number 31-1255886
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FORM 990, PART VI, SECTION B, LINE 15:

THE COUNCIL ON FOUNDATIONS' ANNUAL SURVEY IS UTILIZED WHEN EVALUATING
 COMPENSATION LEVELS. THE EXECUTIVE COMMITTEE REVIEWS AND 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	-3,760,841.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	16,333.
CHANGE IN VALUE OF LIFE INSURANCE	1,781.
TOTAL TO FORM 990, PART XI, LINE 9	-3,742,727.

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 for instructions and the latest information.

OMB No. 1545-0047

2019

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) 2019

**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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ELKHART HEALTH FITNESS AND AQUATICS INC	B	8,345,523.	CASH AMOUNT
(2)			
(3)			
(4)			
(5)			
(6)			

