			** PUBLIC DISCLOSURE COPY *		OMP No. 1545 0047
-	Q	90	Return of Organization Exempt From		OMB No. 1545-0047
Forr	n J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (		
		of the Treasury nue Service	<ul> <li>Do not enter social security numbers on this form as it ma</li> <li>Go to www.irs.gov/Form990 for instructions and the lat</li> </ul>		Open to Public Inspection
_				JUN 30, 2021	mepeeden
Bc	Check if	C Name o	f organization	D Employer identific	cation number
a	pplicabl	COMM	UNITY FOUNDATION		
	Addre chang Name	je OF E	LKHART COUNTY, INC.		
	chang	e Doing b	usiness as	31-125588	
	return _Final		and street (or P.O. box if mail is not delivered to street address) Room/si NIBCO PARKWAY 301	uite E Telephone number 574-295-8	
	⊥return termir	, )-		<b>G</b> Gross receipts \$	84,229,564.
	ated Amen	ded <b><u><u></u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></b>	own, state or province, country, and ZIP or foreign postal code ART , IN 46516	H(a) Is this a group re	
	_return Applic tion		nd address of principal officer: PETER MCCOWN	for subordinates	
L	pendi		AS C ABOVE	H(b) Are all subordinates in	
1 1	Tax-ex	empt status:	<b>X</b> 501(c)(3) 501(c) ( ) $\checkmark$ (insert no.) 4947(a)(1) or		list. See instructions
			INSPIRINGGOOD.ORG	H(c) Group exemption	n number 🕨
			X Corporation ☐ Trust	/ear of formation: 1988 N	I State of legal domicile: IN
Pa	art I	Summary			
e	1		be the organization's mission or most significant activities: <u>TO IMPRO</u>	VE THE QUALITY	OF LIFE
Governance			ART COUNTY BY INSPIRING GENEROSITY		
/ern	2		x      if the organization discontinued its operations or disposed of m		21
<u>g</u>	3		ting members of the governing body (Part VI, line 1a)		21
	I .		of individuals employed in calendar year 2020 (Part V, line 2a)		22
ties					67
Activities &			of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12	I_ I	156,531.
Ac			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	35,994,449.	25,730,139.
Revenue	9		ce revenue (Part VIII, line 2g)	16,887.	10,342.
eve		•	come (Part VIII, column (A), lines 3, 4, and 7d)	11,775,331.	15,878,387.
č			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,886.	572.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,812,553.	41,619,440.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	34,830,489.	18,240,213.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,537,196.	1,720,020.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
× be	b	Total fundrais	ing expenses (Part IX, column (D), line 25) $\blacktriangleright$ 480, 407.		
Ш	''		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,976,982.	2,129,575.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	38,344,667.	22,089,808.
		Revenue less	expenses. Subtract line 18 from line 12	9,467,886.	19,529,632.
t Assets or d Balances				Beginning of Current Year	End of Year
Sset	20	Total assets (F		314,805,317.	418,149,768.
Net A			(Part X, line 26)	34,073,753. 280,731,564.	<u>45,918,128.</u> 372,231,640.
_	art II	Signature	fund balances. Subtract line 21 from line 20	200,751,504.	572,251,040.
		-	I declare that I have examined this return, including accompanying schedules and stat	tements and to the hest of my	knowledge and belief it is
			. Declaration of preparer (other than officer) is based on all information of which prep		מווט שפוופו, וג 3
<u>a u0</u> ,	,			and had any knowledge.	
Sig	n	Signatur	e of officer	Date	
Her		PETE	R MCCOWN, PRESIDENT/CEO		

	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date Check PTIN						
Paid	KANDY L. WISCHMEIER, CPA	KANDY L. WISCHMEIER,	04/18/22 self-employed P00118327						
Preparer	Firm's name <b>BLUE &amp; CO., LLC</b>		Firm's EIN 🕨 35-1178661						
Use Only	Firm's address 813 WEST SECOND	STREET							
	SEYMOUR, IN 4727	4	Phone no.812-522-8416						
May the IRS discuss this return with the preparer shown above? See instructions									

LHA For Paperwork Reduction Act Notice, see the separate instructions. 032001 12-23-20

	COMMUNITY FOUNDATION		
	n 990 (2020) OF ELKHART COUNTY, INC. 31-12 rt III Statement of Program Service Accomplishments	255886	Page <b>2</b>
Fai			X
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🛕
1	Briefly describe the organization's mission: TO IMPROVE THE QUALITY OF LIFE IN ELKHART COUNTY BY INSPIRING		
	GENEROSITY		
	GENEROSIII		
2	Did the organization undertake any significant program services during the year which were not listed on the		XNo
	prior Form 990 or 990-EZ?	L Yes	
_	If "Yes," describe these new services on Schedule O.		77
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LYes	XNo
	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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tota	expenses, an	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 20,347,799. including grants of \$ 18,240,213. ) (Revenue \$		3 <b>42.</b> )
	THE COMMUNITY FOUNDATION OF ELKHART COUNTY (CFEC) WAS ESTABLIS		
	1988 TO INSPIRE PEOPLE TO MAKE CHARITABLE GIFTS THAT IMPROVE ?	.'HE	
	QUALITY OF LIFE IN ELKHART COUNTY. AS A PUBLIC, TAX-EXEMPT		
	PHILANTHROPIC ORGANIZATION, CFEC SOLICITS AND DEVELOPS BOTH EN	JDOWED 7	AND
	NON-ENDOWED FUNDS WITH A PRIMARY FOCUS ON BENEFITING LOCAL CHA	ARITIES	
	AND HELPING LOCAL INDIVIDUALS ACHIEVE THEIR CHARITABLE GOALS.		
	GRANTS FROM RESTRICTED FUNDS ARE ISSUED IN ACCORDANCE WITH TH	TERMS	
		C OF THE	ESE
	GRANTS ARE TO LOCAL TAX-EXEMPT ORGANIZATIONS AND SPAN A WIDE A		
	CHARITABLE CAUSES, INCLUDING ARTS & CULTURE, COMMUNITY DEVELO		<u> </u>
	EDUCATION & YOUTH DEVELOPMENT, HEALTH & HUMAN SERVICES, RELIG		
41			
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 ► 20, 347, 799.		
		Form <b>9</b>	<b>90</b> (2020)
032002	SEE SCHEDULE O FOR CONTINUATION(S)		

Part IV Checklist of Required Schedules									
Form 990 (2				COUNTY,	INC.				
		CON	MUNITY 1	FOUNDATI	ON				

31-1255886 Pag	<sub>ae</sub> 3	Pa	6	88	58	55	25	12	_	1	3
----------------	-----------------	----	---	----	----	----	----	----	---	---	---

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		v	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		x
•	Schedule D, Part III	8		
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?	•	х	
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Δ	
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110	- 11	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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? If "Yes." complete Schedule I. Parts I and II	21	Х	

31-1255886 Page	age '	Р	6	8	8	5	5	2	-1	31	
-----------------	-------	---	---	---	---	---	---	---	----	----	--

Form	990 (2020) OF ELKHART COUNTY, INC. 31-1255	886	Р	age <b>4</b>
Pa	t 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? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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? If "Yes," complete Schedule L, Part 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? If "Yes." complete			
	Schedule L. Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
Ū	"Yes." complete Schedule L. Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		38	х	
Pa				
	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 32			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
5	(gambling) winnings to prize winners?	1c	Х	

Form	990 (2020) OF ELKHART COUNTY, INC. 31-1255	886	Р	<sub>age</sub> 5
Pa	t 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 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions)		v	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
D	If "Yes," enter the name of the foreign country			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			v
-	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	0.		v
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		X X
ы 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <b>Section 501(c)(7) organizations.</b> Enter:	90		
	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:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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			- <b>v</b>
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		

## COMMUNITY FOUNDATION

Form	990 (2020) OF ELKHART COUNTY, INC. 31-1255		Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	espons	se
	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			X
Sec	tion 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	Х	
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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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
Sec	tion 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	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	<u> </u>
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{IN}$			
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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	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			

0011				0,01			
300	NIBCO	PARKWAY,	NO.	301,	ELKHART,	IN	46516

JTTTTC			00101111	011
דים יי	VU7	mα	COLIVERY	т:

31

 1255886	Page <b>7</b>

Т

Part VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest	Compensated
	Employees, and Independe	ent 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.

Form 990 (2020)

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)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both r/trus	ı an	compensation	compensation	amount of
	week					1/ 11 43	)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-271033-10130)	organization
	organizations	truste	al trus		yee	mper		(11 2) 1000 11100)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) PETER L. MCCOWN	40.00									
PRESIDENT		1		X				185,681.	Ο.	45,058.
(2) COLE PATUZZI	40.00									
CFO		1		X				125,624.	Ο.	14,214.
(3) CANDACE YODER	40.00									
EMPLOYEE		1				x		123,660.	0.	7,265.
(4) JODI SPATARO	40.00									
EMPLOYEE		1				x		103,546.	Ο.	17,808.
(5) DAVID FINDLAY	1.00									
CHAIRPERSON		x		x				0.	Ο.	0.
(6) CIEN ASOERA	1.00									
VICE CHAIR		x		x				0.	Ο.	0.
(7) DAVE WEAVER	1.00									
TREASURER		x		x				0.	Ο.	0.
(8) DEB BEAVERSON	1.00									
SECRETARY		x		x				0.	Ο.	0.
(9) BECKY BONTREGER	1.00									
DIRECTOR		x						0.	0.	0.
(10) DEL KING	1.00									
DIRECTOR		x						0.	0.	0.
(11) DICK ARMINGTON	1.00									
DIRECTOR		x						0.	0.	0.
(12) GALEN MILLER	1.00									
DIRECTOR		x						0.	0.	0.
(13) ISAAC TORRES	1.00									
DIRECTOR		x						0.	0.	0.
(14) JAN FARRON	1.00									
DIRECTOR		x						0.	0.	0.
(15) JOHN LIECHTY	1.00									
DIRECTOR		х						0.	0.	0.
(16) KEN JULIAN	1.00									
DIRECTOR		х						0.	0.	0.
(17) KERRI RITCHIE	1.00									
DIRECTOR		x						0.	0.	0.
	-	•	•	•	•					Farm 990 (0000)

OF ELKHART COUNTY, INC.

31-1255886 Page 8

Form 990 (2020) OF ELKHAF	RT COUNT	'Υ,	I	NC	•				31-125	<u>5886</u>	5 Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	(do				1 than c	ne	Reportable	Reportable	E	Estimated
	hours per	box	, unles	ss pei	rson i	is both	an	compensation	compensation	e e	amount of
	week		cer an	aaa	Irecto	or/trus	ee)	from	from related		other
	(list any hours for	irecto						the	organizations		mpensation
	related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	' I	from the
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)			rganization nd related
	below	dual t	utiona	_	nploy	st cor	ar.				ganizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				J
(18) MEGAN BAUGHMAN	1.00				-						
DIRECTOR		х						0.	0	).	Ο.
(19) OLA YODER	1.00										
DIRECTOR		х						0.	0	).	Ο.
(20) RAQUEL ESPINOSA	1.00										
DIRECTOR		х						0.	0	).	0.
(21) ROB CRIPE	1.00										
DIRECTOR		х						0.	0	).	0.
(22) SHARON LIEGL	1.00										
DIRECTOR		х						0.	0	).	Ο.
(23) STEVE FIDLER	1.00										
DIRECTOR		Х						0.	0	).	0.
(24) THOMAS PLETCHER	1.00										
DIRECTOR		Х						0.	0	).	0.
(25) TODD CLEVELAND	1.00										
DIRECTOR		Х						0.	0	).	0.
1b Subtotal								538,511.			34,345.
c Total from continuation sheets to Part VI	, Section A							0.		).	0.
d Total (add lines 1b and 1c)								538,511.	0	). 8	34,345.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											4
										_	Yes No
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	mpl	loye	e, or	hig	hest compensated emp	oyee on		
line 1a? If "Yes," complete Schedule J for su										. 3	X
4 For any individual listed on line 1a, is the su	-		-					-	-		
and related organizations greater than \$150										. 4	X
5 Did any person listed on line 1a receive or a									lual for services		
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sl	ich i	oers	ion .				. 5	X
Section B. Independent Contractors											
1 Complete this table for your five highest cor	-	-								isation f	rom
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	vith c	or wi	thin		ear.		
(A)	addraaa							(B)	antiaca		(C)
Name and business		<u> </u>					_	Description of s	ervices	Comp	ensation
MERCER, 701 MARKET ST, SU	ITE IIO	υ,	S	Т						2	44 705
LOUIS, MO 63101							_	MANAGEMENT F	SES	34	44,725.
STIFEL											
	200 NIBCO PARKWAY, ELKHART, IN 46516 MANAGEMENT FEES 143,534.										
KEYBANK			11	1 /						1 (	
<u>127 PUBLIC SQUARE, CLEVEL</u>	AND, UH	4	<u>41</u>	14			_	MANAGEMENT F	500 632	<u>_</u>	26,855.
							_				

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

COMMUNITY FOUNDATION

 Form 990 (2020)
 OF
 ELKHART
 COUNTY
 INC.

 Part VIII
 Statement of Revenue
 Inc.
 Inc.

-			Check if Schedule O contai	ins a response	or note to any line	e in this Part VIII			
				I	,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
10 10	-	-		4.					
nts			Federated campaigns						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
Am (			Fundraising events						
ar Lit		d	Related organizations	1d					
s, o		е	Government grants (contributio	ons) <b>1e</b>					
rsi		f	All other contributions, gifts, grants	s, and					
but			similar amounts not included above	e 1f	25,730,139.				
ÖĘ		q	Noncash contributions included in lines 1a		10,750,645.				
2 N N N			Total. Add lines 1a-1f	-		25,730,139.			
<u> </u>					Business Code	, ,			
	2	_	PROGRAM SERVICE REVENUE		900099	10,342.	10,342.		
vice	-				300033	10,012.	10,512.		
uer,		b							
n S ieni		С							
ran Sev		d							
Program Service Revenue		е							
đ		f	All other program service reven	ue					
		g	Total. Add lines 2a-2f		►	10,342.			
	3		Investment income (including d	lividends, inter	est, and				
			other similar amounts)			7,532,408.		156,531.	7,375,877.
	4		Income from investment of tax-						
	5		Royalties			572.			572.
	Ŭ			(i) Real	(ii) Personal	-			-
	6	_	Cross rents	()	() 1 0.001.001				
			Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)		····· •				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>	50,955,797	306.				
		b	Less: cost or other basis						
e			and sales expenses	42,590,024	20,100.				
en		с	Gain or (loss)	8,365,773	-19,794.				
Jev			Net gain or (loss)			8,345,979.			8,345,979.
her Revenue:			Gross income from fundraising eve						
đ	Ŭ	-	including \$						
Ŭ			contributions reported on line 1						
			•	,					
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundra		····· •				
	9	а	Gross income from gaming acti						
			Part IV, line 19	<u>9</u> a	1				
		b	Less: direct expenses	91					-
		с	Net income or (loss) from gamir	ng activities	🕨				
	10	а	Gross sales of inventory, less re	eturns					
			and allowances	10	a				
		b	Less: cost of goods sold		b				
			Net income or (loss) from sales		-				
		-		e. intentory .	Business Code				
sn	44	~							
e e	11								
Miscellaneous Revenue		b							
Sev Sev		C							
Mis			All other revenue						
_		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions		►	41,619,440.	10,342.	156,531.	15,722,428.

# COMMUNITY FOUNDATION Form 990 (2020) OF ELKHART COUNTY, INC. Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	
	not include amounts reported on lines 6b, 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	16,523,265.	16,523,265.	general expenses	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,716,948.	1,716,948.		
3	Grants and other assistance to foreign	1,110,15100	1,710,9100		
	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	418,282.	150,046.	218,042.	50,194
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	1,055,580.	380,009.	548,901.	126,670
B	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	48,653.	17,029.	25,786.	5,838
9	Other employee benefits	97,479.	17,029. 34,118.	51,664.	11,697
0	Payroll taxes	100,026.	35,009.	53,014.	12,003
1	Fees for services (nonemployees):				
а	Management				
		947.	325.	419.	203
	Accounting	46,184.	15,851.	20,448.	9,885
	Lobbying	-	-	-	-
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	900,530.	900,530.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	24,097.	8,270.	10,669.	5,158
2	Advertising and promotion	193,694.		135,586.	<u>5,158</u> 58,108
3	Office expenses	54,378.	17,707.	18,855.	17,816
4	Information technology	162,353.	55,722.	71,881.	34,750
5	Royalties				
6	Occupancy	118,000.	35,400.	47,200.	35,400
7	Travel	21,619.	5,039.	7,878.	8,702
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	19,491.	7,557.	8,651.	3,283
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	51,097.	15,329.	20,439.	15,329
3	Insurance	23,630.	7,798.	8,034.	7,798
4	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 0.)				
а	PROGRAMS AND EVENTS	405,585.	405,223.		362
b	DONOR DEVELOPMENT	66,715.	1,334.		65,381
с	MISCELLANEOUS	19,794.		9,975.	9,819
d	SCHOLARSHIP ADMIN EXPEN	12,065.	12,065.		
е	All other expenses	9,396.	3,225.	4,160.	2,011
5	Total functional expenses. Add lines 1 through 24e	22,089,808.	20,347,799.	1,261,602.	480,407
6	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)

032011 12-23-20

## COMMUNITY FOUNDATION

OF ELKHART COUNTY, INC.

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			98.	1	36
	2	Savings and temporary cash investments			14,678,993.	2	10,432,786
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
¥	9				65,309.	9	76,521
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>361,057.</u> 210,025.			
	b	Less: accumulated depreciation	10b	210,025.	194,216.	10c	151,032
	11	Investments - publicly traded securities	182,907,991.	11	261,107,714		
	12	Investments - other securities. See Part IV, line	116,151,681.	12	145,662,818		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	807,029.	15	718,861		
	16	Total assets. Add lines 1 through 15 (must equ		314,805,317.	16	418,149,768	
	17	Accounts payable and accrued expenses	542,179.	17	697,042		
	18	Grants payable	5,623,417.	18	5,020,187		
	19	Deferred revenue			1,652.	19	3,188
	20	Tax-exempt bond liabilities				20	~ ~ ~ ~ ~ ~ ~
	21	Escrow or custodial account liability. Complete			27,448,517.	21	39,762,773
es	22	Loans and other payables to any current or form					
iliti		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 1 <i>1-</i> 24)	. Complete Part X	157 000	07	434,938
		of Schedule D			<u>457,988.</u> 34,073,753.	25	45,918,128
	26	Total liabilities. Add lines 17 through 25			54,075,755.	26	45,910,120
s		Organizations that follow FASB ASC 958, che	eck her				
nce	07	and complete lines 27, 28, 32, and 33.			3,519,389.	07	4,574,538
alaı	27	Net assets without donor restrictions	277,212,175.	27 28	367,657,102		
d B	28	Net assets with donor restrictions	211,212,113.	28	507,057,102		
'n		Organizations that do not follow FASB ASC 9					
οr		and complete lines 29 through 33.				00	
ets	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or en				30 21	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			280,731,564.	31 32	372,231,640
ž	32	Total net assets or fund balances			314,805,317.	32	418,149,768
	33	Total liabilities and net assets/fund balances			<u>  JI4,000,31/•</u>	33	<u>410,149,700</u>

Form **990** (2020)

## Form 990 (2020) Part X Balance Sheet

	COMMUNITY FOUNDATION					
Form	990 (2020) OF ELKHART COUNTY, INC.	31-	125588	36	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1	41,0			
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,0			
3	Revenue less expenses. Subtract line 2 from line 1	3	19,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	280,			
5	Net unrealized gains (losses) on investments	5	84,3	306	, 9	52.
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	-12,3	<u>336</u>	, 5	08.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	372,2	231	,64	40.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0	<b>)</b> .				
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:					
	Separate basis Consolidated basis 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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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 Sche	dule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	lit			
	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 require	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		
					200	

SC	HE	DULE A		Dublic Che	vity Status an		uia Cu	unnart		OMB No. 1545-0047			
(Fo	orm 99	0 or 990-EZ)			arity Status an inization is a section 501					2020			
					947(a)(1) nonexempt cha					2020			
		f the Treasury nue Service			Attach to Form 990 or F ov/Form990 for instruction			oformation		Open to Public Inspection			
Nar	ne of t	the organizati		UNITY FOUN			ie latest li	normation.	Employer	identification number			
			OF E	LKHART COU	JNTY, INC.					1-1255886			
Pa	art I	Reason	or Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	IS.				
The	organ				(For lines 1 through 12, c		,						
1					on of churches described			1)(A)(i).					
2					(Attach Schedule E (Forn								
3 4	$\square$	•			anization described in so				Viii) Entor	the beenital's name			
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	$\square$	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		-	-	Complete Part II.)	0 /	•	, ,						
6		A federal, sta	te, or local gov	vernment or govern	mental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organizati	on that norma	Illy receives a subst	antial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in			
		•		omplete Part II.)									
8				•	)(1)(A)(vi). (Complete Par	,							
9		-			d in section 170(b)(1)(A)( culture (see instructions).		-		-	-			
		university:	n a non-ianu-g	grant college of agri			name, city	, and state of	the college				
10			on that norma	Illy receives (1) more	e than 33 1/3% of its supp	ort from c	ontributio	ns, membersh	ip fees, and	d gross receipts from			
		activities relat	ed to its exen	npt functions, subje	ct to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment			
		income and u	nrelated busir	ness taxable income	e (less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.			
				mplete Part III.)									
11		-	-	-	sively to test for public sa	•							
12		-	-	-	sively for the benefit of, to	-			•				
				-	ed in section 509(a)(1) of supporting organization								
a		-	-	• •	supervised, or controlled		-		-	aivina			
					egularly appoint or elect a	• • •	-						
		organizatio	n. You must c	complete Part IV, S	Sections A and B.								
b		<b>Type II.</b> A s	upporting org	anization supervise	d or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving			
			-		ganization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported			
		¬ ~	.,	•	, Sections A and C.								
c			-	• •	ng organization operated s). You must complete l				iy integrate	ed with,			
c			•	.,.	porting organization oper			-	ted organiz	zation(s)			
			-		ization generally must sat				Ŭ,	. ,			
		requiremen	t (see instructi	ions). You must co	mplete Part IV, Sections	A and D,	and Part	<b>v</b> .					
e	•	Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III				
		-			onally integrated supporti	ng organiz	ation.			[]			
f		er the number of the following		•	ad arganization(a)								
<u> </u>		i) Name of suppo		n about the support (ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other			
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
Tota	al												

## COMMUNITY FOUNDATION

## Schedule A (Form 990 or 990-EZ) 2020 OF ELKHART COUNTY, INC.

31-1255886 Page 2

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.)

Sec	tion A. Public Support	-	-	_		-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	26967222.	22956757.	22326278.	35994449.	<u>25730139.</u>	133974845
2	Tax revenues levied for the organ-						
	ization'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	26967222.	22956757.	22326278.	35994449.	25730139.	133974845
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)						24270345.
6	Public support. Subtract line 5 from line 4.						109704500
Sec	tion B. Total Support					•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4		22956757.	22326278.	35994449.		133974845
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3826384.	4902795.	8808409.	6227019.	7376449.	31141056.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	-123,730.	-146,116.	-72,727.	-65,953.	156,531.	-251,995.
10	Other income. Do not include gain			· ·			· · ·
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						164863906
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	40,434.
	First 5 years. If the Form 990 is for th						<u> </u>
	organization, check this box and stop	•			•		
Sec	ction C. Computation of Publi						·
14	Public support percentage for 2020 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	66.54 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	66.31 %
16a	33 1/3% support test - 2020. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	1			
b	33 1/3% support test - 2019. If the o	organization did no	ot check a box on				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not				
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th	-					
	organization meets the facts-and-circi						
18	Private foundation. If the organization						s <b>&gt;</b>
			,	. , ,			

Schedule A (Form 990 or 990-EZ) 2020

Part II

## Schedule A (Form 990 or 990-EZ) 2020 OF ELKHART COUNTY, INC. 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
ł	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						
Ċ	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				1		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ł	• Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					L	
14	First 5 years. If the Form 990 is for th	-			-		
50	check this box and stop here ction C. Computation of Publi	ic Support Por					
	Public support percentage for 2020 (I			aluma (f))		15	04
			•			16	<u>%</u> %
	ction D. Computation of Inves						/0
	Investment income percentage for 20			ne 13 column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2020. If the					· · · · · · · · · · · · · · · · · · ·	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	►
Ľ	33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

## COMMUNITY FOUNDATION

## Schedule A (Form 990 or 990-EZ) 2020 OF ELKHART COUNTY, INC.

1

2

3a

3b

Yes

No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

## Schedule A (Form 990 or 990-EZ) 2020 OF ELKHART COUNTY, INC.

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	illy member of a person described in line 11a above?	11b		
с	A 35%	6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec		B. Type I Supporting Organizations			
				Yes	No
1	more direct <i>effect</i>	The governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, sors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	0	brted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	$\prime$ how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion (	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 tru	stees of each of the organization's supported organization(s)? If "No, " describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		

3 By reason of the relationship described in line 2, above, 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? *If* "Yes," *describe in* **Part VI** *the role the organization*'s

#### supported organizations played in this regard. 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 The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

- 2 Activities Test. Answer lines 2a and 2b 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? 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.*

3

2a

2b

3a

3b

Yes No

31-1255886 P	age 6
--------------	-------

Schedule A	(Form 990 or 990-EZ) 2020	OF	ELKHART	COUNTY	Ζ,	INC.	
Part V	Type III Non-Function	nally	y Integrated	509(a)(3)	Su	pporting	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.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

## COMMUNITY FOUNDATION

Schedule A (Form 990 or 990-EZ) 2020 OF ELKHART COUNTY, INC.

## 31-1255886 Page 7

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	*	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2016				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

	COI	MUNITY	FOUNDATI	ON	
2020	OF	ELKHART	COUNTY.	INC.	

Schedule A	(Form 990 or 990-EZ) 2020 0	F ELKHART	COUNTY,	INC.	31-12558	86 Page 8
Part VI	Supplemental Informa Part IV, Section A, lines 1, 2, line 1; Part IV, Section D, line	<b>tion.</b> Provide the 3b, 3c, 4b, 4c, 5a, s 2 and 3; Part IV, 5	explanations red 6, 9a, 9b, 9c, 11 Section E, lines 1	quired by Part II, line a, 11b, and 11c; Par c, 2a, 2b, 3a, and 3	10; Part II, line 17a or 17b; Part III, line t IV, Section B, lines 1 and 2; Part IV, Se b; Part V, line 1; Part V, Section B, line 1 lis part for any additional information.	12; ction C,

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service Name of the organization

## \*\* PUBLIC DISCLOSURE COPY \*

## **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

2020

Employer identification number

3	1-	-1	2	5	5	8	8	6
-	_	_	_	_	_	_	_	

CO	MMUNITY	FOUNDATI	ON
OF	ELKHARI	COUNTY,	I

Organization	type	(check one)	-
Or gamzation	Lype I		

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

INC.

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

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

### **General Rule**

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

#### **Special Rules**

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

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

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

**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).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)		-	Page <b>2</b>
			Emplo	yer identification number
	NITY FOUNDATION KHART COUNTY, INC.		31	-1255886
Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
1		\$3,225,5	89.	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
2		\$ <u>1,974,5</u> 		Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
3		\$531,8	<u>50.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
4		\$531,9		Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
5		\$1,000,0	00.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
6		\$1,071,0	48.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)		Page <b>2</b>
	rganization		Employer identification number
	NITY FOUNDATION KHART COUNTY, INC.		31-1255886
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	51 1255000
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$1,233,9	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
8		\$2,004,5	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
9		\$ <u>2,300,0</u>	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$636,4	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions )

OMMU	ganization NITY FOUNDATION KHART COUNTY, INC.			ver identification numbe
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is neede	ed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
1	STOCK			
		\$\$_3,225,5	589.	12/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
2	STOCK			
		\$1,974,!	568.	12/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
3	STOCK			
		\$531,8	850.	03/17/21
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
4	STOCK			
		\$531,9	947.	12/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
8	STOCK			
		\$2,004,!	569.	03/08/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received
		 \$		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of o	prganization			Employer identification number
	NITY FOUNDATION			21 1055006
OF EL: Part III	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	h) through (e) and the following line entropy charitable, etc., contributions of \$1,000 or	ry. For organizatio	31-1255886 ), or (10) that total more than \$1,000 for the year ns er this info. once.) ► \$
(a) No. from Part I	Use duplicate copies of Part III if additional (b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, a	nd ZIP + 4	Relations	nip of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relations	nip of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, a			nip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	of gift (d) Description of how	
		(e) Transfer of gif	<b>I</b>	
	Transferee's name, address, a	nd ZIP + 4	Relations	nip of transferor to transferee

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
(Forr	n 990)	Complete if the orga	anization answered "Yes" on Form 990,		2020
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
Interna	Revenue Service		90 for instructions and the latest information.		Inspection
Nam	e of the organization			Emp	loyer identification number
Pa	t I Organiza	OF ELKHART COUNTY,	d Funds or Other Similar Funds or Ac		<u>31-1255886</u>
Fai		n answered "Yes" on Form 990, Part IV, lin		coun	<b>13.</b> Complete if the
	organizatio	Tanswered fes of Form 990, Fart IV, in		b) Fund	ds and other accounts
1	Total number at er	nd of year	152		
2		f contributions to (during year)	20,715,512.		
3		f grants from (during year)	11,430,732.		
4		t end of year			
5			writing that the assets held in donor advised func	ds	
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		X Yes No
6			dvisors in writing that grant funds can be used o		
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose conferr	ing	
	impermissible priva				X Yes No
Pa		· · · · · · · · · · · · · · · · · · ·	ganization answered "Yes" on Form 990, Part IV,	line 7.	
1		servation easements held by the organization			
		of land for public use (for example, recreat			
		f natural habitat	Preservation of a certi	fied his	toric structure
•		of open space	i al anno 11 ann an Aile Air an io Ala fanna af a		
2	•	• •	ied conservation contribution in the form of a co	Inservat	Held at the End of the Tax Year
а	day of the tax year			2a	HEIU AL LIE EILU OF LIE TAX TEAL
b				2a 2b	
c	-		ucture included in (a)	2c	
			after 7/25/06, and not on a historic structure		
				2d	
3			eased, extinguished, or terminated by the organi	zation o	luring the tax
	year 🕨				
4	Number of states v	where property subject to conservation eas	sement is located 🕨		
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
		orcement of the conservation easements it			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n easer	ments during the year
	►				
7		es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	sement	s during the year
•	►\$			(*)	
8			e satisfy the requirements of section 170(h)(4)(B)	.,	Yes No
9			on easements in its revenue and expense statem		
5		-	note to the organization's financial statements that		
		ounting for conservation easements.			
Pa	rt III   Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other S	imilar	Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sh	eet works
	of art, historical tre	easures, or other similar assets held for pub	olic exhibition, education, or research in furtherar	nce of p	ublic
	service, provide in	Part XIII the text of the footnote to its finan	ncial statements that describes these items.		
b			8, to report in its revenue statement and balance		
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherance	of pub	lic service,
	•	ng amounts relating to these items:			
					<u> </u>
_					3
2	•		asures, or other similar assets for financial gain, p	orovide	
	-	unts required to be reported under FASB A	-	•	х.
a L					
			for Form 990		
LUNA	For Paperwork Re	eduction Act Notice, see the Instructions	5 IUI FUIIII 330.		Schedule D (Form 990) 2020

032051 12-01-20

		TY FOUNDAT:						-
		ART COUNTY				$\frac{31 - 12}{1}$	55886	Page <b>2</b>
Par	t III Organizations Maintaining C						(continu	ied)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	ollowing that make	significant u	se of its		
	collection items (check all that apply):							
а	Public exhibition	d		hange program				
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co					e in Part	XIII.	
5	During the year, did the organization solicit o				ar assets	_	_	
<b>D</b> -	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes"	on Form 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Par							
<b>1</b> a	Is the organization an agent, trustee, custodi		•				٦	<b>T</b>
	on Form 990, Part X?					L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
							Amount	
	Beginning balance							
	Additions during the year							
-	Distributions during the year							
f	Ending balance					v	7	<u> </u>
	Did the organization include an amount on Fe		•			🕰	Yes	No X
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i							Δ
1 41						aara baak	(-) [0.17.	wara haali
4		(a) Current year 275,590,770.	(b) Prior year 269,200,350.	(c) Two years back 288,283,287		92,829.		/ears back 509,093.
	Beginning of year balance	12,442,701.	27,105,712.			73,389.		20,768.
	Contributions	88,893,713.				19,950.		<u>20,700.</u> 06,116.
	Net investment earnings, gains, and losses	10,628,289.	29,326,176.			54,190.		91,945.
	Grants or scholarships	10,020,209.	29,520,170.	20,749,737	• 27,70	<sup>94</sup> , <sup>190</sup> .	,	<sup>91</sup> , <sup>94</sup> 5.
е	Other expenditures for facilities							
	and programs	2,476,644.	2,176,593.	2,122,527	2 1	38,691.	1 (	951,203.
	Administrative expenses	363,822,251.			,	33,287.	,	
	End of year balance				• 200,20	5,207.	200,0	52,025.
2	Provide the estimated percentage of the curr	1.0000		i) heid as.				
	Board designated or quasi-endowment  Permanent endowment	<u> </u>	_%					
C								
20	The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posse		tion that are hold ar	d administored for	the organize	tion		
Ja	by:				the organiza	lion	5	res No
	-						3a(i)	X
	<ul><li>(i) Unrelated organizations</li></ul>						3a(ii)	<u> </u>
h	If "Yes" on line 3a(ii), are the related organizations						3b	
4	Describe in Part XIII the intended uses of the						00	
	t VI Land, Buildings, and Equipm							
	Complete if the organization answere		. Part IV. line 11a. S	ee Form 990. Part	X. line 10.			
	Description of property	(a) Cost or o	, , , , , , , , , , , , , , , , , , ,	,/	Accumulate	d	(d) Book	value
		basis (investr	• •		depreciation		( )	
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment		36	1,057.	210,02	25.	151	,032.
	Other				· · ·			
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 1	0c.)			151	,032.
			· · · ·					

Schedule D (Form 990) 2020

OF ELKHART COUNTY, INC.

Part VII	Investm	nents -	Other S	Securities.
Schedule D	(Form 990)	2020	OF	ELKHAR

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	26,565,794.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY	119,097,024.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	145,662,818.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	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.)		

#### Other Assets. Part IX

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.	(Colymn (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	434,938.
(0)		

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)	434,938.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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				
Sche	edule D (Form 990) 2020 OF ELKHART COUNTY, INC.				1255886 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statem	nents Wi	th Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	110,419,146.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	84,306,952.		
b	Donated services and use of facilities	2b	350.		
с					
d			2,454,392.		
е	Add lines 2a through 2d			2e	86,761,694.
3	Subtract line <b>2e</b> from line <b>1</b>			3	23,657,452.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	900,530.		
b			17,061,458.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	17,961,988.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	41,619,440.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		ith Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	18,919,070.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1			
а	Donated services and use of facilities	<b>2</b> a	350.	-	
b	Prior year adjustments	<b>2</b> b		-	
С	Other losses	2c		-	
d			2,476,644.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	2,476,994.
3	Subtract line <b>2e</b> from line <b>1</b>			3	16,442,076.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			_	
b	Other (Describe in Part XIII.)	4b	4,747,202.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	5,647,732.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	22,089,808.
Pa	rt 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 WITH THE COMMUNITY

FOUNDATION 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.

 Schedule D (Form 990) 2020
 OF
 ELKHART
 OF

 Part XIII
 Supplemental Information (continued)
 (contint)

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, 2021 AND 2020, 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-25,025.CHANGE IN VALUE OF LIFE INSURANCE2,773.ADMINISTRATIVE FEES2,476,644.TOTAL TO SCHEDULE D, PART XI, LINE 2D2,454,392.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SFAS 136 ADJUSTMENT

17,061,458.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADMINISTRATIVE FEES

Part XIII Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

### SFAS 136 ADJUSTMENT

4,747,202.

FORM 990, SCHEDULE D, PART I, LINE 5

GIFT RECEIPT LETTERS NOTIFY DONORS THAT THEIR GIFTS ARE PART OF A

COMPONENT FUND AND "SUBJECT TO THE FOUNDATION'S AUTHORITY TO REDIRECT THE

RETURN OF THE FUND TO ANOTHER BENEFICIARY WITHOUT PRIOR APPROVAL IF

DISTRIBUTION OTHERWISE BECOMES UNNECESSARY, IMPOSSIBLE OR INCONSISTENT

WITH THE NEEDS OF THE COMMUNITY." ADDITIONALLY, FUND AGREEMENTS, WHICH

ARE VIEWED AND SIGNED BY THE INITIAL DONORS, PROVIDE FURTHER DETAILS

REGARDING THE BOARD'S VARIANCE POWER.

FORM 990, SCHEDULE D, PART I, LINE 6

GRANTEE AWARD LETTERS STIPULATE THE TERMS OF DONOR-ADVISED GRANTS, WHICH

INCLUDES A DISCLOSURE THAT "NO DONOR OR INDIVIDUAL RELATED TO THE DONOR

WILL RECEIVE ANY GOODS OR SERVICES OR OTHER PRIVATE BENEFITS."

SC	HEDULE F	Stateme	Statement of Activities Outside the United States							
(Fo	rm 990)			n answered "Yes" on Form 990, Part			2020			
Department of the Treasury							Open to Public			
-	al Revenue Service		www.irs.gov/Fo	rm990 for instructions and the latest	information.	Employer				
	e of the organizatior					Employer	identification number			
	ELKHART CO	DUNTY, INC.				31-125				
Ра	rt I General	Information on A	ctivities Out	side the United States. Comple	ete if the organ	ization answe	ered "Yes" on			
		Part IV, line 14b.								
1	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. United States.	Describe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistanc	e outside the			
3		on. (The following Par	t I, line 3 table ca	n be duplicated if additional space is n	eeded.)					
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (				
		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service	for and			
		in the region	independent contractors	gram services, investments, grants to recipients located in the region)		e specific type (s) in the regi	investments			
			in the region			(s) in the regi	in the region			
CENT		、								
	FRAL AMERICA ANI CARIBBEAN	0	0				42,289,074.			
	CARTDONA		, , , , , , , , , , , , , , , , , , ,				12,205,074.			
3 2	Subtotal	0	0				42,289,074.			
	Total from continua									
	sheets to Part I		0				0.			
с	Totals (add lines 3									
	and 3b)	0	0				42,289,074.			

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

Schedule F (Form 990) 2020

## COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.

Schedule F (Form 990) 2020

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> 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)	
			recognized as charities by the f				1	ı	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

032072 12-03-20

Page 2

31-1255886

## COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.

Schedule F (Form 990) 2020

## 31-1255886

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	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Page 3

COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.

Schedule F (Form 990) 2020

Part	V Foreign Forms		
1	Nas the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	he 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)	X 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		
	J.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	he 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 X	No
4	Nas 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,		
	nformation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	he 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 X	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		
	nstructions for Form 5713; don't file with Form 990)	Yes X	No

Schedule F (Form 990) 2020

032074 12-03-20

Schedule F (Form 990) 2020 OF ELKHART COUNTY, INC.

## Part V Supplemental Information

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

SCHEDULE I		irants and Oth					OMB No. 1545-0047
(Form 990)		vernments, an ete if the organization					2020
Department of the Treasury Internal Revenue Service	Comp		Attach to For s.gov/Form990 fo	m <b>990.</b>			Open to Public Inspection
Name of the organization COMMUNITY OF ELKHAR							Employer identification number 31-1255886
Part I General Information on Grants and	nd Assistance						
<ol> <li>Does the organization maintain records t criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	tance?				•		
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$							
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADEC INC 19670 STATE ROAD 120							TO FURTHER THE EXEMPT PURPOSE OF THE
BRISTOL, IN 46507-9131	35-1060633	501(C)(3)	123,550.	0.			ORGANIZATION
AMERICAN CIVIL LIBERTIES UNION OF	33 1000033	501(0)(3)	123,330.				
INDIANA FOUNDATION - 1031 E WASHINGTON STREET - INDIANAPOLIS,							TO FURTHER THE EXEMPT PURPOSE OF THE
IN 46202	23-7398358	501(C)(3)	50,000.	0.			ORGANIZATION
AMERICAN NATIONAL RED CROSS 220 W COLFAX AVENUE SUITE 510 SOUTH BEND, IN 46601	53-0196605	501(C)(3)	16,710.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ANABAPTIST MENNONITE BIBLICAL SEMINARY INC - 3003 BENHAM AVENUE - ELKHART, IN 46517	35-1902148	501(C)(3)	5,390.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ASSEMBLY MENNONITE CHURCH 727 NEW YORK STREET GOSHEN, IN 46526	83-1344702	501(C)(3)	5,520.	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)	119,747.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>	<b>.</b>						► <u>234.</u> 13.

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

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAUGO COMMUNITY SCHOOLS							TO FURTHER THE EXEMPT
29125 COUNTY ROAD 22 WEST							PURPOSE OF THE
ELKHART, IN 46517-9354	35-1097956	501(C)(3)	21,184.	0.			ORGANIZATION
BEACON HEALTH SYSTEM							TO FURTHER THE EXEMPT
615 N MICHIGAN STREET							PURPOSE OF THE
SOUTH BEND, IN 46601	45-3864076	501(C)(3)	29,358.	0.			ORGANIZATION
BELMONT MENNONITE CHURCH							TO FURTHER THE EXEMPT
925 OXFORD STREET							PURPOSE OF THE
ELKHART, IN 46514	35-1137593	501(C)(3)	6,000.	0.			ORGANIZATION
BETHANY CHRISTIAN SCHOOLS INC							TO FURTHER THE EXEMPT
2904 S MAIN STREET							PURPOSE OF THE
GOSHEN, IN 46526-5499	35-0941106	501(C)(3)	248,284.	0.			ORGANIZATION
BETHEL UNIVERSITY INC							TO FURTHER THE EXEMPT
1001 BETHEL CIRCLE							PURPOSE OF THE
MISHAWAKA, IN 46545	35-0935587	501(C)(3)	34,270.	٥.			ORGANIZATION
BEV HARTIG HUNTINGTON DISEASE							TO FURTHER THE EXEMPT
FOUNDATION INC - PO BOX 7228 -							PURPOSE OF THE
FISHERS, IN 46038-7228	46-0990518	501(C)(3)	22,000.	٥.			ORGANIZATION
BIBLE STUDY FELLOWSHIP							TO FURTHER THE EXEMPT
19001 HUEBNER ROAD							PURPOSE OF THE
SAN ANTONIO, TX 78258	94-1514010	501(C)(3)	250,000.	0.			ORGANIZATION
5/m, milling, 14 /0250	54 1514010		230,000.	0.			51.611112/11100
BIG BROTHERS BIG SISTERS OF							TO FURTHER THE EXEMPT
ELKHART COUNTY INC - 3320 ELKHART							PURPOSE OF THE
ROAD - GOSHEN, IN 46526	35-1272588	501(C)(3)	82,880.	0.			ORGANIZATION
BIG BROTHERS BIG SISTERS OF THE							TO FURTHER THE EXEMPT
SUN COAST INC - 1000 S TAMIAMI							PURPOSE OF THE
TRAIL SUITE C - VENICE, FL 34285	59-1361826	501(C)(3)	5,000.	0.			ORGANIZATION

OF ELKHART COUNTY, INC.

Part II Continuation of Grants and Other			s and Domestic Go	vernments (Sch	edule I (Form 990), Pa		01-1200000 Page
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA LASALLE							TO FURTHER THE EXEMPT
COUNCIL - 1340 SOUTH BEND AVENUE -							PURPOSE OF THE
SOUTH BEND, IN 46617-1424	35-0867966	501(C)(3)	47,245.	0.			ORGANIZATION
BOYS & GIRLS CLUBS OF ELKHART							TO FURTHER THE EXEMPT
COUNTY INC - PO BOX 614 - GOSHEN,							PURPOSE OF THE
IN 46527-0614	35-1033735	501(C)(3)	1,446,496.	0.			ORGANIZATION
BRENNEMAN MEMORIAL MISSIONARY							TO FURTHER THE EXEMPT
CHURCH - 61115 STATE ROAD 15 -							PURPOSE OF THE
GOSHEN, IN 46528	35-1268431	501(C)(3)	11,100.	0.			ORGANIZATION
CAMELOT COMMUNITY CARE INC							TO FURTHER THE EXEMPT
4910-D CREEKSIDE DRIVE	21 1650202	F(1/C)(2)	5 000	0.			PURPOSE OF THE
CLEARWATER, FL 33760-4034	31-1659302	501(C)(3)	5,000.	0.			ORGANIZATION
CAMP ALEXANDER MACK INC							TO FURTHER THE EXEMPT
PO BOX 158							PURPOSE OF THE
MILFORD, IN 46542-0158	35-1076829	501(C)(3)	7,480.	0.			ORGANIZATION
CAMPUS CRUSADE FOR CHRIST INC							TO FURTHER THE EXEMPT
100 LAKE HART DRIVE							PURPOSE OF THE
DRLANDO, FL 32832	95-6006173	501(C)(3)	9,000.	٥.			ORGANIZATION
CANCER RESOURCES FOR ELKHART							TO FURTHER THE EXEMPT
COUNTY INC - 23971 US HIGHWAY 33 -							PURPOSE OF THE
ELKHART, IN 46517	35-1091429	501(C)(3)	79,760.	0.			ORGANIZATION
CARE CAMPS							TO FURTHER THE EXEMPT
2981 FORD STREET EXT PMB179							PURPOSE OF THE
DGENSBURG, NY 13669-3474	86-0691641	501(C)(3)	20,000.	0.			ORGANIZATION
CASE WESTERN RESERVE UNIVERSITY							
10900 EUCLID AVENUE, YOST HALL							TO FURTHER THE EXEMPT
ROOM 435 - CLEVELAND, OH							PURPOSE OF THE
44106-7049	34-1018992	501(C)(3)	38,420.	0.			ORGANIZATION

Schedule I (Form 99
---------------------

OF ELKHART COUNTY, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) 31-1255886 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHURCH EXTENSION SOCIETY OF USA – 150 S WACKER DRIVE,SUITE 2000 – CHICAGO, IL 60606	36-6000520	501(C)(3)	9,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATHOLIC LEADERSHIP INSTITUTE 440 E SWEDESFORD ROAD SUITE 3040 RADNOR, PA 19087	23-2661414	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATHOLIC RELIEF SERVICES INC 228 W LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)(3)	13,200.	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)	47,000.	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)	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTER FOR THE HOMELESS INC 813 S MICHIGAN STREET SOUTH BEND, IN 46601	35-1768544	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTRAL MICHIGAN UNIVERSITY 1200 S FRANKLIN STREET MOUNT PLEASANT, MI 48859	38-6004447	501(C)(3)	225,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHAMBER OF COMMERCE OF GOSHEN IND INC – 232 S MAIN STREET – GOSHEN, IN 46526	35-0907750	501(C)(6)	5,650.	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

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD AND PARENT SERVICES INC							TO FURTHER THE EXEMPT
1000 W HIVELY AVENUE							PURPOSE OF THE
ELKHART, IN 46517	35-0888765	501(C)(3)	472,618.	0.			ORGANIZATION
CHILDREN'S LIFELINE							TO FURTHER THE EXEMPT
PO BOX 428							PURPOSE OF THE
HAMILTON, GA 31811	38-2928770	501(C)(3)	5,000.	0.			ORGANIZATION
CHURCH COMMUNITY SERVICES INC							TO FURTHER THE EXEMPT
PO BOX 2346							PURPOSE OF THE
ELKHART, IN 46515-2346	35-1155054	501(C)(3)	138,410.	٥.			ORGANIZATION
CHURCH WOMEN UNITED AKA THE WINDOW							TO FURTHER THE EXEMPT
223 S MAIN STREET							PURPOSE OF THE
GOSHEN, IN 46526	35-1427937	501(C)(3)	58,565.	0.			ORGANIZATION
				<b>·</b>			
CITY OF ELKHART							TO FURTHER THE EXEMPT
229 S 2ND STREET							PURPOSE OF THE
ELKHART, IN 46516	35-6001016	509(A)(1)	136,000.	٥.			ORGANIZATION
CITY OF NAPPANEE							TO FURTHER THE EXEMPT
PO BOX 29							PURPOSE OF THE
NAPPANEE, IN 46550-0029	35-6001129	509(A)(1)	55,570.	0.			ORGANIZATION
CLASSIC CAR CLUB OF AMERICA MUSEUM							TO FURTHER THE EXEMPT
INC - 6885 W HICKORY ROAD -							PURPOSE OF THE
HICKORY CORNERS, MI 49060	22-2416022	501(C)(3)	5,000.	0.			ORGANIZATION
			,				
CLINTON CHRISTIAN SCHOOL							TO FURTHER THE EXEMPT
ASSOCIATION INC - 61763 COUNTY							PURPOSE OF THE
ROAD 35 - GOSHEN, IN 46528	35-1278604	501(C)(3)	20,000.	0.			ORGANIZATION
CLINTON FRAME CHURCH INC							TO FURTHER THE EXEMPT
63846 COUNTY ROAD 35							PURPOSE OF THE
GOSHEN, IN 46528	35-1605987	501(C)(3)	5,000.	0.			ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

31-1255886 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE MENNONITE CHURCH INC							TO FURTHER THE EXEMPT
1900 S MAIN STREET							PURPOSE OF THE
GOSHEN, IN 46526	35-1970747	501(C)(3)	5,000.	0.			ORGANIZATION
COMMUNITY CHAPLAINCY CORP OF							
ELKHART COUNTY DBA JAIL MINISTRY							TO FURTHER THE EXEMPT
OF ELK CO - 26861 COUNTY ROAD 26 -							PURPOSE OF THE
ELKHART, IN 46517	31-1144451	501(C)(3)	204,300.	0.			ORGANIZATION
COMMUNITY HEALTH CLINIC INC							TO FURTHER THE EXEMPT
PO BOX 9							PURPOSE OF THE
TOPEKA, IN 46571-0009	26-4463924	501(C)(3)	5,000.	0.			ORGANIZATION
COMMUNITY SUSTAINABILITY PROJECT							TO FURTHER THE EXEMPT
PO BOX 1031							PURPOSE OF THE
GOSHEN, IN 46527-1031	35-2031033	501(C)(3)	8,210.	0.			ORGANIZATION
	55 1051055	501(0)(0)	0,210.				
CONCORD COMMUNITY SCHOOLS							TO FURTHER THE EXEMPT
CORPORATION - 59040 MINUTEMAN WAY							PURPOSE OF THE
- ELKHART, IN 46517	35-6006398	501(C)(3)	143,850.	0.			ORGANIZATION
CONCORD HS DOLLARS FOR SCHOLARS							TO FURTHER THE EXEMPT
CHAPTER - 59117 MINUTEMAN WAY -							PURPOSE OF THE
ELKHART, IN 46517	04-2296967	501(C)(3)	9,650.	0.			ORGANIZATION
CONCORD LITTLE LEAGUE INC							TO FURTHER THE EXEMPT
PO BOX 394							PURPOSE OF THE
	31-0917071	501(C)(3)	14,250.	0.			ORGANIZATION
ELKHART, IN 46515-0394	JT-091/0/1	501(0)(5)	14,250.	0.			UNGANIZATION
CONSERATIVE MENNONITE CONFERENCE							TO FURTHER THE EXEMPT
9910 ROSEDALE MILFORD CENTER ROAD							PURPOSE OF THE
IRWIN, OH 43029	23-6409376	501(C)(3)	5,000.	0.			ORGANIZATION
COUNCIL ON AGING OF ELKHART COUNTY							TO FURTHER THE EXEMPT
INC - 131 W TYLER STREET SUITE 1A							PURPOSE OF THE
- ELKHART, IN 46516	51-0178910	501(C)(3)	14,165.	Ο.			ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

31-1255886 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSROADS UNITED WAY INC							TO FURTHER THE EXEMPT
PO BOX 3048							PURPOSE OF THE
ELKHART, IN 46515-3048	35-0953433	501(C)(3)	211,666.	0.			ORGANIZATION
CULTIVATE CULINARY SCHOOL AND							TO FURTHER THE EXEMPT
CATERING INC - 1403 PRAIRIE AVENUE							PURPOSE OF THE
- SOUTH BEND, IN 46613	81-3306113	501(C)(3)	41,000.	0.			ORGANIZATION
CURE SMA							TO FURTHER THE EXEMPT
925 BUSSE ROAD							PURPOSE OF THE
ELK GROVE VILLAGE, IL 60007-2400	36-3320440	501(C)(3)	5,000.	0.			ORGANIZATION
DEPAUW UNIVERSITY							TO FURTHER THE EXEMPT
PO BOX 37							PURPOSE OF THE
GREENCASTLE, IN 46135-0037	35-0869045	501(C)(3)	25,000.	0.			ORGANIZATION
GREENCASILE, IN 40155-0057	33-0003043	501(0)(5)	23,000.	0.			ORGANIZATION
DIOCESE OF FT WAYNE SOUTH BEND INC							TO FURTHER THE EXEMPT
PO BOX 390							PURPOSE OF THE
FORT WAYNE, IN 46801-0390	35-0876373	501(C)(3)	32,500.	Ο.			ORGANIZATION
DISABLED AMERICAN VETERANS							
CHARITABLE SERVICE TRUST - 3725							TO FURTHER THE EXEMPT
ALEXANDRIA PIKE - COLD SPRING, KY							PURPOSE OF THE
41076	52-1521276	501(C)(3)	10,000.	0.			ORGANIZATION
DOCTORS WITHOUT BORDERS USA							TO FURTHER THE EXEMPT
40 RECTOR STREET 16TH FLOOR							PURPOSE OF THE
NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	14,600.	0.			ORGANIZATION
DOUBLED INC							
DOWNTOWN GOSHEN INC							TO FURTHER THE EXEMPT
234 S MAIN STREET SUITE 4	25 1040004	F01(C)(2)	14 600	•			PURPOSE OF THE
GOSHEN, IN 46526	35-1848884	DUT(C)(3)	14,500.	0.			ORGANIZATION
E3 ROBOTICS CENTER INC							TO FURTHER THE EXEMPT
3709 CASSOPOLIS STREET SUITE E							PURPOSE OF THE
ELKHART, IN 46514	83-1619499	501(C)(3)	22,500.	٥.			ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

31-1255886 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EIGHTH STREET MENNONITE CHURCH							TO FURTHER THE EXEMPT
602 S 8TH STREET							PURPOSE OF THE
GOSHEN, IN 46526	35-1078922	501(C)(3)	8,042.	0.			ORGANIZATION
ELKHART CHILD DEVELOPMENT CENTER							TO FURTHER THE EXEMPT
2121 PRAIRIE STREET							PURPOSE OF THE
ELKHART, IN 46517	35-1163554	501(C)(3)	11,900.	0.			ORGANIZATION
ELKHART CIVIC THEATRE INC							TO FURTHER THE EXEMPT
PO BOX 252							PURPOSE OF THE
BRISTOL, IN 46507-0252	35-1179573	501(C)(3)	25,600.	0.			ORGANIZATION
ELKHART COMMUNITY SCHOOLS 2720 CALIFORNIA ROAD							TO FURTHER THE EXEMPT PURPOSE OF THE
ELKHART, IN 46514	35-1123802	501(C)(3)	35,850.	0.			ORGANIZATION
ELMIANI, IN 40514	55 1125002	501(0/(5)	55,050.	0.			ORGANIZATION
ELKHART COUNTY 4-H & AGRICULTURAL							TO FURTHER THE EXEMPT
EXPOSITION INC - 17746 COUNTY ROAD							PURPOSE OF THE
34 SUITE D - GOSHEN, IN 46528-9202	35-1053099	501(C)(3)	58,930.	0.			ORGANIZATION
ELKHART COUNTY CLUBHOUSE INC DBA							TO FURTHER THE EXEMPT
CORA DALE HOUSE - 114 S FIFTH							PURPOSE OF THE
STREET - GOSHEN, IN 46528	27-1151738	501(C)(3)	105,000.	0.			ORGANIZATION
ELKHART COUNTY CONVENTION &			, ,				
VISITORS BUREAU INC - 3421							TO FURTHER THE EXEMPT
CASSOPOLIS STREET - ELKHART, IN							PURPOSE OF THE
46514	35-1755629	501(C)(6)	215,000.	0.			ORGANIZATION
ELKHART COUNTY PARKS DEPARTMENT							TO FURTHER THE EXEMPT
211 W LINCOLN AVENUE							PURPOSE OF THE
GOSHEN, IN 46526	35-6000142	501(C)(3)	147,060.	0.			ORGANIZATION
				<b>```</b>			
ELKHART COUNTY SHERIFFS DEPARTMENT							TO FURTHER THE EXEMPT
26861 COUNTY ROAD 26							PURPOSE OF THE
ELKHART, IN 46517	35-6000142	501(C)(3)	23,800.	Ο.			ORGANIZATION

Schedule I	(Form 990)	١
Concurrent i		,

OF ELKHART COUNTY, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) 31-1255886 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELKHART COUNTY SYMPHONY							TO FURTHER THE EXEMPT
ASSOCIATION - PO BOX 144 -							PURPOSE OF THE
ELKHART, IN 46515-0144	51-0181701	501(C)(3)	56,610.	0.			ORGANIZATION
ELKHART COUNTY YOUTH FOR CHRIST							TO FURTHER THE EXEMPT
DBA LIFELINE MINISTRIES - PO BOX	25 1111001	F01 ( a) ( 2)	05 500				PURPOSE OF THE
73 - ELKHART, IN 46515-0073	35-1111021	501(C)(3)	95,580.	0.			ORGANIZATION
ELKHART EDUCATION FOUNDATION							TO FURTHER THE EXEMPT
2746 OLD US 20 W, SUITE B							PURPOSE OF THE
ELKHART, IN 46514	46-3429545	501(C)(3)	149,020.	0.			ORGANIZATION
ELKHART FESTIVALS INC							TO FURTHER THE EXEMPT
PO BOX 2415							PURPOSE OF THE
ELKHART, IN 46515-2415	47-5394067	501(C)(3)	25,480.	0.			ORGANIZATION
ELKHART HEALTH FITNESS AND							TO FURTHER THE EXEMPT
AQUATICS INC - 600 E JACKSON BLVD							PURPOSE OF THE
- ELKHART, IN 46514	38-4018882	501(C)(3)	500,000.	0.			ORGANIZATION
ELKHART HIGH SCHOOL DOLLARS FOR							TO FURTHER THE EXEMPT
SCHOLARS CHAPTER - PO BOX 1243 -							PURPOSE OF THE
ELKHART, IN 46515-1243	04-2296969	501(C)(3)	36,720.	0.			ORGANIZATION
ENFOCUS INC							TO FURTHER THE EXEMPT
635 S LAFAYETTE BLVD SUITE 105							PURPOSE OF THE
SOUTH BEND, IN 46601	45-5638209	501(C)(3)	50,000.	0.			ORGANIZATION
ETHOS INC							TO FURTHER THE EXEMPT
1025 N MICHIGAN STREET							PURPOSE OF THE
ELKHART, IN 46514-2215	91-2094413	501(C)(3)	120,500.	0.			ORGANIZATION
FAIRFIELD FOOD PANTRY INC							TO FURTHER THE EXEMPT
67240 COUNTY ROAD 31							PURPOSE OF THE
GOSHEN, IN 46526	47-2448490	501(C)(3)	10,000.	0.			ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

31-1255886 Page 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	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	(book, FMV, appraisal, other)		
FAITH LUTHERAN CHURCH OF GOSHEN							TO FURTHER THE EXEMPT
NC - 202 S GREENE ROAD - GOSHEN,							PURPOSE OF THE
IN 46526	46-5581288	501(C)(3)	51,109.	0.			ORGANIZATION
FAITH MISSION OF ELKHART INC							TO FURTHER THE EXEMPT
PO BOX 162							PURPOSE OF THE
ELKHART, IN 46515-0162	35-6033504	501(C)(3)	35,510.	0.			ORGANIZATION
FAMILY CHRISTIAN DEVELOPMENT							TO FURTHER THE EXEMPT
CENTER INC - PO BOX 227 -							PURPOSE OF THE
NAPPANEE, IN 46550-0227	35-1979463	501(C)(3)	442,000.	0.			ORGANIZATION
FIRST BAPTIST CHURCH OF ELKHART							TO FURTHER THE EXEMPT
53953 COUNTY ROAD 17							PURPOSE OF THE
BRISTOL, IN 46507	35-0953436	501(C)(3)	100,000.	0.			ORGANIZATION
FIRST CONGREGATIONAL CHURCH							TO FURTHER THE EXEMPT
PO BOX 2991							PURPOSE OF THE
ELKHART, IN 46515-2991	35-1013395	501(C)(3)	124,120.	0.			ORGANIZATION
FIRST PRESBYTERIAN CHURCH OF							TO FURTHER THE EXEMPT
ELKHART - 200 E BEARDSLEY STREET -							PURPOSE OF THE
ELKHART, IN 46514	35-0868002	501(C)(3)	6,190.	0.			ORGANIZATION
FIRST UNITED METHODIST CHURCH -							TO FURTHER THE EXEMPT
GOSHEN - 214 S 5TH STREET -							PURPOSE OF THE
GOSHEN, IN 46528	35-6005629	501(C)(8)	18,000.	0.			ORGANIZATION
FIVE LITTLE STONES INC							TO FURTHER THE EXEMPT
PO BOX 87							PURPOSE OF THE
MILLERSBURG, IN 46543-0087	82-2722700	501(C)(3)	20,000.	0.			ORGANIZATION
FIVE STAR LIFE							TO FURTHER THE EXEMPT
2204 CALIFORNIA ROAD							PURPOSE OF THE
ELKHART, IN 46514	46-3463430	501(C)(3)	16,100.	Ο.			ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

31-1255886 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD FOR THE POOR INC							TO FURTHER THE EXEMPT
6401 LYONS ROAD							PURPOSE OF THE
COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	10,000.	0.			ORGANIZATION
FORESIGHT FOR-GIVERS FOUNDATION							TO FURTHER THE EXEMPT
INC - PO BOX 531667 -							PURPOSE OF THE
INDIANAPOLIS, IN 46253	82-1495649	501(C)(3)	52,500.	0.			ORGANIZATION
FORT LEWIS COLLEGE FOUNDATION							TO FURTHER THE EXEMPT
1000 RIM DRIVE							PURPOSE OF THE
DURANGO, CO 81301-3999	23-7122114	501(C)(3)	10,000.	0.			ORGANIZATION
FRATERNAL ORDER OF POLICE AKA 52							TO FURTHER THE EXEMPT
ELKHART LODGE - PO BOX 386 -							PURPOSE OF THE
ELKHART, IN 46515-0386	23-7156260	501(C)(8)	5,000.	Ο.			ORGANIZATION
· · · · · · · · · · · · · · · · · · ·							
FRIENDS OF THE LERNER INC							TO FURTHER THE EXEMPT
410 S MAIN STREET							PURPOSE OF THE
ELKHART, IN 46516	46-5409942	501(C)(3)	107,020.	0.			ORGANIZATION
GARY SINISE FOUNDATION							TO FURTHER THE EXEMPT
PO BOX 368							PURPOSE OF THE
WOODLAND HILLS, CA 91365-0368	80-0587086	501(C)(3)	10,000.	0.			ORGANIZATION
GENERAL COUNCIL OF THE ASSEMBLIES							TO FURTHER THE EXEMPT
OF GOD - 1445 N BOONVILLE AVENUE -							PURPOSE OF THE
SPRINGFIELD, MO 65802-1894	44-0577787	501(C)(3)	9,000.	0.			ORGANIZATION
GIRLS ON THE RUN MICHIANA							TO FURTHER THE EXEMPT
51160 BITTERSWEET ROAD, SUITE 202							PURPOSE OF THE
GRANGER, IN 46530	27-2652189	501(C)(3)	14,500.	0.			ORGANIZATION
GIVEHEAR AKA HEARCARE CONNECTION							TO FURTHER THE EXEMPT
INC - 130 W MAIN STREET SUITE 150							PURPOSE OF THE
- FORT WAYNE, IN 46802	45-2803181	501(C)(3)	13,000.	0.			ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

31-1255886 Page 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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOSHEN ART HOUSE INC							TO FURTHER THE EXEMPT
211 S MAIN STREET B GOSHEN, IN 46526	35-2222627	501(C)(3)	5,000.	0.			PURPOSE OF THE ORGANIZATION
GOSHEN COLLEGE INC							TO FURTHER THE EXEMPT
700 S MAIN STREET							PURPOSE OF THE
GOSHEN, IN 46526	35-2158366	501(C)(3)	479,590.	0.			ORGANIZATION
GOSHEN COMMUNITY SCHOOLS							TO FURTHER THE EXEMPT
613 E PURL STREET							PURPOSE OF THE
GOSHEN, IN 46526-4044	35-1099157	501(C)(3)	5,000.	0.			ORGANIZATION
GOSHEN HEALTH FOUNDATION INC							TO FURTHER THE EXEMPT
PO BOX 139							PURPOSE OF THE
GOSHEN, IN 46527-0139	46-2565300	501(C)(3)	261,732.	0.			ORGANIZATION
GOSHEN HOSPITAL ASSOCIATION INC							TO FURTHER THE EXEMPT
200 HIGH PARK AVENUE							PURPOSE OF THE
GOSHEN, IN 46526	35-6001540	501(C)(3)	500,000.	0.			ORGANIZATION
GOSHEN HS DOLLARS FOR SCHOLARS							TO FURTHER THE EXEMPT
CHAPTER - 113 ISLAND VIEW DRIVE -							PURPOSE OF THE
GOSHEN, IN 46526	04-2296967	501(C)(3)	40,510.	0.			ORGANIZATION
GOSHEN INTERFAITH HOSPITALITY							TO FURTHER THE EXEMPT
NETWORK INC - 502 N MAIN STREET -							PURPOSE OF THE
GOSHEN, IN 46526	35-1969470	501(C)(3)	27,650.	0.			ORGANIZATION
GOSHEN KIWANIS FOUNDATION INC							
PO BOX 287							TO FURTHER THE EXEMPT PURPOSE OF THE
GOSHEN, IN 46527-0287	35-2127317	501(C)(3)	14,710.	0.			ORGANIZATION
· · · ·							
GOSHEN PUBLIC LIBRARY							TO FURTHER THE EXEMPT
601 S 5TH STREET							PURPOSE OF THE
GOSHEN, IN 46526	35-1182856	501(C)(3)	32,987.	Ο.			ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOSHEN THEATER INC							TO FURTHER THE EXEMPT
216 S MAIN STREET							PURPOSE OF THE
GOSHEN, IN 46526	90-0964247	501(C)(3)	10,000.	0.			ORGANIZATION
GRANGER COMMUNITY CHURCH INC							TO FURTHER THE EXEMPT
630 E UNIVERSITY DRIVE							PURPOSE OF THE
GRANGER, IN 46530	31-1208191	501(C)(3)	55,000.	0.			ORGANIZATION
GREATER ELKHART CHAMBER OF							TO FURTHER THE EXEMPT
COMMERCE INC - PO BOX 428 -							PURPOSE OF THE
ELKHART, IN 46515-0428	35-0290590	501(C)(6)	132,745.	0.			ORGANIZATION
CREAMER COMPANY ACCOUNTS THE							
GREATER GOSHEN ASSOCIATION INC 232 S MAIN STREET							TO FURTHER THE EXEMPT PURPOSE OF THE
	35-6063689	F(1)(C)(C)	25 000	0.			ORGANIZATION
GOSHEN, IN 46526	35-0003009	501(C)(8)	25,000.	0.			ORGANIZATION
GREENCROFT COMMUNITIES FOUNDATION							TO FURTHER THE EXEMPT
INC - PO BOX 819 - GOSHEN, IN							PURPOSE OF THE
46527-0819	23-7126990	501(C)(3)	33,830.	0.			ORGANIZATION
GUIDANCE MINISTRIES INC							TO FURTHER THE EXEMPT
PO BOX 1494							PURPOSE OF THE
ELKHART, IN 46515-1494	52-2216937	501(C)(3)	22,300.	0.			ORGANIZATION
			, ,				
HABITAT FOR HUMANITY OF ELKHART							TO FURTHER THE EXEMPT
COUNTY - PO BOX 950 - GOSHEN, IN							PURPOSE OF THE
46527-0950	35-1685313	501(C)(3)	13,700.	0.			ORGANIZATION
HEALTHY BEGINNINGS							TO FURTHER THE EXEMPT
1400 HUDSON STREET							PURPOSE OF THE
ELKHART, IN 46516	35-6000142	501(C)(3)	9,890.	0.			ORGANIZATION
			5,050.	0.			51.011112011101V
HEART CITY HEALTH CENTER INC							TO FURTHER THE EXEMPT
236 SIMPSON AVENUE							PURPOSE OF THE
ELKHART, IN 46516	35-1875364	501(C)(3)	6,000.	٥.			ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

31-1255886 Page 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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELLO GORGEOUS OF HOPE INC							TO FURTHER THE EXEMPT
922 S BEIGER STREET							PURPOSE OF THE
MISHAWAKA, IN 46544	37-1521154	501(C)(3)	32,500.	0.			ORGANIZATION
HESSTON COLLEGE							TO FURTHER THE EXEMPT
PO BOX 3000							PURPOSE OF THE
HESSTON, KS 67062	48-0548361	501(C)(3)	5,000.	0.			ORGANIZATION
HOLY CROSS COLLEGE INC							TO FURTHER THE EXEMPT
PO BOX 308							PURPOSE OF THE
NOTRE DAME, IN 46556-0308	35-1148835	501(C)(3)	126,810.	0.			ORGANIZATION
HOOSIER ENVIRONMENTAL COUNCIL INC							TO FURTHER THE EXEMPT
3951 N MERIDIAN STREET SUITE 100							PURPOSE OF THE
INDIANAPOLIS, IN 46208	35-1576694	501(C)(3)	50,000.	0.			ORGANIZATION
,							
HOOSIERS FEEDING THE HUNGRY INC							TO FURTHER THE EXEMPT
4490 A STATE ROAD 327							PURPOSE OF THE
GARRETT, IN 46738-9702	45-2402892	501(C)(3)	15,000.	0.			ORGANIZATION
HOPE CHURCH							TO FURTHER THE EXEMPT
PO BOX 52							PURPOSE OF THE
ATWOOD, IN 46502-0052	14-1855554	501(C)(3)	11,300.	0.			ORGANIZATION
HORIZON EDUCATION ALLIANCE							TO FURTHER THE EXEMPT
124 E WASHINGTON STREET							PURPOSE OF THE
GOSHEN, IN 46528	46-0803293	501(C)(3)	551,156.	0.			ORGANIZATION
HOUSING AUTHORITY CITY OF ELKHART							TO FURTHER THE EXEMPT
1396 BENHAM AVENUE		501 ( 2) ( 2)					PURPOSE OF THE
ELKHART, IN 46516	35-1082584	501(C)(3)	5,000.	0.			ORGANIZATION
HUMANE SOCIETY OF ELKHART COUNTY							TO FURTHER THE EXEMPT
INCORPORATED - 54687 COUNTY ROAD							PURPOSE OF THE
19 - BRISTOL, IN 46507	35-0996134	501(C)(3)	89,170.	٥.			ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

31-1255886 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNTINGTON UNIVERSITY INC							TO FURTHER THE EXEMPT
2303 COLLEGE AVENUE							PURPOSE OF THE
HUNTINGTON, IN 46750	35-0868101	501(C)(3)	9,600.	0.			ORGANIZATION
I 80 90 TOURISM CORRIDOR INC AKA			, ,				
NORTHERN INDIANA TOURISM							TO FURTHER THE EXEMPT
DEVELOPMENT COM - PO BOX 588 -							PURPOSE OF THE
WAKARUSA, IN 46573-0588	35-1855033	501(C)(6)	5,000.	0.			ORGANIZATION
			, ,				
INDIANA 4-H FOUNDATION							TO FURTHER THE EXEMPT
615 W STATE STREET							PURPOSE OF THE
WEST LAFAYETTE, IN 47907	35-1097611	501(C)(3)	12,000.	0.			ORGANIZATION
INDIANA BLACK EXPO INC - ELKHART							TO FURTHER THE EXEMPT
CHAPTER - PO BOX 2719 - ELKHART,							PURPOSE OF THE
IN 46515-2719	35-2333120	501(C)(3)	9,000.	٥.			ORGANIZATION
INDIANA GOLF FOUNDATION INC							TO FURTHER THE EXEMPT
PO BOX 516							PURPOSE OF THE
FRANKLIN, IN 46131-0516	35-2145820	501(C)(3)	200,100.	0.			ORGANIZATION
INDIANA IMMUNIZATION COALITION INC							TO FURTHER THE EXEMPT
9355 N 400 W							PURPOSE OF THE
FOUNTAINTOWN, IN 46130	20-0484362	501(C)(3)	5,000.	0.			ORGANIZATION
INDIANA PHILANTHROPY ALLIANCE							
FOUNDATION INC - 32 E WASHINGTON							TO FURTHER THE EXEMPT
STREET SUITE 1100 - INDIANAPOLIS,							PURPOSE OF THE
IN 46204-3583	35-1868240	501(C)(3)	30,000.	0.			ORGANIZATION
INDIANA UNIVERSITY FOUNDATION							TO FURTHER THE EXEMPT
PO BOX 500							PURPOSE OF THE
BLOOMINGTON, IN 47402-0500	35-6018940	501(C)(3)	59,490.	0.			ORGANIZATION
TNDTANA INITUEDCIMU COUMU DEND							
INDIANA UNIVERSITY SOUTH BEND							TO FURTHER THE EXEMPT
PO BOX 7111		F01(0)(2)		^			PURPOSE OF THE
SOUTH BEND, IN 46634-7111	35-6001673	DOT(C)(3)	60,926.	Ο.	1	1	ORGANIZATION

Schedule I	(Form 990)

OF ELKHART COUNTY, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) 31-1255886 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA-MICHIGAN MENNONITE CAMP							
ASSOCIATION INC DBA AMIGO CENTRE -							TO FURTHER THE EXEMPT
26455 BANKER ROAD - STURGIS, MI							PURPOSE OF THE
49091	35-1103269	501(C)(3)	14,000.	0.			ORGANIZATION
IVY TECH FOUNDATION							TO FURTHER THE EXEMPT
50 W FALL CREEK PARKWAY N DRIVE							PURPOSE OF THE
INDIANAPOLIS, IN 46208-5752	23-7073977	501(C)(3)	24,554.	0.			ORGANIZATION
JAXSON WILLIAM AUGUSTUS SWANK				••			
FOUNDATION - 3900 EDISON LAKES							TO FURTHER THE EXEMPT
PKWY SUITE 201 - MISHAWAKA, IN							PURPOSE OF THE
46545	30-6072980	501(C)(3)	7,200.	0.			ORGANIZATION
JEFFERSON BRETHREN CHURCH							TO FURTHER THE EXEMPT
58915 STATE ROAD 15							PURPOSE OF THE
GOSHEN, IN 46528	23-7008990	501(C)(3)	150,000.	0.			ORGANIZATION
JIMTOWN HISTORICAL MUSEUM							TO FURTHER THE EXEMPT
59710 COUNTY ROAD 3							PURPOSE OF THE
ELKHART, IN 46517	35-1791442	501(C)(3)	5,050.	0.			ORGANIZATION
JR MEMORIAL CRUISE FOR A CURE							TO FURTHER THE EXEMPT
10928 PARK STREET							PURPOSE OF THE
LAKEVIEW, OH 43331	47-4123590	501(C)(3)	27,500.	0.			ORGANIZATION
JUNIOR ACHIEVEMENT OF NORTHERN							TO FURTHER THE EXEMPT
INDIANA INC - 3221 MAGNUM DRIVE -							PURPOSE OF THE
ELKHART, IN 46516	35-0922731	501(C)(3)	599,179.	0.			ORGANIZATION
-,		, /	,				
KERN ROAD MENNONITE CHURCH							TO FURTHER THE EXEMPT
18211 KERN ROAD							PURPOSE OF THE
SOUTH BEND, IN 46614	43-3512510	501(C)(3)	32,500.	0.			ORGANIZATION
KIWANIS INTERNATIONAL INC							TO FURTHER THE EXEMPT
PO BOX 802				-			PURPOSE OF THE
ELKHART, IN 46515-0802	35-6030744	501(C)(4)	7,250.	0.			ORGANIZATION

OF ELKHART COUNTY, INC.

31-1255886 Page 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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LACASA OF GOSHEN INC 202 N COTTAGE AVENUE GOSHEN, IN 46528	35-1554538	501(C)(3)	113,340.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LAKE DEATON UNITED METHODIST CHURCH – 6500 WESLEYAN WAY – VILDWOOD, FL 34785	85-1347824	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LAKE FOREST ACADEMY 1500 W KENNEDY ROAD LAKE FOREST, IL 60045	36-2216167	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEAGUE FOR THE BLIND AND DISABLED INC - 5821 S ANTHONY BLVD - FORT WAYNE, IN 46816-3701	35-0876341	501(C)(3)	23,510.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIFE ACTION MINISTRIES PO BOX 31 BUCHANAN, MI 49107-0031	38-2157686	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LITTLE LEAGUE BASEBALL INC DBA GOSHEN LITTLE LEAGUE - PO BOX 514 - GOSHEN, IN 46527-0514	62-1435476	501(C)(3)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LITTLE LEAGUE BASEBALL INC DBA OSOLO LITTLE LEAGUE – PO BOX 64 – ELKHART, IN 46515-0064	31-1032709	501(C)(3)	6,800.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LOGAN COMMUNITY RESOURCES INC 2505 E JEFFERSON BOULEVARD SOUTH BEND, IN 46615	35-0965639	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)	80,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOVEWAY INCORPORATED							TO FURTHER THE EXEMPT
54151 COUNTY ROAD 33							PURPOSE OF THE
MIDDLEBURY, IN 46540	35-1326709	501(C)(3)	45,000.	0.			ORGANIZATION
MADONNA UNIVERSITY							TO FURTHER THE EXEMPT
36600 SCHOOLCRAFT ROAD							PURPOSE OF THE
LIVONIA, MI 48150	38-1498763	501(C)(3)	25,000.	0.			ORGANIZATION
MAPLE CITY HEALTH CARE CENTER INC							TO FURTHER THE EXEMPT
213 MIDDLEBURY STREET							PURPOSE OF THE
GOSHEN, IN 46528	35-1749398	501(C)(3)	199,982.	0.			ORGANIZATION
MARINE RETAILERS ASSOCIATION OF							TO FURTHER THE EXEMPT
AMERICA - 8401 73RD AVENUE NORTH							PURPOSE OF THE
SUITE 71 - MINNEAPOLIS, MN 55428	23-7432127	501(C)(6)	25,000.	0.			ORGANIZATION
,,							
MENNONITE CENTRAL COMMITTEE GREAT							TO FURTHER THE EXEMPT
LAKES INC - 1013 DIVISION STREET -							PURPOSE OF THE
GOSHEN, IN 46528-2000	46-1111193	501(C)(3)	12,500.	0.			ORGANIZATION
MENNONITE CENTRAL COMMITTEE U S							TO FURTHER THE EXEMPT
PO BOX 500							PURPOSE OF THE
AKRON, PA 17501-0500	23-6002702	501(C)(3)	6,107.	0.			ORGANIZATION
MERRY LEA ENVIRONMENTAL LEARNING							TO FURTHER THE EXEMPT
CENTER - PO BOX 263 - WOLF LAKE,							PURPOSE OF THE
IN 46796	35-2158366	501(C)(3)	21,730.	0.			ORGANIZATION
MICHIANA PUBLIC BROADCASTING							TO FURTHER THE EXEMPT
CORPORATION - PO BOX 7034 - SOUTH							PURPOSE OF THE
BEND, IN 46634-7034	35-1155594	501(C)(3)	42,700.	0.			ORGANIZATION
MID AMERICA FILMMAKERS INC							TO FURTHER THE EXEMPT
PO BOX 6065							PURPOSE OF THE
SOUTH BEND, IN 46660-6065	32-0097088	F01(G)(2)	15,000.	0.			ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDDLEBURY CHAMBER OF COMMERCE INC							TO FURTHER THE EXEMPT
PO BOX 243							PURPOSE OF THE
MIDDLEBURY, IN 46540-0243	35-2046028	501(C)(6)	10,515.	0.			ORGANIZATION
MIDDLEBURY COMMUNITY CHURCH INC			,				
DBA WAYPOINT COMMUNITY CHURCH -							TO FURTHER THE EXEMPT
56893 COUNTY ROAD 29 - GOSHEN, IN							PURPOSE OF THE
46528	26-0532773	501(C)(3)	11,005.	0.			ORGANIZATION
MIDDLEBURY COMMUNITY FOOD PANTRY							TO FURTHER THE EXEMPT
13307 COUNTY ROAD 16							PURPOSE OF THE
MIDDLEBURY, IN 46540	45-2475878	501(C)(3)	12,500.	0.			ORGANIZATION
,,							
MIDDLEBURY COMMUNITY SCHOOLS							TO FURTHER THE EXEMPT
56853 NORTHRIDGE DRIVE							PURPOSE OF THE
MIDDLEBURY, IN 46540	35-1097817	501(C)(3)	19,274.	0.			ORGANIZATION
	33 103 / 01 /	501(0)(3)	19,271	••			
MIDWEST MUSEUM OF AMERICAN ART							TO FURTHER THE EXEMPT
FOUNDATION - 429 S MAIN STREET -							PURPOSE OF THE
ELKHART, IN 46516	31-0937828	501(C)(3)	26,808.	0.			ORGANIZATION
ELKAARI, IN 40510	51-0957628	501(0)(5)	20,000.	0.			ORGANIZATION
MILFORD CHAPEL							TO FURTHER THE EXEMPT
PO BOX 147							PURPOSE OF THE
MILFORD, IN 46542-0147	35-1841289	501(C)(3)	120,000.	0.			ORGANIZATION
MILFORD, IN 40342 0147	55 1041205	501(0/(3/	120,000.	0.			OKGANIZATION
MONGER ELEMENTARY PTO							TO FURTHER THE EXEMPT
1100 E HIVELY AVE							PURPOSE OF THE
	32-0331313	501(C)(3)	6 500	0.			
ELKHART, IN 46517	32-0331312	201(C)(2)	6,500.	0.			ORGANIZATION
MOSAIC HEALTH & HEALING ARTS INC							
							TO FURTHER THE EXEMPT
330 LAKEVIEW DRIVE	01 001 001 1	F01 ( g) ( 2 )	10.000				PURPOSE OF THE
GOSHEN, IN 46528	81-2316014	DUT(C)(3)	10,000.	0.			ORGANIZATION
NADDANEE MIGIONADY GUUDGU							
NAPPANEE MISSIONARY CHURCH							TO FURTHER THE EXEMPT
PO BOX 110				_			PURPOSE OF THE
NAPPANEE, IN 46550-0110	31-0994913	501(C)(3)	6,500.	Ο.			ORGANIZATION

Schedule I	(Form 990)	
Concurrent i	0000	

OF ELKHART COUNTY, INC.

31-1255886 Page 1

Part II Continuation of Grants and Other A		_					
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CHRISTIAN CHARITABLE							
FOUNDATION INC - 11625 RAINWATER							TO FURTHER THE EXEMPT
DRIVE SUITE 500 - ALPHARETTA, GA							PURPOSE OF THE
30009	58-1493949	501(C)(3)	5,000.	0.			ORGANIZATION
NATIONAL MILITARY FAMILY							TO FURTHER THE EXEMPT
ASSOCIATION INC - 2800 EISENHOWER							PURPOSE OF THE
AVENUE - ALEXANDRIA, VA 22314	52-0899384	501(C)(3)	6,000.	0.			ORGANIZATION
NATURE CONSERVANCY							TO FURTHER THE EXEMPT
4245 N FAIRFAX DRIVE, SUITE 100							PURPOSE OF THE
ARLINGTON, VA 22203-1606	53-0242652	501(C)(3)	7,600.	0.			ORGANIZATION
NEW CITY PRESBYTERIAN CHURCH							TO FURTHER THE EXEMPT
PO BOX 46							PURPOSE OF THE
SOUTH BEND, IN 46624-0046	47-1982872	501(C)(3)	37,000.	0.			ORGANIZATION
NEW LIFE CHRISTIAN CENTER							TO FURTHER THE EXEMPT
15685 STATE ROUTE 120							PURPOSE OF THE
BRISTOL, IN 46507	38-3454282	501(C)(3)	10,000.	0.			ORGANIZATION
NORTHERN INDIANA HISPANIC HEALTH							TO FURTHER THE EXEMPT
COALITION - 444 N NAPPANEE STREET							PURPOSE OF THE
- ELKHART, IN 46514	32-0039221	501(C)(3)	35,000.	0.			ORGANIZATION
,							
NORTHRIDGE HS DOLLARS FOR SCHOLARS							TO FURTHER THE EXEMPT
22826 PINE ARBOR DRIVE APT 3A							PURPOSE OF THE
ELKHART, IN 46516	04-2296967	501(C)(3)	46,210.	0.			ORGANIZATION
NORTHWOOD SCHOLARSHIP FOUNDATION							TO FURTHER THE EXEMPT
2101 N MAIN STREET	04 2206067	F01(C)(2)	10 500	0			PURPOSE OF THE
NAPPANEE, IN 46550	04-2296967	501(C)(3)	13,520.	0.			ORGANIZATION
OAK TRAILS SCHOOL INC							TO FURTHER THE EXEMPT
7227 OAKTREE COURT							PURPOSE OF THE
CANTON, MI 48187	38-3419653	501(C)(3)	140,000.	0.			ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

Part II Continuation of Grants and Other A			and Domestic Go	vernments (Sche	edule I (Form 990), Pa		1-1255886 Pag
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAKLAWN FOUNDATION FOR MENTAL HEALTH INC - PO BOX 809 - GOSHEN, IN 46527	35-6060037	501(C)(3)	49,705.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DAKLAWN PSYCHIATRIC CENTER INC PO BOX 809 GOSHEN, IN 46527-0809	35-1070041	501(C)(3)	16,590.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
D'HANA HERITAGE FOUNDATION INC AKA A ROSIE PLACE - 53131 QUINCE ROAD - SOUTH BEND, IN 46628	37-1523448	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PARACLETE MISSION GROUP INC 5547 N ACADEMY BLVD SUITE 2170 COLORADO SPRINGS, CO 80918	36-3559944	501(C)(3)	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PATHWAY ASSEMBLY OF GOD INC 13805 US HIGHWAY 20 MIDDLEBURY, IN 46540	35-2118917	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
POTAWATOMI ZOOLOGICAL SOCIETY INC PO BOX 1764 SOUTH BEND, IN 46634-1764	35-1183974	501(C)(3)	100,850.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PREMIER ARTS INC 10 S MAIN STREET SLKHART, IN 46516	35-1837569	501(C)(3)	179,261.	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)	7,000.	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)	12,913.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

31-1255886 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PURDUE RESEARCH FOUNDATION							TO FURTHER THE EXEMPT
1281 WIN HENTSCHEL BLVD							PURPOSE OF THE
WEST LAFAYETTE, IN 47906	35-1052049	501(C)(3)	16,800.	0.			ORGANIZATION
REAL SERVICES INC							TO FURTHER THE EXEMPT
PO BOX 1835							PURPOSE OF THE
SOUTH BEND, IN 46634-1835	35-1157606	501(C)(3)	38,500.	0.			ORGANIZATION
RETA INC							TO FURTHER THE EXEMPT
300 W HIGH STREET							PURPOSE OF THE
ELKHART, IN 46516	35-1609946	501(C)(3)	786,330.	0.			ORGANIZATION
RIBBON OF HOPE INC							TO FURTHER THE EXEMPT
600 EAST BOULEVARD							PURPOSE OF THE
ELKHART, IN 46514	35-2118856	501(C)(3)	26,800.	0.			ORGANIZATION
RILEY CHILDREN'S FOUNDATION							TO FURTHER THE EXEMPT
30 S MERIDIAN STREET SUITE 200							PURPOSE OF THE
INDIANAPOLIS, IN 46204-3540	35-0868147	501(C)(3)	5,085.	0.			ORGANIZATION
RIVER OAKS COMMUNITY CHURCH OF							TO FURTHER THE EXEMPT
ELKHART INC - 58020 COUNTY ROAD	25 1771077	E01(0)(2)	14 000	0			PURPOSE OF THE
115 - GOSHEN, IN 46528	35-1771277	501(C)(3)	14,000.	0.			ORGANIZATION
RIVERVIEW ADULT DAY CENTER INC							TO FURTHER THE EXEMPT
2715 E JACKSON BLVD							PURPOSE OF THE
ELKHART, IN 46516	35-1829321	501(C)(3)	21,100.	0.			ORGANIZATION
ROLLERSKATE TO LIBERATE INC							TO FURTHER THE EXEMPT
PO BOX 631							PURPOSE OF THE
MIDDLEBURY, IN 46540	85-3447190	501(C)(3)	10,000.	0.			ORGANIZATION
RONALD MCDONALD HOUSE CHARITIES OF							TO FURTHER THE EXEMPT
MICHIANA - 610 N MICHIGAN STREET							PURPOSE OF THE
SUITE 310 - SOUTH BEND, IN 46601	35-1831691	501(C)(3)	17,900.	0.			ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

31-1255886 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
ROSEDALE INTERNATIONAL AKA							TO FURTHER THE EXEMPT
ROSEDALE MENNONITE MISSIONS - 2120							PURPOSE OF THE
E 5TH AVENUE - COLUMBUS, OH 43219	31-6087106	501(C)(3)	10,000.	0.			ORGANIZATION
ROTARY INTERNATIONAL							TO FURTHER THE EXEMPT
PO BOX 113							PURPOSE OF THE
GOSHEN, IN 46527-0113	35-6077128	501(C)(4)	66,511.	0.			ORGANIZATION
RUTHMERE FOUNDATION INC							TO FURTHER THE EXEMPT
302 EAST BEARDSLEY AVENUE							PURPOSE OF THE
ELKHART, IN 46514	32-0037914	501(C)(3)	342,670.	0.			ORGANIZATION
RYAN'S PLACE INC							TO FURTHER THE EXEMPT
PO BOX 73							PURPOSE OF THE
GOSHEN, IN 46527-0073	35-2136542	501(C)(3)	116,400.	0.			ORGANIZATION
Sobility, IN 40527 0075	33 2130342	501(0)(3)	110,400.				
SAINT MARY OF THE ANNUNCIATION							TO FURTHER THE EXEMPT
PO BOX 245							PURPOSE OF THE
BRISTOL, IN 46507-0245	35-1204442	501(C)(3)	40,000.	0.			ORGANIZATION
SALVATION ARMY AKA TERRITORIAL			,				
HEADQUARTERS - 1424 NORTHEAST							TO FURTHER THE EXEMPT
EXPRESSWAY NE - BROOKHAVEN, GA							PURPOSE OF THE
30329-2088	58-0660607	501(C)(3)	11,000.	0.			ORGANIZATION
SALVATION ARMY GOSHEN CORPS							TO FURTHER THE EXEMPT
PO BOX 114							PURPOSE OF THE
GOSHEN, IN 46527-0114	13-2923701	501(C)(3)	18,290.	0.			ORGANIZATION
GOSHEN, IN 40527-0114	13-2323/01	501(C)(5)	10,290.	0.			
SALVATION ARMY OF ELKHART							TO FURTHER THE EXEMPT
PO BOX 385							PURPOSE OF THE
ELKHART, IN 46515-0385	13-2923701	501(C)(3)	77,120.	0.			ORGANIZATION
SALVATION ARMY RAY & JOAN KROC							
CORPS COMMUNITY CENTER - 900 W							TO FURTHER THE EXEMPT
WESTERN AVENUE - SOUTH BEND, IN							PURPOSE OF THE
46601	13-5562351	501(C)(3)	30,000.	0.			ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN HEALTH & LIVING CENTER							TO FURTHER THE EXEMPT
INC - 311 W HIGH STREET - ELKHART,							PURPOSE OF THE
IN 46516-2827	35-1288674	501(C)(3)	69,190.	0.			ORGANIZATION
SERVANTS AT WORK INC							TO FURTHER THE EXEMPT
8427 ZIONSVILLE RD							PURPOSE OF THE
INDIANAPOLIS, IN 46268-1525	45-3825509	501(C)(3)	16,500.	0.			ORGANIZATION
SHEPHERD'S COVE CLOTHING PANTRY							TO FURTHER THE EXEMPT
INC - 347 W LUSHER AVENUE -							PURPOSE OF THE
ELKHART, IN 46517	46-5510962	501(C)(3)	11,900.	0.			ORGANIZATION
SOUTH BEND ELKHART REGIONAL				- •			
PARTNERSHIP FOUNDATION - 635 S							TO FURTHER THE EXEMPT
LAFAYETTE BLVD SUITE 123 - SOUTH							PURPOSE OF THE
BEND, IN 46601	35-1893288	501(C)(3)	210,000.	0.			ORGANIZATION
SPA INC							TO FURTHER THE EXEMPT
3404 TOLEDO ROAD							PURPOSE OF THE
ELKHART, IN 46516	43-1998891	501(C)(3)	22,445.	0.			ORGANIZATION
EBRIARI, IN 40510	43 1990091	501(0)(5)	22,445.	0.			OKGANIZATION
SPECIAL OPERATIONS WARRIOR							TO FURTHER THE EXEMPT
FOUNDATION - PO BOX 89367 -							PURPOSE OF THE
TAMPA, FL 33689	52-1183585	501(C)(3)	10,000.	0.			ORGANIZATION
ST. JOHN THE EVANGELIST CATHOLIC							TO FURTHER THE EXEMPT
SCHOOL - 117 W MONROE STREET -							PURPOSE OF THE
GOSHEN, IN 46526	31-1906189	501(C)(3)	5,660.	0.			ORGANIZATION
			, <u>,</u>				
ST. JOSEPH RIVER ASSOCIATION INC							TO FURTHER THE EXEMPT
722 MIDDLETON RUN ROAD							PURPOSE OF THE
ELKHART, IN 46516	27-2216234	501(C)(3)	8,150.	0.			ORGANIZATION
ST. JUDE CHILDREN'S RESEARCH							TO FURTHER THE EXEMPT
HOSPITAL - 501 ST JUDE PLACE -							PURPOSE OF THE
MEMPHIS, TN 38105	62-0646012	501(C)(3)	30,500.	0.			ORGANIZATION

OF ELKHART COUNTY, INC.

31-1255886 Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MICHAEL THE ARCHANGEL CATHOLIC							TO FURTHER THE EXEMPT
CHURCH - 5394 MIDNIGHT PASS ROAD -							PURPOSE OF THE
SARASOTA, FL 34242	59-6167179	501(C)(3)	10,000.	0.			ORGANIZATION
ST. PIUS X CATHOLIC CHURCH							TO FURTHER THE EXEMPT
2553 FIR ROAD							PURPOSE OF THE
GRANGER, IN 46530	35-0940397	501(C)(3)	30,000.	0.			ORGANIZATION
ST. THOMAS THE APOSTLE CATHOLIC							TO FURTHER THE EXEMPT
CHURCH - 1405 N MAIN STREET -							PURPOSE OF THE
ELKHART, IN 46514	35-0876373	501(C)(3)	337,523.	0.			ORGANIZATION
ST. VINCENT DE PAUL CATHOLIC							TO FURTHER THE EXEMPT
HURCH - 1108 S MAIN STREET -							PURPOSE OF THE
ELKHART, IN 46516	38-3808231	501(C)(3)	89,208.	0.			ORGANIZATION
STABLE GROUNDS INC							TO FURTHER THE EXEMPT
56853 NORTHRIDGE DRIVE			100.000				PURPOSE OF THE
AIDDLEBURY, IN 46540	83-3855858	501(C)(3)	100,000.	0.			ORGANIZATION
STREAMS OF MERCY INC							TO FURTHER THE EXEMPT
PO BOX 3220							PURPOSE OF THE
ICKINNEY, TX 75070-3220	47-0930787	501(C)(3)	9,000.	0.			ORGANIZATION
TUDENTS INTERNATIONAL							TO FURTHER THE EXEMPT
PO BOX 990							PURPOSE OF THE
VISALIA, CA 93279	77-0410440	501(C)(3)	7,700.	0.			ORGANIZATION
SUNSHINE WORKSHOP INC (PLAIN							TO FURTHER THE EXEMPT
COMMUNITY PARTNER) - 6255 W 1300							PURPOSE OF THE
IORTH - NAPPANEE, IN 46550	45-4333590	501(C)(3)	50,000.	0.			ORGANIZATION
NUE CENTRED FOR HOSDICE .							
THE CENTER FOR HOSPICE &							TO FURTHER THE EXEMPT
PALLIATIVE CARE INC - 501 COMFORT	21 0052866	F01(C)(2)	12 155	^			PURPOSE OF THE
PLACE – MISHAWAKA, IN 46545	31-0952866	DOT(C)(3)	13,155.	0.			ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

Page 1

31-1255886

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S THERAPLAY							TO FURTHER THE EXEMPT
FOUNDATION INC - 9919 TOWNE ROAD -							PURPOSE OF THE
CARMEL, IN 46032	35-2121568	501(C)(3)	20,000.	0.			ORGANIZATION
THE CROSSING NATIONAL INC							TO FURTHER THE EXEMPT
515 S MAIN STREET							PURPOSE OF THE
ELKHART, IN 46516	26-0588186	501(C)(3)	23,000.	0.			ORGANIZATION
THE FOUNDATION FOR THE CENTER FOR							
HOSPICE & PALLIATIVE CARE INC -							TO FURTHER THE EXEMPT
501 COMFORT PLACE - MISHAWAKA, IN							PURPOSE OF THE
46545	30-0433147	501(C)(3)	6,500.	0.			ORGANIZATION
THE NEW HORIZONS FOUNDATION INC							TO FURTHER THE EXEMPT
5550 TECH CENTER DRIVE SUITE 303							PURPOSE OF THE
COLORADO SPRINGS, CO 80919-2308	84-1123082	501(C)(3)	20,000.	0.			ORGANIZATION
TOMORROWS ANGLERS INC							TO FURTHER THE EXEMPT
W4878 CLIFF VIEW DRIVE							PURPOSE OF THE
SHERWOOD, WI 54169-9667	81-5209295	501(C)(3)	5,000.	0.			ORGANIZATION
TREY WHITFIELD SCHOOL							TO FURTHER THE EXEMPT
PO BOX 384							PURPOSE OF THE
BROOKLYN, NY 11208	11-3577637	501(C)(3)	6,000.	0.			ORGANIZATION
TRINE UNIVERSITY							TO FURTHER THE EXEMPT
ONE UNIVERSITY ONE UNIVERSITY AVENUE							PURPOSE OF THE
ANGOLA, IN 46703	35-0715530	501(C)(3)	20,000.	0.			ORGANIZATION
	33 0,13330		20,000.				
TRINITY FOUNDATION							TO FURTHER THE EXEMPT
3411 BRIDGETOWN RD.							PURPOSE OF THE
BRISTOL, IN 46507	47-1589616	501(C)(3)	34,160.	0.			ORGANIZATION
TRINITY UNITED METHODIST CHURCH OF							TO FURTHER THE EXEMPT
ELKHART INDIANA - 2715 E JACKSON							PURPOSE OF THE
BOULEVARD - ELKHART, IN 46516	35-0874265	501(C)(3)	142,993.	0.			ORGANIZATION

Schedule I	(Form 990)

90) OF ELKHART COUNTY, INC.

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF PURDUE UNIVERSITY AKA							
ELKHART CO 4-H CLUB CORP - 17746							TO FURTHER THE EXEMPT
COUNTY ROAD 34 SUITE E - GOSHEN,							PURPOSE OF THE
IN 46528-9202	62-1429288	501(C)(3)	38,533.	0.			ORGANIZATION
ULEAD INC							TO FURTHER THE EXEMPT
212 S MAIN STREET SUITE 2							PURPOSE OF THE
GOSHEN, IN 46526	35-2049624	501(C)(3)	362,112.	0.			ORGANIZATION
UNITED THEOLOGICAL SEMINARY							TO FURTHER THE EXEMPT
4501 DENLINGER ROAD							PURPOSE OF THE
DAYTON, OH 45426	31-0568239	501(C)(3)	12,500.	0.			ORGANIZATION
				- •			
UNITY OF MICHIANA INC							TO FURTHER THE EXEMPT
52248 LAUREL RD							PURPOSE OF THE
SOUTH BEND, IN 46637	31-0989295	501(C)(3)	24,480.	0.			ORGANIZATION
INTURDATEL OF INDIANADOLIA							
UNIVERSITY OF INDIANAPOLIS 1400 E HANNA AVENUE							TO FURTHER THE EXEMPT PURPOSE OF THE
	35-0868107	F(1/a)/2	11 150	0.			
INDIANAPOLIS, IN 46227	33-0868107	501(C)(3)	11,150.	0.			ORGANIZATION
UNIVERSITY OF NOTRE DAME							TO FURTHER THE EXEMPT
400 MAIN BUILDING							PURPOSE OF THE
NOTRE DAME, IN 46556	35-0868188	501(C)(3)	68,163.	0.			ORGANIZATION
WAKARUSA CHAMBER OF PROGRESS DBA							
WAKARUSA CHAMBER OF COMMERCE INC -							TO FURTHER THE EXEMPT
PO BOX 291 - WAKARUSA, IN							PURPOSE OF THE
46573-0291	35-1938370	501(C)(6)	250,000.	0.			ORGANIZATION
WELLFIELD BOTANIC GARDENS INC							TO FURTHER THE EXEMPT
1011 N MAIN STREET							PURPOSE OF THE
	20-1642142	501(C)(3)	391,378.	0.			ORGANIZATION
ELKHART, IN 46514	20-1042142	501(C)(5)	551,578.	0.			UNGANIZATION
WHEELCHAIRHELP ORG							TO FURTHER THE EXEMPT
515 EAST STREET							PURPOSE OF THE
ELKHART, IN 46516	04-3683350	501(C)(3)	6,000.	Ο.			ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

31-1255886 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOMEN'S CARE CENTER FOUNDATION INC							TO FURTHER THE EXEMPT
360 N NOTRE DAME AVENUE							PURPOSE OF THE
SOUTH BEND, IN 46617	38-3651599	501(C)(3)	150,288.	0.			ORGANIZATION
NOMEN'S CARE CENTER INC							TO FURTHER THE EXEMPT
229 W MARION STREET							PURPOSE OF THE
ELKHART, IN 46516	35-1609945	501(C)(3)	204,650.	0.			ORGANIZATION
WOUNDED WARRIOR PROJECT INC							
							TO FURTHER THE EXEMPT
PO BOX 758516	00 000000	501 ( 2) ( 2)	10 500				PURPOSE OF THE
TOPEKA, KS 66675-8516	20-2370934	501(C)(3)	10,500.	0.			ORGANIZATION
WVPE 88.1 PUBLIC RADIO							TO FURTHER THE EXEMPT
2424 CALIFORNIA ROAD							PURPOSE OF THE
ELKHART, IN 46514	35-1123802	501(C)(3)	5,299.	0.			ORGANIZATION
YOUNG LIFE							TO FURTHER THE EXEMPT
PO BOX 70065							PURPOSE OF THE
PRESCOTT, AZ 86304-7065	84-0385934	501(C)(3)	5,000.	0.			ORGANIZATION
YOUTH WITH A MISSION							TO FURTHER THE EXEMPT
PO BOX 3000							PURPOSE OF THE
GARDEN VALLEY, TX 75771-3000	23-7136015	501(C)(3)	10,500.	0.			ORGANIZATION
WCA NORTH CENTRAL INDIANA INC							TO FURTHER THE EXEMPT
1102 S FELLOWS STREET							PURPOSE OF THE
SOUTH BEND, IN 46601	35-0868226	501(C)(3)	229,270.	0.			ORGANIZATION
500111 DEMD, 1N 40001	55 0000220	501(0)(5)	225,270.				ONOTATION
RETURNED GRANT MONEY FROM PREVIOUS							RETURNED GRANTS FROM
YEARS			-1,176,757.	0.			PREVIOUS YEARS

Schedule I (Form 990) 2020

#### OF ELKHART COUNTY, INC.

31-1255886

Page 2

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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	649	1,672,609.	0.		
NARDSHIP ASSISTANCE	16	44,339.	0.		
Part IV Supplemental Information. Provide the informatior	n required in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
RANTS FROM THE ORGANIZATION'S U	NRESTRICTED	FUND ARE	FOCUSED ON	THREE AREAS	
CAREER PATHWAYS, KIDS & FAMILY					

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

COMMUNITY FOUNDATION Schedule I (Form 990) OF ELKHART COUNTY, INC. 31-1255886 Page 2 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.

CHEDULE J	Compensation Information	OMB No.	1545-004	17
Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	າວດ	
	Compensated Employees		<b>)20</b>	
epartment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	Open t	o Publi	ic
ternal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Insp	ection	
lame of the organization		nployer identificat		nber
	OF ELKHART COUNTY, INC.	31-125588	6	
Part I Question	s Regarding Compensation			
			Yes	No
a Check the approp	iate 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.			
First-class or		use		
X Travel for cor	· · · · · · · · · · · · · · · · · · ·	ence		
	cation and gross-up payments Health or social club dues or initiation fees			
Discretionary	spending account Personal services (such as maid, chauffeur, c	hef)		
•	on line 1a are checked, did the organization follow a written policy regarding payment or			v
	provision of all of the expenses described above? If "No," complete Part III to explain	<u>1b</u>		<u>X</u>
-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			х
trustees, and office	rrs, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
handle start details 10 -				
	ny, of the following the organization used to establish the compensation of the organization's			
	ector. Check all that apply. Do not check any boxes for methods used by a related organization t	0		
· · ·	ation of the CEO/Executive Director, but explain in Part III.			
X Compensatio				
	compensation consultant			
Form 990 of 0	ther organizations <b>X</b> Approval by the board or compensation com	mittee		
During the year d	any person listed on Form 000. Dart VII. Section A line to with respect to the filing			
	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	elated organization: ee payment or change-of-control payment?	4a		Х
				X
-				X
	ceive payment from an equity-based compensation arrangement?			
IT TES to any off				
Only section 501	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the				
•		5a		х
	ration?			X
	pr 5b, describe in Part III.			
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	sin on boo, i are vil, ecolori v, inte va, ala the organization pay of acorde any compensation			
For persons listed	net earnings of:			
For persons listed contingent on the		63		Х
For persons listed contingent on the The organization?	-			X X
<ul><li>For persons listed contingent on the</li><li>The organization?</li><li>Any related organi</li></ul>	ation?			X X
<ul> <li>For persons listed contingent on the</li> <li>The organization?</li> <li>Any related organi If "Yes" on line 6a</li> </ul>	ration? or 6b, describe in Part III.			
<ul> <li>For persons listed contingent on the</li> <li>a The organization?</li> <li>b Any related organi If "Yes" on line 6a</li> <li>Y For persons listed</li> </ul>	ration? or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	6b		X
<ul> <li>For persons listed contingent on the</li> <li>a The organization?</li> <li>b Any related organi If "Yes" on line 6a</li> <li>7 For persons listed not described on I</li> </ul>	ration? or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments nes 5 and 6? If "Yes," describe in Part III	6b		
<ul> <li>For persons listed contingent on the a The organization?</li> <li>Any related organi If "Yes" on line 6a</li> <li>For persons listed not described on I</li> <li>Were any amounts</li> </ul>	ration? or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments nes 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u>6b</u> 		X X
<ul> <li>For persons listed contingent on the a The organization?</li> <li>Any related organi If "Yes" on line 6a</li> <li>For persons listed not described on I</li> <li>Were any amounts initial contract exc</li> </ul>	ration? or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments nes 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	6b		X

OF ELKHART COUNTY, INC.

Schedule J (Form 990) 2020

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) PETER L. MCCOWN	(i)	185,681.	0.	0.	30,485.	14,573.	230,739.	0
PRESIDENT	(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)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							

Page **2** 

31-1255886

Schedule J (Form 990) 2020

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

SCHE	DULE L		Tra	insactior	ıs V	Vith	Int	erested	P	ersons			O	MB No.	1545-00	47	
(Form 9	90 or 990-EZ)	Complete if	the o					orm 990, Pari art V, line 38a		line 25a, 25b, 2 40b.	6, 27,	28a,		2	02	20	
	of the Treasury							Form 990-EZ						pen T spect		olic	
	<sup>enue Service</sup> the organization			FOUNDAT			istruc	tions and the	late	est information.	Em	olover	r ident	•		mher	
	and organization			T COUNTY								-	558		011110	mber	
Part I	Excess B						ion 50 <sup>.</sup>	1(c)(4), and see	ctior	n 501(c)(29) orga							
	Complete if	the organization						ine 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.				
1 (a) ℕ	lame of disqualif	fied person	<b>(b)</b> F	Relationship bety person and or			ified	(0	<b>c)</b> D	escription of tran	sactio	n				ected?	
					gainza									<b>Y</b>	es	No	
														_			
														+			
2 Ente	er the amount of	tax incurred by	the o	rganization man	agers	or disc	qualifie	d persons duri	ing t	the year under					I		
												▶ \$					
3 Ente	er the amount of	tax, if any, on li	ne 2, a	above, reimburs	ed by	the ore	ganizat	tion				▶ \$					
Part II	Loans to	and/or From	n Inte	erested Pers	sons.												
		the organizatior	n ansv	vered "Yes" on I	Form 9	990-EZ	, Part V	V, line 38a or F	orm	n 990, Part IV, lin	e 26; d	or if th	e orga	nizatio	on		
	reported an	amount on For	n 990	, Part X, line 5, 6													
int	(a) Name of erested person	(b) Relation with organi		tion of loan from the				e) Original cipal amount	(1	) Balance due		In ult?	UV DUALU UL			i) Written greement?	
	elested person	with organ	Ζαιιυπ	OFIDAL		ization?	l .	Sipai amount					comm Yes		-	<u> </u>	
					To	From					Yes	No	res	No	Yes	No	
																<u> </u>	
																+	
																+	
																<u> </u>	
<b>T</b>								•									
Total Part II	I Grants or	r Assistance	Ben	efiting Inter	ested	d Per	sons	<u></u> ► \$									
				vered "Yes" on I													
(a)	Name of interes	sted person		( <b>b)</b> Relationship interested pers the organiza	son an		(	<b>c)</b> Amount of assistance		<b>(d)</b> Type assistan			•	) Purp assista		f	
												$\rightarrow$					
			_									-+					
												+					
			_														
			_														
<b>F</b>				a a Ala a Inatara	Name			) en 000 EZ		0.1					0 53	0000	

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

Schedule L (Form 990 or 990-EZ) 2020

## Schedule L (Form 990 or 990 EZ) 2020 OF ELKHART COUNTY , INC. 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		ship betwee and the orga	en interested anization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
							Yes	No
COLE	PATUZZI	CFO OF	ORGAN	IZATION	0.	BOARD MEMBE		X
MIKE	SCHOEFFLER	FORMER	BOARD	MEMBER	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:

FORMER BOARD MEMBER OF COMMUNITY FOUNDATION OF ELKHART COUNTY

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

	SCHEDULE M Noncash Contributions								7
(Fo	rm 990)						20	20	1
				answered "Yes" o	n Form 990, Part IV, lines 29	9 or 30.			1
	ment of the Treasury I Revenue Service	<ul> <li>Attach to Form 990</li> <li>Go to www irs gov/</li> </ul>		r instructions and	the latest information.		Open to Inspe		с
Nam	e of the organizatior	=				Employer i	-		nber
		OF ELKHART C					L-1255		
Pa	rt I   Types of	Property		21(0)					
			(a)	(b)	(c)		(d)		
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor	of determin htribution ar	0	5
1	Art - Works of art				ronn 990, rait vill, line rg				
2	Art - Historical trea								
2		erests							
4									
4 5		tions							
		ehold goods							
6		nicles							
7									
8		ty	x	57	10 750 645	E-M37			
9		y traded		57	10,750,645.				
10		/ held stock							
11	Securities - Partner	, ,							
12	Securities - Miscell								
13	Qualified conserva								
	Historic structures								
14		tion contribution - Other							
15	Real estate - Resid								
16		nercial							
17									
18									
19									
20		l supplies							
21									
22									
23		ns							
24	Archeological artifa	acts							
25	Other 🕨 (	)							
26	Other ► (	)							
27	Other 🕨 (	)							
28	Other 🕨 (	)							
29		8283 received by the organi	-						
	for which the organ	nization completed Form 82	83, Part V, D	Oonee Acknowledg	ement 29				
								Yes	No
30a	During the year, di	d the organization receive by	y contributic	on any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at lea	ast three years from the date	e of the initia	al contribution, and	which isn't required to be us	ed for			
	exempt purposes f	for the entire holding period'	?				30a		X
b	If "Yes," describe t	the arrangement in Part II.							
31	Does the organizat	tion have a gift acceptance p	policy that re	equires the review o	of any nonstandard contributi	ions?	31	Х	
32a	Does the organizat	tion hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?						32a	Х	
b	If "Yes," describe i								
33	If the organization	didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is chec	ked,			
	describe in Part II.								
LHA	For Paperwork	Reduction Act Notice, see	the Instruc	tions for Form 990	).	Sched	ule M (Forn	n 990)	2020

COMMUNITY FOUNDATION 31-1255886 OF ELKHART COUNTY, INC. Schedule M (Form 990) 2020 Page **2 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 Part II 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 Name of the organization

#### 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

COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.

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

INSTITUTIONS, AND SCHOLARSHIPS. CFEC ALSO MAINTAINS A FUND FOR ELKHART

COUNTY THAT REPRESENTS UNRESTRICTED DOLLARS. CFEC'S BOARD IS USING THE

UNRESTRICTED DOLLARS TO ADVANCE THREE FOCUS AREAS THAT BENEFIT THE

COUNTY: CAREER PATHWAYS, KIDS & FAMILY, AND PLACEMAKING.

ADDITIONALLY, CFEC SERVES AS THE LOCAL ADMINISTRATOR FOR THE LILLY

ENDOWMENT COMMUNITY SCHOLARSHIP.

FORM 990, PART VI, SECTION A, LINE 1:

TO HELP EXPEDITE THE BUSINESS OF THE COMMUNITY FOUNDATION OF ELKHART

COUNTY, THE EXECUTIVE COMMITEE 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 COMMITEE 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

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.	Employer identification number 31-1255886
THE COMPLETED QUESTIONNAIRES TO DETERMINE IF ANY POTENTIAL	OR ACTUAL
CONFLICTS OF INTEREST EXIST. IF THERE IS A CONFLICT, THE CO	OMMITTEE HEAD
WILL ADDRESS IT WITH THE PERSON AND POSSIBLY ASK THEM TO R	EMOVE THEMSELVES
FROM SAID COMMITTEE.	

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	-12,314,256.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-25,025.
CHANGE IN VALUE OF LIFE INSURANCE	2,773.
TOTAL TO FORM 990, PART XI, LINE 9	-12,336,508.

FORM 990, PART XII, LINE 2C

THE PROCEDURES THE FINANCE COMMITTEE TAKES ANNUALLY DID NOT CHANGE IN

THE CURRENT YEAR.

	1	Deleted On enimetican					ON	/IB No. 1545-	-0047
SCHEDULE R (Form 990)	► Com	Related Organizations plete if the organization answered Att			6, or 37.			202	-
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990	for instructions and the lates	st information.				pen to Pu Inspectio	
Name of the organizat	ion COMMUNITY FOU OF ELKHART CO	NDATION				Employe 31-	ridentifio 12558		mber
Part I Identificat	ion of Disregarded Entities. Compl	ete if the organization answered "Yes	" on Form 990, Part IV, line 33	3.					
	<b>(a)</b> Iress, and EIN (if applicable) disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state c foreign country)	or Total inco	me End-of-yea		Direct c	<b>(f)</b> ontrolling ntity	
		_							
		_							
		_							
		_							
	ion of Related Tax-Exempt Organiz	ations. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, I	because it had one	or more related	d tax-exer	npt	
	<b>(a)</b> ne, address, and EIN related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct cont entity	-	(g Section 5 contro enti	olled
			0 ,,		501(c)(3))			Yes	No
ECCF HOLDINGS, IN	NC 20-3670120					COMMUNITY			
P.O. BOX 2932						FOUNDATION	OF		
ELKHART, IN 4651		COMMUNITY DEVELOPMENT	INDIANA	501(C)3	LINE 12A, I	ELKHART COU	NTY	X	
	ITNESS AND AQUATICS INC -	PROMOTE HEALTH AND				COMMUNITY			
	N MICHIGAN ST, SOUTH BEND,	WELLNESS AND ENHANCE THE				FOUNDATION			
IN 46601		COMMUNITY	INDIANA	501(C)3	LINE 7	ELKHART COU	NTY	X	
		_							

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

## Schedule R (Form 990) 2020 OF ELKHART COUNTY, INC.

31-1255886 Page 2

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

		-	( n		(3)							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(i	(k	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ations?	amount in box	mana partr	al or Percei <sup>jing</sup> owne	entage ership
		country)		sections 512-514)		455615	Yes	No		Yes	No	
	1											
	-											
											_	
	-											
	-											
	-											
	-											
	-											
										$\left  \right $	_	
	]											
	1											
	1							1				

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)				400010		Yes	No
								'	──
								<u> </u>	<u> </u>
									<u> </u>
	1								
								'	

## COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.

Schedule R	(Form 990)	2020	OF	ELKHART	COUNTY

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?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х		
	Gift, grant, or capital contribution to related organization(s)	1b	X			
	Gift, grant, or capital contribution from related organization(s)	1c		Х		
	Loans or loan guarantees to or for related organization(s)	1d		Х		
	Loans or loan guarantees by related organization(s)	1e		X		
f	Dividends from related organization(s)	1f		X		
g	Sale of assets to related organization(s)	1g		X		
h	Purchase of assets from related organization(s)	1h		X		
i	Exchange of assets with related organization(s)	1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X		
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X			
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X			
	Sharing of paid employees with related organization(s)	10	X			
р	Reimbursement paid to related organization(s) for expenses	1p		X		
q	Reimbursement paid by related organization(s) for expenses	1q		X		
r	Other transfer of cash or property to related organization(s)	1r		X		
s	Other transfer of cash or property from related organization(s)	1s		Х		
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.					

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1) ELKHART HEALTH FITNESS AND AQUATICS INC	В	534,478.	CASH AMOUNT
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

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

Schedule R (Form 990) 2020

## 31-1255886 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	<b>(g)</b> Share of end-of-year assets	(r Disprotion allocat Yes	) opor- ate ions? <b>No</b>	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

COM	IMUNITY	F	OUNDATI	ΟN
<u>о</u> п	<b>TIT 17113 DO</b>	-	COTTOTT	

# Schedule R (Form 990) 2020 OF E Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.