

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.		D Employer identification number 31-1255886
	Doing business as		E Telephone number 574-295-8761
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 108,445,671.
	240 EAST JACKSON BLVD	104	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code ELKHART, IN 46516		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: PETER MCCOWN SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.INSPIRINGGOOD.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1988	M State of legal domicile: IN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE IN ELKHART COUNTY BY INSPIRING GENEROSITY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	69
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	448,748.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	39,190.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 25,730,139.	Current Year 41,793,735.
	9 Program service revenue (Part VIII, line 2g)	10,342.	13,854.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,878,387.	21,643,170.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	572.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,619,440.	63,450,759.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,240,213.	29,196,583.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,720,020.	2,012,455.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 682,623.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,129,575.	2,825,170.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,089,808.	34,034,208.	
19 Revenue less expenses. Subtract line 18 from line 12	19,529,632.	29,416,551.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 418,149,768.	End of Year 392,859,381.
	21 Total liabilities (Part X, line 26)	45,918,128.	53,128,057.
	22 Net assets or fund balances. Subtract line 21 from line 20	372,231,640.	339,731,324.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	▶ PETER MCCOWN, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KANDY L. WISCHMEIER, CPA	KANDY L. WISCHMEIER,	05/10/23		P00118327
Firm's name ▶ BLUE & CO., LLC			Firm's EIN ▶ 35-1178661		
Firm's address ▶ 813 WEST SECOND STREET SEYMOUR, IN 47274			Phone no. 812-522-8416		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 31,843,931. including grants of \$ 29,196,583.) (Revenue \$ 13,854.)
**THE COMMUNITY FOUNDATION OF ELKHART COUNTY (CFEC) WAS ESTABLISHED IN
1988 TO INSPIRE PEOPLE TO MAKE CHARITABLE GIFTS THAT IMPROVE THE
QUALITY OF LIFE IN ELKHART COUNTY. AS A PUBLIC, TAX-EXEMPT
PHILANTHROPIC ORGANIZATION, CFEC SOLICITS AND DEVELOPS BOTH ENDOWED AND
NON-ENDOWED FUNDS WITH A PRIMARY FOCUS ON BENEFITING LOCAL CHARITIES
AND HELPING LOCAL INDIVIDUALS ACHIEVE THEIR CHARITABLE GOALS.**

**GRANTS FROM RESTRICTED FUNDS ARE ISSUED IN ACCORDANCE WITH THE TERMS
ESTABLISHED IN THE RESPECTIVE GOVERNING FUND AGREEMENTS. MOST OF THESE
GRANTS ARE TO LOCAL TAX-EXEMPT ORGANIZATIONS AND SPAN A WIDE ARRAY OF
CHARITABLE CAUSES, INCLUDING ARTS & CULTURE, COMMUNITY DEVELOPMENT,
EDUCATION & YOUTH DEVELOPMENT, HEALTH & HUMAN SERVICES, RELIGIOUS**

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 **31,843,931.**

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

Part IV Checklist of Required Schedules

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

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

Part IV Checklist of Required Schedules *(continued)*

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	34
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		28
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year		2
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 21		
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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?		X
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on 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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**
COLE PATUZZI - 574-295-8761
240 EAST JACKSON BLVD, 104, ELKHART, IN 46516

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER L. MCCOWN PRESIDENT	40.00			X			256,721.	0.	48,425.	
(2) COLE PATUZZI CFO	40.00			X			132,404.	0.	14,711.	
(3) JODI SPATARO EMPLOYEE	40.00				X		139,900.	0.	5,584.	
(4) CANDACE YODER EMPLOYEE	40.00				X		125,451.	0.	7,769.	
(5) DAVID FINDLAY CHAIRPERSON	1.00	X		X			0.	0.	0.	
(6) CIEN ASOERA VICE CHAIR	1.00	X		X			0.	0.	0.	
(7) DAVID WEAVER TREASURER	1.00	X		X			0.	0.	0.	
(8) DEB BEAVERSON SECRETARY	1.00	X		X			0.	0.	0.	
(9) BECKY BONTREGER DIRECTOR	1.00	X					0.	0.	0.	
(10) DICK ARMINGTON DIRECTOR	1.00	X					0.	0.	0.	
(11) GALEN MILLER DIRECTOR	1.00	X					0.	0.	0.	
(12) ISAAC TORRES DIRECTOR	1.00	X					0.	0.	0.	
(13) JAN FARRON DIRECTOR	1.00	X					0.	0.	0.	
(14) JOHN LIECHTY DIRECTOR	1.00	X					0.	0.	0.	
(15) KEN JULIAN DIRECTOR	1.00	X					0.	0.	0.	
(16) KERRI RITCHIE DIRECTOR	1.00	X					0.	0.	0.	
(17) OLA YODER DIRECTOR	1.00	X					0.	0.	0.	

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RAQUEL ESPINOSA DIRECTOR	1.00	X					0.	0.	0.	
(19) ROB CRIPE DIRECTOR	1.00	X					0.	0.	0.	
(20) SHARON LIEGL DIRECTOR	1.00	X					0.	0.	0.	
(21) STEVE FIDLER DIRECTOR	1.00	X					0.	0.	0.	
(22) THOMAS PLETCHER DIRECTOR	1.00	X					0.	0.	0.	
(23) TODD CLEVELAND DIRECTOR	1.00	X					0.	0.	0.	
(24) THERESA GUNDEN DIRECTOR	1.00	X					0.	0.	0.	
(25) BJ THOMPSON DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							654,476.	0.	76,489.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							654,476.	0.	76,489.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MERCER, 701 MARKET ST, SUITE 1100, ST LOUIS, MO 63101	MANAGEMENT FEES	794,255.
STIFEL 200 NIBCO PARKWAY, ELKHART, IN 46516	MANAGEMENT FEES	195,106.
YARD & COMPANY PO BOX 1058, CINCINNATI, OH 45201	COMMUNITY DEVELOPER	155,075.
LIGHTBOX 302 S MAIN ST, GOSHEN, IN 46526	MARKETING	142,115.
RIVERFRONT PARTNERS, LLC 1738 WEST LINCOLN AVENUE, GOSHEN, IN 46526	REAL ESTATE MGT	114,638.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **7**

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	41,793,735.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 22,054,860.				
	h Total. Add lines 1a-1f			41,793,735.			
Program Service Revenue	2 a PROGRAM SERVICE REVENUE	Business Code					
		900099	13,854.	13,854.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			13,854.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13,992,478.		448,748.	13543730.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	52,542,064.	103,540.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	44,863,911.	131,001.			
	c Gain or (loss)	7c	7,678,153.	-27,461.			
	d Net gain or (loss)			7,650,692.		7650692.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			63,450,759.	13,854.	448,748.	21194422.	

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

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	27,110,502.	27,110,502.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,025,841.	2,025,841.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	60,240.	60,240.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	433,596.	151,759.	212,462.	69,375.
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	1,284,204.	449,471.	629,260.	205,473.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,200.	19,670.	27,538.	8,992.
9 Other employee benefits	120,501.	42,175.	59,045.	19,281.
10 Payroll taxes	117,954.	41,284.	57,798.	18,872.
11 Fees for services (nonemployees):				
a Management				
b Legal	5,326.	1,491.	2,503.	1,332.
c Accounting	46,342.	12,976.	21,780.	11,586.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,100,108.	1,100,108.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	28,462.	7,969.	13,377.	7,116.
12 Advertising and promotion	224,847.		157,393.	67,454.
13 Office expenses	73,981.	22,194.	29,592.	22,195.
14 Information technology	201,326.	55,931.	94,895.	50,500.
15 Royalties				
16 Occupancy	129,304.	38,791.	51,722.	38,791.
17 Travel	34,100.	10,004.	13,915.	10,181.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	63,665.	24,700.	28,266.	10,699.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,189.	16,557.	22,075.	16,557.
23 Insurance	28,053.	8,416.	11,221.	8,416.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAMS AND EVENTS	609,431.	609,431.		
b DONOR DEVELOPMENT	120,518.	10,847.		109,671.
c MISCELLANEOUS	80,944.		74,812.	6,132.
d SCHOLARSHIP ADMIN EXPEN	23,574.	23,574.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	34,034,208.	31,843,931.	1,507,654.	682,623.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

Part X Balance Sheet

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

		(A)			(B)	
		Beginning of year			End of year	
Assets	1 Cash - non-interest-bearing	36.	1		125.	
	2 Savings and temporary cash investments	10,432,786.	2		20,987,736.	
	3 Pledges and grants receivable, net		3			
	4 Accounts receivable, net		4			
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges	76,521.	9		82,106.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,180,665.				
	b Less: accumulated depreciation	216,682.				
	11 Investments - publicly traded securities	261,107,714.	11		214,525,993.	
	12 Investments - other securities. See Part IV, line 11	145,662,818.	12		154,001,352.	
	13 Investments - program-related. See Part IV, line 11		13			
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11	718,861.	15		2,298,086.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	418,149,768.	16		392,859,381.		
Liabilities	17 Accounts payable and accrued expenses	697,042.	17		428,359.	
	18 Grants payable	5,020,187.	18		5,274,244.	
	19 Deferred revenue	3,188.	19		693.	
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	39,762,773.	21		45,377,234.	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	434,938.	25		2,047,527.	
	26 Total liabilities. Add lines 17 through 25	45,918,128.	26		53,128,057.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions	4,574,538.	27		4,725,169.	
	28 Net assets with donor restrictions	367,657,102.	28		335,006,155.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29 Capital stock or trust principal, or current funds		29			
	30 Paid-in or capital surplus, or land, building, or equipment fund		30			
	31 Retained earnings, endowment, accumulated income, or other funds		31			
	32 Total net assets or fund balances	372,231,640.	32		339,731,324.	
	33 Total liabilities and net assets/fund balances	418,149,768.	33		392,859,381.	

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

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	63,450,759.
2 Total expenses (must equal Part IX, column (A), line 25)	2	34,034,208.
3 Revenue less expenses. Subtract line 2 from line 1	3	29,416,551.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	372,231,640.
5 Net unrealized gains (losses) on investments	5	-56,209,693.
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	-5,707,174.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	339,731,324.

Part XII Financial Statements and Reporting

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22956757.	22326278.	35994449.	25730139.	41793736.	148801359
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	22956757.	22326278.	35994449.	25730139.	41793736.	148801359
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)						29813774.
6 Public support. Subtract line 5 from line 4.						118987585

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	22956757.	22326278.	35994449.	25730139.	41793736.	148801359
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4902795.	8808409.	6227019.	7376449.	13543730.	40858402.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-146,116.	-72,727.	-65,953.	156,531.	448,748.	320,483.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						189980244
12 Gross receipts from related activities, etc. (see instructions)					12	50,108.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	62.63 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	66.54 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

**COMMUNITY FOUNDATION
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV 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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

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

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

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	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 organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2021 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>4,967,632.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>6,166,030.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,050,057.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>2,014,209.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,889,263.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>1,311,306.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>865,454.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>4,930,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK <hr/> <hr/> <hr/>	\$ 4,967,632.	07/30/21
2	STOCK <hr/> <hr/> <hr/>	\$ 6,166,030.	12/20/21
3	STOCK <hr/> <hr/> <hr/>	\$ 1,050,057.	08/04/21
4	STOCK <hr/> <hr/> <hr/>	\$ 2,014,209.	12/03/21
5	STOCK <hr/> <hr/> <hr/>	\$ 1,889,263.	03/01/22
8	STOCK <hr/> <hr/> <hr/>	\$ 1,311,306.	12/20/21

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

Form with sections 1a-1b and 2. 1a: Text of footnote for public service. 1b: Amounts for art collections. 2: Amounts for financial gain.

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

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HEDGE FUNDS	19,233,328.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY	134,768,024.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	154,001,352.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	435,134.
(3) RIGHT OF USE LIABILITY	1,612,393.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,047,527.

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

COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	-1,240,188.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-56,209,693.	
b	Donated services and use of facilities	2b	300.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	2,785,655.	
e	Add lines 2a through 2d	2e	-53,423,738.	
3	Subtract line 2e from line 1	3	52,183,550.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,100,108.	
b	Other (Describe in Part XIII.)	4b	10,167,101.	
c	Add lines 4a and 4b	4c	11,267,209.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	63,450,759.	

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

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

1	Total expenses and losses per audited financial statements		1	31,260,128.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	300.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	2,878,370.	
e	Add lines 2a through 2d	2e	2,878,670.	
3	Subtract line 2e from line 1	3	28,381,458.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,100,108.	
b	Other (Describe in Part XIII.)	4b	4,552,642.	
c	Add lines 4a and 4b	4c	5,652,750.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	34,034,208.	

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

CONTRIBUTIONS HELD FOR OTHERS REPRESENTS FUNDS PLACED 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 NOTFORPROFIT ORGANIZATIONS SERVING THE RESIDENTS OF ELKHART COUNTY. GRANTS FROM RESTRICTED ENDOWMENT FUNDS ARE ISSUED IN ACCORDANCE WITH THE RESPECTIVE UNDERLYING FUND AGREEMENTS AND GRANTS FROM UNRESTRICTED ENDOWMENT FUNDS ARE GRANTED BASED ON THE COMMUNITY FOUNDATION'S FOCUS AREAS AND OPERATIONAL GOALS.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE FOUNDATION IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2022 AND 2021, 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	-95,024.
CHANGE IN VALUE OF LIFE INSURANCE	2,311.
ADMINISTRATIVE FEES	2,878,368.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,785,655.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

SFAS 136 ADJUSTMENT 10,167,101.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADMINISTRATIVE FEES 2,878,368.

OTHER MISCELLANEOUS 2.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 2,878,370.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SFAS 136 ADJUSTMENT 4,552,642.

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 THAT BY ACCEPTING THE DONOR-ADVISED FUND GRANT THE GRANTEE "CERTIFIES NO DONOR OR INDIVIDUAL RELATED TO THE DONOR WILL RECEIVE ANY GOODS OR SERVICES OR OTHER PRIVATE BENEFITS AND THE GRANT WILL NOT BE USED TO FULFILL A PRE-EXISTING PLEDGE."

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION	9,839.		0.		
		NORTH AMERICA	TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION	9,839.		0.		
		NORTH AMERICA	TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION	21,328.		0.		
		NORTH AMERICA	TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION	7,869.		0.		
		NORTH AMERICA	TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION	6,365.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **5**

3 Enter total number of other organizations or entities **0**

COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

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.

PART I, LINE 2:

FOR DONOR-ADVISED FUND GRANTS THE ELIGIBILITY OF THE GRANTEE IS
DETERMINED BEFORE DOLLARS ARE AWARDED. NO SUBSEQUENT MONITORING TAKES
PLACE ON DONOR-ADVISED FUND GRANTS. THE TERMS OF THE GRANT, INCLUDING ANY
SUBSEQUENT REPORTING REQUIREMENTS, ARE DETAILED IN THE GRANT AWARD LETTER
FOR GRANTS FROM NON-DONOR ADVISED FUNDS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A TIME TO REVIVE PO BOX 835943 RICHARDSON, TX 75083	26-4731843	501(C)(3)	71,250.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ACCESS OF THE RED RIVER VALLEY 403 CENTER AVENUE SUITE 512 MOORHEAD, MN 56560-1900	41-1599920	501(C)(3)	11,176.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ADEC INC 19670 STATE ROAD 120 BRISTOL, IN 46507-9131	35-1060633	501(C)(3)	126,995.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AGAPE MINISTRY 248 W WOLF AVENUE ELKHART, IN 46516	35-2128170	501(C)(3)	5,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC - 9450 SW GEMINI DR PMB 62825 - BEAVERTON, OR 97008-7105	13-6213516	501(C)(3)	50,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN HEART ASSOCIATION INC 6500 TECHNOLOGY DRIVE, SUITE 100 INDIANAPOLIS, IN 46278	13-5613797	501(C)(3)	5,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 295.**

3 Enter total number of other organizations listed in the line 1 table **▶ 16.**

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

Schedule I (Form 990) 2021

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS 220 W COLFAX AVENUE SUITE 510 SOUTH BEND, IN 46601	53-0196605	501(C)(3)	17,320.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICA'S VETDOGS THE VETERAN'S K-9 CORPS - 371 E MAIN STREET - SMITHTOWN, NY 11787-2976	20-8814368	501(C)(3)	6,000.	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)	28,140.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ANAM CARA MINISTRIES 5945 CHOKECHERRY DRIVE COLORADO SPRINGS, CO 80919	46-2350819	501(C)(3)	45,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BALLET THEATRE OF OHIO 265 N MAIN STREET SUITE 13 MUNROE FALLS, OH 44262-1090	34-1772850	501(C)(3)	15,322.	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)	134,102.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BAUGO COMMUNITY SCHOOLS 29125 COUNTY ROAD 22 WEST ELKHART, IN 46517-9354	35-1097956	501(C)(3)	356,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BEACON HEALTH FOUNDATION INC 615 N MICHIGAN STREET SOUTH BEND, IN 46601	35-1536129	501(C)(3)	120,416.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BELMONT MENNONITE CHURCH 925 OXFORD STREET ELKHART, IN 46514	35-1137593	501(C)(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKEY AVENUE MENNONITE FELLOWSHIP 2509 BERKEY AVENUE GOSHEN, IN 46526	35-1466228	501(C)(3)	15,600.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BETHANY CHRISTIAN SCHOOLS INC 2904 S MAIN STREET GOSHEN, IN 46526-5499	35-0941106	501(C)(3)	6,840.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BETHEL UNIVERSITY INC 1001 BETHEL CIRCLE MISHAWAKA, IN 46545	35-0935587	501(C)(3)	41,680.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BIG BROTHERS BIG SISTERS OF ELKHART COUNTY INC - 3320 ELKHART ROAD - GOSHEN, IN 46526	35-1272588	501(C)(3)	19,140.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BIG BROTHERS BIG SISTERS SO LAKE MICHIGAN REGION - 218 W WASHINGTON STREET SUITE 710 - SOUTH BEND, IN 46601-1850	35-1172510	501(C)(3)	39,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLESSED BEGINNINGS CARE CENTER 2521 E MARKET STREET NAPPANEE, IN 46550	47-1580110	501(C)(3)	62,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BON SECOURS MERCY HEALTH FOUNDATION - 1701 MERCY HEALTH PL - CINCINNATI, OH 45237-6147	20-1072726	501(C)(3)	7,208.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOY SCOUTS OF AMERICA LASALLE COUNCIL - 1340 SOUTH BEND AVENUE - SOUTH BEND, IN 46617-1424	35-0867966	501(C)(3)	48,770.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOYS & GIRLS CLUB OF KOOTENAI COUNTY - 925 N 15TH STREET - COEUR D'ALENE, ID 83814	84-1635505	501(C)(3)	41,274.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF ELKHART COUNTY INC - PO BOX 614 - GOSHEN, IN 46527-0614	35-1033735	501(C)(3)	1,049,926.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOYS & GIRLS CLUBS OF ST. JOSEPH COUNTY - 502 E SAMPLE STREET - SOUTH BEND, IN 46601-3551	35-1329625	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOYS AND GIRLS CLUB OF GREATER LA CROSSE - PO BOX 91 - LA CROSSE, WI 54602	39-6084791	501(C)(3)	9,126.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOYS AND GIRLS CLUB OF THE HIGHLAND LAKES - PO BOX 190 - MARBLE FALLS, TX 78654	74-2907284	501(C)(3)	35,831.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BRENNEMAN MEMORIAL MISSIONARY CHURCH - 61115 STATE ROAD 15 - GOSHEN, IN 46528	35-1268431	501(C)(3)	9,422.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BULL RING BELGIANS FARM & EQUINE THERAPY CENTER INC - 628 BULL RING ROAD - DENMARK, ME 04022-5318	46-4111710	501(C)(3)	24,503.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BUSHEL CRAFT FARM CORPORATION 27751 COUNTY ROAD 26 ELKHART, IN 46517-8572	84-4249563	501(C)(3)	13,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAMP ALEXANDER MACK INC PO BOX 158 MILFORD, IN 46542-0158	35-1076829	501(C)(3)	8,570.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAMP FOSTER YMCA INC AKA YMCA OF THE OKOBOJIS - 1900 41ST STREET - SPIRIT LAKE, IA 51360	42-0958909	501(C)(3)	14,433.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP WAKESHMA OF ST JOSEPH COUNTY INC - 59149 CAMP WAKESHMA RD - THREE RIVERS, MI 49093-8509	38-1141356	501(C)(3)	26,400.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CANANDAIGUA LAKE WATERSHED ASSOCIATION - PO BOX 323 - CANANDAIGUA, NY 14424	16-1071349	501(C)(3)	11,611.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CANCER RESOURCES FOR ELKHART COUNTY INC - 23971 US HIGHWAY 33 - ELKHART, IN 46517	35-1091429	501(C)(3)	24,600.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CARE CAMPS 2981 FORD STREET EXT PMB179 OGENSBURG, NY 13669-3474	86-0691641	501(C)(3)	37,427.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CARE UNIVERSITY 2607 TURNBERRY DRIVE APT 2A ELKHART, IN 46514	83-1519755	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CASE WESTERN RESERVE UNIVERSITY YOST HALL ROOM 435 CLEVELAND, OH 44106-7049	34-1018992	501(C)(3)	45,006.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATHOLIC CHURCH EXTENSION SOCIETY OF USA - 150 S WACKER DRIVE SUITE 2000 - CHICAGO, IL 60606	36-6000520	501(C)(3)	8,500.	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)	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTER FOR COMMUNITY JUSTICE INCORPORATED - 121 S THIRD STREET - ELKHART, IN 46516-3135	35-1620204	501(C)(3)	74,620.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR HEALING AND HOPE PO BOX 195 GOSHEN, IN 46526	02-0560511	501(C)(3)	119,250.	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)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTER GROVE EDUCATION FOUNDATION INC - 2789 TROJAN LANE - GREENWOOD, IN 46143	35-2062408	501(C)(3)	22,606.	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)	5,750.	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
CHANCES OF STONE COUNTY INC PO BOX 2015 BRANSON WEST, MO 65737	27-1589319	501(C)(3)	21,298.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHILD AND PARENT SERVICES INC 1000 W HIVELEY AVENUE ELKHART, IN 46517	35-0888765	501(C)(3)	481,315.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHILDREN'S CANCER THERAPY DEVELOPMENT INSTITUTE - 12655 SW BEAVERDAM ROAD WEST - BEAVERTON, OR 97005	46-5759569	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHURCH COMMUNITY SERVICES INC PO BOX 2346 ELKHART, IN 46515-2346	35-1155054	501(C)(3)	85,225.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH WOMEN UNITED AKA THE WINDOW 223 S MAIN STREET GOSHEN, IN 46526	35-1427937	501(C)(3)	35,608.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITIZENS AGAINST DOMESTIC VIOLENCE INC - PO BOX 245 - CAMDENTON, MO 65020-0245	43-1371497	501(C)(3)	23,678.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF AMSTERDAM NEW YORK 61 CHURCH STREET AMSTERDAM, NY 12010	14-6002064	501(C)(3)	13,505.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF ELKHART 229 S 2ND STREET ELKHART, IN 46516	35-6001016	509(A)(1)	42,700.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF GOSHEN 202 S 5TH STREET SUITE 2 GOSHEN, IN 46528-3714	35-6001045	509(A)(1)	15,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF NAPPANEE PO BOX 29 NAPPANEE, IN 46550-0029	35-6001129	509(A)(1)	58,760.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF NASHVILLE 190 N EAST COURT STREET NASHVILLE, IL 62263-1112	37-6002301	501(C)(3)	5,040.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLEAR LAKE CHAMBER OF COMMERCE PO BOX 188 CLEAR LAKE, IA 50428-0188	42-0478075	501(C)(6)	8,436.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CLINTON FRAME CHURCH INC 63846 COUNTY ROAD 35 GOSHEN, IN 46528	35-1605987	501(C)(3)	31,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE MENNONITE CHURCH INC 1900 S MAIN STREET GOSHEN, IN 46526	35-1970747	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY CHAPLAINCY CORP OF ELKHART COUNTY - 26861 COUNTY ROAD 26 - ELKHART, IN 46517	31-1144451	501(C)(3)	132,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY HEALTH CLINIC INC PO BOX 9 TOPEKA, IN 46571-0009	26-4463924	501(C)(3)	155,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY SUSTAINABILITY PROJECT PO BOX 1031 GOSHEN, IN 46527-1031	35-2031033	501(C)(3)	8,744.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CONCORD COMMUNITY SCHOOLS CORPORATION - 59040 MINUTEMAN WAY - ELKHART, IN 46517	35-6006398	501(C)(3)	22,890.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CONCORD HS DOLLARS FOR SCHOLARS CHAPTER - 59117 MINUTEMAN WAY - ELKHART, IN 46517	04-2296967	501(C)(3)	25,650.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CONESUS LAKE ASSOCIATION INC PO BOX 637 LAKEVILLE, NY 14480-0637	22-2200206	501(C)(3)	11,611.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CORNERSTONE CHRISTIAN MONTESSORI 23830 COUNTY ROAD 106 ELKHART, IN 46514	27-0751474	501(C)(3)	18,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COUNCIL ON AGING OF ELKHART COUNTY INC - 131 W TYLER STREET SUITE 1A - ELKHART, IN 46516	51-0178910	501(C)(3)	20,030.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT CHURCH OF NAPLES 6926 TRAIL BLVD NAPLES, FL 34108	59-1098689	501(C)(3)	7,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CROSSROADS UNITED WAY INC PO BOX 3048 ELKHART, IN 46515-3048	35-0953433	501(C)(3)	104,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CRU / CAMPUS CRUSADE FOR CHRIST INC - PO BOX 628222 - ORLANDO, FL 32862-8222	95-6006173	501(C)(3)	9,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CULTIVATE CULINARY SCHOOL AND CATERING INC - 1403 PRAIRIE AVENUE - SOUTH BEND, IN 46613	81-3306113	501(C)(3)	9,300.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
D321GNER SPACE INC 203 SOUTHERN CROSS DRIVE MIDDLEBURY, IN 46540	86-1582345	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DARRYL WORLEY FOUNDATION INC 325 MAIN STREET SAVANNAH, TN 38372	22-3860162	501(C)(3)	11,887.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DEEP CREEK LAKE LIONS PO BOX 630 MCHENRY, MD 21541-0630	52-1123114	501(C)(4)	9,843.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DEPAUW UNIVERSITY PO BOX 37 GREENCASTLE, IN 46135-0037	35-0869045	501(C)(3)	48,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DESTINY RESCUE 10339 DAWSONS CREEK BLVD SUITE C FORT WAYNE, IN 46825	47-2864435	501(C)(3)	9,250.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIOCESE OF FT WAYNE SOUTH BEND INC PO BOX 390 FORT WAYNE, IN 46801-0390	35-0876373	501(C)(3)	21,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DISABLED AMERICAN VETERANS CHARITABLE SERVICE TRUST - 3725 ALEXANDRIA PIKE - COLD SPRING, KY 41076	52-1521276	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DOCTORS WITHOUT BORDERS USA 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	10,600.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DOUBLE H - HOLE IN THE WOODS RANCH INC - 97 HIDDEN VALLEY ROAD - LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	18,088.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DOWNTOWN GOSHEN INC 234 S MAIN STREET SUITE 4 GOSHEN, IN 46526	35-1848884	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DRE PROJECT 2756 YORKSHIRE ROAD BIRMINGHAM, MI 48009-7559	86-2459023	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
E3 ROBOTICS CENTER INC 3709 CASSOPOLIS STREET SUITE E ELKHART, IN 46514	83-1619499	501(C)(3)	14,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EDWARDSBURG SPORTS COMPLEX INC PO BOX 193 EDWARDSBURG, MI 49112-0193	32-0156076	501(C)(3)	13,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART ALANO INC 949 MIDDLEBURY STREET ELKHART, IN 46516	31-1039430	501(C)(3)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELKHART CIVIC THEATRE INC PO BOX 252 BRISTOL, IN 46507-0252	35-1179573	501(C)(3)	18,650.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COMMUNITY SCHOOLS 2720 CALIFORNIA ROAD ELKHART, IN 46514	35-1123802	501(C)(3)	84,259.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY 4-H & AGRICULTURAL EXPOSITION INC - 17746 COUNTY ROAD 34 SUITE D - GOSHEN, IN 46528-9202	35-1053099	501(C)(3)	40,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY CLUBHOUSE INC DBA CORA DALE HOUSE - 114 S FIFTH STREET - GOSHEN, IN 46528	27-1151738	501(C)(3)	108,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY CONVENTION & VISITORS BUREAU INC - 3421 CASSOPOLIS STREET - ELKHART, IN 46514	35-1755629	501(C)(6)	75,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY HISTORICAL SOCIETY INC - PO BOX 434 - BRISTOL, IN 46507-0434	31-1020569	501(C)(3)	6,110.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY PARKS DEPARTMENT 211 W LINCOLN AVENUE GOSHEN, IN 46526	35-6000142	501(C)(3)	112,970.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY SYMPHONY ASSOCIATION - PO BOX 144 - ELKHART, IN 46515-0144	51-0181701	501(C)(3)	109,710.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY YOUTH FOR CHRIST DBA LIFELINE MINISTRIES - PO BOX 73 - ELKHART, IN 46515-0073	35-1111021	501(C)(3)	363,772.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELKHART EDUCATION FOUNDATION PO BOX 1532 ELKHART, IN 46515	46-3429545	501(C)(3)	52,600.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART FESTIVALS INC PO BOX 2415 ELKHART, IN 46515-2415	47-5394067	501(C)(3)	70,550.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART HEALTH FITNESS AND AQUATICS INC - 615 N MICHIGAN STREET - SOUTH BEND, IN 46601	38-4018882	501(C)(3)	539,101.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART HIGH SCHOOL DOLLARS FOR SCHOLARS CHAPTER - PO BOX 1243 - ELKHART, IN 46515-1243	04-2296969	501(C)(3)	44,540.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART MUNICIPAL BAND FOUNDATION INC - 204 APPLE TREE LANE - WAKARUSA, IN 46573	27-0479261	501(C)(3)	9,203.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ENFOCUS INC 635 S LAFAYETTE BLVD SUITE 105 SOUTH BEND, IN 46601	45-5638209	501(C)(3)	218,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ETHOS INC 1025 N MICHIGAN STREET ELKHART, IN 46514-2215	91-2094413	501(C)(3)	376,090.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAIRFIELD COMMUNITY SCHOOLS 67240 COUNTY ROAD 31 GOSHEN, IN 46528	35-1088121	501(C)(3)	5,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAITH LUTHERAN CHURCH OF GOSHEN INC - 202 S GREENE ROAD - GOSHEN, IN 46526	46-5581288	501(C)(3)	52,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH MISSION OF ELKHART INC PO BOX 162 ELKHART, IN 46515-0162	35-6033504	501(C)(3)	240,617.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAMILY CHRISTIAN DEVELOPMENT CENTER INC - PO BOX 227 - NAPPANEE, IN 46550-0227	35-1979463	501(C)(3)	23,250.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FELLOWSHIP OF CHRISTIAN ATHLETES 853 EASTPORT CENTRE DRIVE SUITE 200 VALPARAISO, IN 46383	44-0610626	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST BAPTIST CHURCH OF ELKHART 53953 COUNTY ROAD 17 BRISTOL, IN 46507	35-0953436	501(C)(3)	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST CONGREGATIONAL CHURCH PO BOX 2991 ELKHART, IN 46515-2991	35-1013395	501(C)(3)	131,220.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST PRESBYTERIAN CHURCH OF ELKHART - 200 E BEARDSLEY STREET - ELKHART, IN 46514	35-0868002	501(C)(3)	23,290.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST UNITED METHODIST CHURCH - GOSHEN - 1212 W PLYMOUTH AVENUE - GOSHEN, IN 46526	35-6005629	501(C)(8)	20,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FISCHOFF CHAMBER MUSIC ASSOCIATION 119 HAGGAR HALL NOTRE DAME, IN 46556	35-1650154	501(C)(3)	12,260.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIVE STAR LIFE 2204 CALIFORNIA ROAD ELKHART, IN 46514	46-3463430	501(C)(3)	25,300.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD FOR THE POOR INC 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FORESIGHT FOR-GIVERS FOUNDATION INC - PO BOX 531667 - INDIANAPOLIS, IN 46253	82-1495649	501(C)(3)	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FORT LEWIS COLLEGE FOUNDATION 1000 RIM DRIVE DURANGO, CO 81301-3999	23-7122114	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRANK AND MARSHA MARTIN FAMILY FOUNDATION - 131 E FRANKLIN STREET SUITE 14 - ELKHART, IN 46516	35-2026920	501(C)(3)	100,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS OF THE PUMPKINVINE NATURE TRAIL INC - PO BOX 392 - GOSHEN, IN 46527-0392	35-1871609	501(C)(3)	123,960.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS SERVING FRIENDS PO BOX 917 RUSSELLS POINT, OH 43348	34-1972328	501(C)(3)	26,953.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GARY SINISE FOUNDATION PO BOX 368 WOODLAND HILLS, CA 91365-0368	80-0587086	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GENERAL COUNCIL OF THE ASSEMBLIES OF GOD - 1445 N BOONVILLE AVENUE - SPRINGFIELD, MO 65802-1894	44-0577787	501(C)(3)	9,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GET WET FOR A VET 11310 BIRCHWAY DRIVE OSCEOLA, IN 46561	46-1747451	501(C)(3)	26,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS ON THE RUN MICHIANA 51160 BITTERSWEET ROAD, SUITE 202 GRANGER, IN 46530	27-2652189	501(C)(3)	25,700.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN COLLEGE INC 1700 S MAIN STREET GOSHEN, IN 46526	35-2158366	501(C)(3)	268,923.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN COMMUNITY SCHOOLS 613 E PURL STREET GOSHEN, IN 46526-4044	35-1099157	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN HEALTH FOUNDATION INC PO BOX 139 GOSHEN, IN 46527-0139	46-2565300	501(C)(3)	484,608.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN HISTORICAL SOCIETY INC 124 S MAIN STREET GOSHEN, IN 46526	35-1513879	501(C)(3)	10,280.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN HOSPITAL 200 HIGH PARK AVENUE GOSHEN, IN 46526	35-6001540	501(C)(3)	500,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN HS DOLLARS FOR SCHOLARS CHAPTER - 113 ISLAND VIEW DRIVE - GOSHEN, IN 46526	04-2296967	501(C)(3)	44,160.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN INTERFAITH HOSPITALITY NETWORK INC - 801 WILKERSON STREET - GOSHEN, IN 46528	35-1969470	501(C)(3)	6,325.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN KIWANIS FOUNDATION INC PO BOX 287 GOSHEN, IN 46527-0287	35-2127317	501(C)(3)	16,800.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOSHEN PUBLIC LIBRARY 601 S 5TH STREET GOSHEN, IN 46526	35-1182856	501(C)(3)	76,693.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN THEATER INC 216 S MAIN STREET GOSHEN, IN 46526	90-0964247	501(C)(3)	110,450.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GRACE COMMUNITY CHURCH OF GOSHEN INDIANA INC - 20076 COUNTY ROAD 36 - GOSHEN, IN 46526	35-1400188	501(C)(3)	5,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREATER ELKHART CHAMBER OF COMMERCE INC - PO BOX 428 - ELKHART, IN 46515-0428	35-0290590	501(C)(6)	246,774.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREATER THINGS OUTREACH CENTER PO BOX 37 WELCOME, NC 27374	47-2412828	501(C)(3)	32,104.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREENCROFT COMMUNITIES FOUNDATION INC - PO BOX 819 - GOSHEN, IN 46527-0819	23-7126990	501(C)(3)	162,980.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GYROS FOR HEROES FOUNDATION INC 23781 US HIGHWAY 27 SUITE 412 LAKE WALES, FL 33859-7802	84-4836118	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HABITAT FOR HUMANITY OF ELKHART COUNTY - PO BOX 950 - GOSHEN, IN 46527-0950	35-1685313	501(C)(3)	358,950.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HALL OF HEROES SUPER HERO MUSEUM 1915 CASSOPOLIS STREET ELKHART, IN 46514	30-0569966	501(C)(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANNAHS HOUSE INC 518 W 4TH STREET MISHAWAKA, IN 46544	35-1871289	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HEALTHY BEGINNINGS 1400 HUDSON STREET ELKHART, IN 46516	35-6000142	501(C)(3)	5,800.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HIS JOSHUA HOUSE PO BOX 1486 KINGSLAND, TX 78639-1486	47-2510116	501(C)(3)	9,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOLY CROSS COLLEGE INC PO BOX 308 NOTRE DAME, IN 46556-0308	35-1148835	501(C)(3)	113,090.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOOSIERS FEEDING THE HUNGRY INC 4490 A STATE ROAD 327 GARRETT, IN 46738-9702	45-2402892	501(C)(3)	16,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOPE CHURCH PO BOX 52 ATWOOD, IN 46502-0052	14-1855554	501(C)(3)	9,701.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HORIZON EDUCATION ALLIANCE 124 E WASHINGTON STREET GOSHEN, IN 46528	46-0803293	501(C)(3)	559,791.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOWARD YOUNG FOUNDATION INC PO BOX 470 WOODRUFF, WI 54568-0470	39-1521169	501(C)(3)	10,624.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HUBBARD HILL ESTATES INC 28070 COUNTY ROAD 24 WEST ELKHART, IN 46517	84-3487433	501(C)(3)	1,000,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNTINGDON COUNTY UNITED WAY PO BOX 344 HUNTINGDON, PA 16652	23-1555447	501(C)(3)	8,797.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HUNTINGTON UNIVERSITY INC 2303 COLLEGE AVENUE HUNTINGTON, IN 46750	35-0868101	501(C)(3)	11,350.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA BLACK EXPO INC - ELKHART CHAPTER - PO BOX 2719 - ELKHART, IN 46515-2719	35-2333120	501(C)(3)	37,524.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA GOLF FOUNDATION INC PO BOX 26159 INDIANAPOLIS, IN 46226	35-2145820	501(C)(3)	100,350.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47402-0500	35-6018940	501(C)(3)	179,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JAXSON WILLIAM AUGUSTUS SWANK FOUNDATION - 3900 EDISON LAKES PKWY SUITE 201 - MISHAWAKA, IN 46545	30-6072980	501(C)(3)	15,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JDRF INTERNATIONAL 225 S EAST STREET SUITE 280 INDIANAPOLIS, IN 46202	23-1907729	501(C)(3)	29,784.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JIMTOWN HISTORICAL MUSEUM INC 59710 COUNTY ROAD 3 ELKHART, IN 46517-8530	35-1791442	501(C)(3)	5,590.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JR MEMORIAL CRUISE FOR A CURE 10928 PARK STREET LAKEVIEW, OH 43331	47-4123590	501(C)(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF NORTHERN INDIANA INC - 1025 N MICHIGAN STREET - ELKHART, IN 46514	35-0922731	501(C)(3)	196,922.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KEARNEY AREA COMMUNITY FOUNDATION 412 W 48TH STREET #12 KEARNEY, NE 68845-1224	47-0786586	501(C)(3)	10,485.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KENTUCKY STATE TREASURER PUBLIC PROTECTION CABINET 500 MERO FRANKFORT, KY 40601	61-0600439	501(C)(3)	14,740.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KERN ROAD MENNONITE CHURCH 18211 KERN ROAD SOUTH BEND, IN 46614	43-3512510	501(C)(3)	20,600.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KETCHUM PUBLIC SCHOOLS PO BOX 720 KETCHUM, OK 74349	73-1039880	501(C)(3)	19,239.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KIDS HARBOR INC 5717 CHAPEL DRIVE OSAGE BEACH, MO 65065-3049	43-1927828	501(C)(3)	23,678.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KIWANIS INTERNATIONAL INC PO BOX 802 ELKHART, IN 46515-0802	35-6030744	501(C)(4)	48,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KOOLEN DEVRIES SYNDROME FOUNDATION 609A PINER RD STE 319 WILMINGTON, NC 28409-4201	46-3208388	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LACASA OF GOSHEN INC 202 N COTTAGE AVENUE GOSHEN, IN 46528	35-1554538	501(C)(3)	55,165.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE DEATON UNITED METHODIST CHURCH - 6500 WESLEYAN WAY - WILDWOOD, FL 34785	85-1347824	501(C)(3)	6,040.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LAKE HAVASU SEARCH & RESCUE SHERIFF-POSSE INC - PO BOX 54 - LAKE HAVASU CITY, AZ 86405	90-0611730	501(C)(3)	16,961.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LAKE HOLCOMBE FOOD PANTRY 28530 250TH AVE HOLCOMBE, WI 54745	83-4478657	501(C)(3)	6,085.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LAKE WALLENPAUPACK WATERSHED MANAGEMENT DISTRICT - PO BOX 143 - HAWLEY, PA 18428	23-2169178	501(C)(3)	8,089.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LAKES CRISIS & RESOURCE CENTER PO BOX 394 DETROIT LAKES, MN 56502	41-1456433	501(C)(3)	11,176.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LAKESHORE HABITAT FOR HUMANITY 12727 RILEY STREET HOLLAND, MI 49424	38-2893355	501(C)(3)	44,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LARIMER COUNTY PARTNERS, INC 530 S COLLEGE AVENUE UNIT 1 FORT COLLINS, CO 80524-3235	74-2486211	501(C)(3)	16,755.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEAPS OF FAITH WATER SKI CLUB 90 HOUSATONIC DRIVE SANDY HOOK, CT 06482	06-1513214	501(C)(3)	9,818.	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)	12,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOST LIMBS FOUNDATION INC PO BOX 191 ATLANTA, IN 46031	45-4964918	501(C)(3)	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LOVEWAY INCORPORATED 54151 COUNTY ROAD 33 MIDDLEBURY, IN 46540	35-1326709	501(C)(3)	34,015.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LUTHERAN SOCIAL SERVICE OF MINNESOTA - 2485 COMO AVE - SAINT PAUL, MN 55108-1445	41-0872993	501(C)(3)	33,183.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MADONNA UNIVERSITY 36600 SCHOOLCRAFT ROAD LIVONIA, MI 48150	38-1498763	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MAPLE CITY HEALTH CARE CENTER INC 808 NORTH 3RD STREET GOSHEN, IN 46528-7100	35-1749398	501(C)(3)	56,994.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARIAN HIGH SCHOOL 1311 S LOGAN STREET MISHAWAKA, IN 46544-4701	35-1101600	501(C)(3)	5,410.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARINE RETAILERS ASSOCIATION OF AMERICA - 8401 73RD AVENUE NORTH SUITE 71 - MINNEAPOLIS, MN 55428	23-7432127	501(C)(6)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DRIVE TRIANGLE, VA 22172-1776	20-3021444	501(C)(3)	183,747.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARSHALL COUNTY PARKS INC 596 US HIGHWAY 68 W BENTON, KY 42025	84-1747563	501(C)(3)	19,386.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENNONITE CENTRAL COMMITTEE U S PO BOX 500 AKRON, PA 17501-0500	23-6002702	501(C)(3)	10,333.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MENNONITE DISASTER SERVICE 583 AIRPORT ROAD LITITZ, PA 17543	23-2713127	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MERRY LEA ENVIRONMENTAL LEARNING CENTER - PO BOX 263 - WOLF LAKE, IN 46796	35-2158366	501(C)(3)	22,970.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MICHIANA BIBLICAL COUNSELING CENTER INC - PO BOX 1721 - ELKHART, IN 46515-1721	47-3734219	501(C)(3)	5,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MICHIANA PUBLIC BROADCASTING CORPORATION - PO BOX 7034 - SOUTH BEND, IN 46634-7034	35-1155594	501(C)(3)	39,290.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDDLEBURY CHAMBER OF COMMERCE INC PO BOX 243 MIDDLEBURY, IN 46540-0243	35-2046028	501(C)(6)	50,780.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDDLEBURY COMMUNITY CHURCH INC 56893 COUNTY ROAD 29 GOSHEN, IN 46528-9210	26-0532773	501(C)(3)	25,228.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDDLEBURY COMMUNITY PUBLIC LIBRARY - PO BOX 192 - MIDDLEBURY, IN 46540-0192	35-1451384	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDDLEBURY COMMUNITY SCHOOLS 56853 NORTHRIDGE DRIVE MIDDLEBURY, IN 46540	35-1097817	501(C)(3)	28,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDDLEBURY PARKS & RECREATION DEPARTMENT - PO BOX 812 - MIDDLEBURY, IN 46540-0812	35-6001109	501(C)(3)	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDDLEBURY UNITED METHODIST CHURCH PO BOX 347 MIDDLEBURY, IN 46540-0347	35-1436546	501(C)(3)	35,910.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDWEST MUSEUM OF AMERICAN ART FOUNDATION - 429 S MAIN STREET - ELKHART, IN 46516	31-0937828	501(C)(3)	33,374.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MONGER ELEMENTARY PTO 1100 E HIVELEY AVE ELKHART, IN 46517	32-0331312	501(C)(3)	5,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NAPLES CHILDREN & EDUCATION FOUNDATION INC - 2590 GOODLETTE FRANK ROAD NORTH - NAPLES, FL 34103	65-1001650	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NAPPANEE AREA CHAMBER OF COMMERCE INC - 302 W MARKET STREET - NAPPANEE, IN 46550	35-1177470	501(C)(6)	10,915.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NAPPANEE ARTS COUNCIL INC 1301 MCCORMICK DRIVE NAPPANEE, IN 46550	82-4266066	501(C)(3)	35,380.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NAPPANEE MISSIONARY CHURCH PO BOX 110 NAPPANEE, IN 46550-0110	31-0994913	501(C)(3)	5,600.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NASHVILLE FIRE PROTECTION DISTRICT PO BOX 6 NASHVILLE, IL 62263	37-6148669	501(C)(3)	5,040.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MILITARY FAMILY ASSOCIATION INC - 2800 EISENHOWER AVENUE - ALEXANDRIA, VA 22314	52-0899384	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NATURE CONSERVANCY 4245 N FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203-1606	53-0242652	501(C)(3)	7,600.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEW CITY PRESBYTERIAN CHURCH 601 W COLFAX AVENUE SOUTH BEND, IN 46601	47-1982872	501(C)(3)	19,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEW HAMPSHIRE BOAT MUSEUM PO BOX 1195 WOLFEBORO FALLS, NH 03896-1195	02-0464218	501(C)(3)	20,461.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NEW LIFE CHRISTIAN CENTER 15685 STATE ROUTE 120 BRISTOL, IN 46507	38-3454282	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTHERN INDIANA HISPANIC HEALTH COALITION - 444 N NAPPANEE STREET - ELKHART, IN 46514	32-0039221	501(C)(3)	47,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTHERN MICHIGAN CHILDREN'S ASSESSMENT CENTER - PO BOX 887 - ROSCOMMON, MI 48653	38-3923573	501(C)(3)	19,747.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTHRIDGE HS DOLLARS FOR SCHOLARS 3608 EAST JACKSON BLVD ELKHART, IN 46516	04-2296967	501(C)(3)	41,060.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTHWOOD SCHOLARSHIP FOUNDATION 2101 N MAIN STREET NAPPANEE, IN 46550	04-2296967	501(C)(3)	16,310.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAKLAWN FOUNDATION FOR MENTAL HEALTH INC - PO BOX 809 - GOSHEN, IN 46527	35-6060037	501(C)(3)	68,395.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OAKLAWN PSYCHIATRIC CENTER INC PO BOX 809 GOSHEN, IN 46527-0809	35-1070041	501(C)(3)	277,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
O'HANA HERITAGE FOUNDATION INC AKA A ROSIE PLACE - 53131 QUINCE ROAD - SOUTH BEND, IN 46628	37-1523448	501(C)(3)	5,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ONEIDA LAKE ASSOCIATION INC PO BOX 3536 SYRACUSE, NY 13220	22-2449009	501(C)(4)	16,111.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ONEWORLD HEALTH 21 GAMECOCK AVENUE SUITE D CHARLESTON, SC 29407	26-3717278	501(C)(3)	184,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PACKARD MOTORCAR FOUNDATION 49965 VAN DYKE AVENUE SHELBY TOWNSHIP, MI 48317-1307	31-1502101	501(C)(3)	35,000.	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
PREMIER ARTS INC 410 S MAIN STREET ELKHART, IN 46516	35-1837569	501(C)(3)	161,009.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PRESENT AGE MINISTRIES INC PO BOX 700 HARRISBURG, NC 28075-0700	45-1728287	501(C)(3)	36,036.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRINCE OF PEACE LUTHERAN CHURCH 18548 COUNTY ROAD 18 GOSHEN, IN 46528	35-1539368	501(C)(3)	11,600.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PROTECT LIFE MICHIGAN PO BOX 23042 LANSING, MI 48909-3042	20-3229372	501(C)(3)	28,755.	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)	9,620.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PURDUE RESEARCH FOUNDATION 1281 WIN HENTSCHEL BLVD WEST LAFAYETTE, IN 47906	35-1052049	501(C)(3)	14,800.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RALLY FOR REID FOUNDATION 1125 S STARR AVENUE BURLINGTON, IA 52601	85-3558337	501(C)(3)	13,240.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RETA INC 116 WEST JACKSON BLVD ELKHART, IN 46516	35-1609946	501(C)(3)	120,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RIBBON OF HOPE INC 5230 BECK DRIVE SUITE 2B ELKHART, IN 46516	35-2118856	501(C)(3)	188,740.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RILEY CHILDREN'S FOUNDATION 30 S MERIDIAN STREET SUITE 200 INDIANAPOLIS, IN 46204-3540	35-0868147	501(C)(3)	11,355.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RIVER OAKS COMMUNITY CHURCH OF ELKHART INC - 58020 COUNTY ROAD 115 - GOSHEN, IN 46528	35-1771277	501(C)(3)	18,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERVIEW ADULT DAY CENTER INC 2715 E JACKSON BLVD ELKHART, IN 46516	35-1829321	501(C)(3)	11,720.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RONALD MCDONALD HOUSE CHARITIES GREATER CHATTANOOGA INC - 200 CENTRAL AVENUE - CHATTANOOGA, TN 37403-1506	62-1327855	501(C)(3)	5,181.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RONALD MCDONALD HOUSE CHARITIES OF INDIANA-MICHIANA - 610 N MICHIGAN STREET SUITE 310 - SOUTH BEND, IN 46601	35-1831691	501(C)(3)	67,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ROXBORO COMMUNITY SCHOOL 115 LAKE DRIVE ROXBORO, NC 27573	14-1920044	501(C)(3)	12,943.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RUTHMERE FOUNDATION INC 302 E BEARDSLEY AVENUE ELKHART, IN 46514	32-0037914	501(C)(3)	396,390.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RV-MH HERITAGE FOUNDATION INC 21565 EXECUTIVE PARKWAY ELKHART, IN 46514	35-1610362	501(C)(3)	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RYAN'S PLACE INC PO BOX 73 GOSHEN, IN 46527-0073	35-2136542	501(C)(3)	398,390.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SAFE ANIMAL SHELTER OF ORANGE PARK INC - 2913 COUNTY ROAD 220 - MIDDLEBURG, FL 32068	59-3054559	501(C)(3)	22,350.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SAFE HARBOR OF GRAND TRAVERSE INC PO BOX 403 TRAVERSE CITY, MI 49686	46-4989411	501(C)(3)	15,566.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT MARY OF THE ANNUNCIATION PO BOX 245 BRISTOL, IN 46507-0245	35-1204442	501(C)(3)	42,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SALVATION ARMY 1424 NORTHEAST EXPY NE BROOKHAVEN, GA 30329-2018	58-0660607	501(C)(3)	115,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SALVATION ARMY GOSHEN CORPS PO BOX 114 GOSHEN, IN 46527-0114	13-2923701	501(C)(3)	21,075.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SALVATION ARMY OF ELKHART PO BOX 385 ELKHART, IN 46515-0385	13-2923701	501(C)(3)	224,033.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SAMARITAN HEALTH & LIVING CENTER INC - 311 W HIGH STREET - ELKHART, IN 46516-2827	35-1288674	501(C)(3)	113,700.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SAMMAMISH BIBLE CAMP ASSOCIATION AKA SAMBICA - 4114 W LAKE SAMMAMISH PKWY SE - BELLEVUE, WA 98009	91-0761611	501(C)(3)	12,141.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SAVE THE LAKES 61 WOOD ROAD CHEPACHET, RI 02814	90-0406840	501(C)(3)	6,728.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SHRINERS HOSPITALS FOR CHILDREN ATTN: PROCESSING CENTER PO BOX 947 ATLANTA, GA 30394	36-2193608	501(C)(3)	8,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612	94-6069890	501(C)(3)	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SLEEP IN HEAVENLY PEACE INC PO BOX 116 KIMBERLY, ID 83341	46-4346568	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SOUTH BEND ELKHART REGIONAL PARTNERSHIP FOUNDATION - 635 S LAFAYETTE BLVD SUITE 123 - SOUTH BEND, IN 46601	35-1893288	501(C)(3)	200,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SPA INC 3404 TOLEDO ROAD ELKHART, IN 46516	43-1998891	501(C)(3)	19,815.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SPECIAL OPERATIONS WARRIOR FOUNDATION - PO BOX 89367 - TAMPA, FL 33689	52-1183585	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SPRING ARBOR UNIVERSITY 106 E MAIN STREET SPRING ARBOR, MI 49283	38-1359569	501(C)(3)	5,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. JOHN THE EVANGELIST CATHOLIC SCHOOL - 117 W MONROE STREET - GOSHEN, IN 46526	31-1906189	501(C)(3)	5,980.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. JOSEPH VALLEY CAMERATA PO BOX 102 GOSHEN, IN 46527-0102	31-0901857	501(C)(3)	5,080.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	33,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. MATTHEW'S HOUSE INC 2001 AIRPORT RD S NAPLES, FL 34112-4800	65-1110501	501(C)(3)	75,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PIUS X CATHOLIC CHURCH 52553 FIR ROAD GRANGER, IN 46530	35-0940397	501(C)(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. THOMAS THE APOSTLE CATHOLIC SCHOOL - 1405 N MAIN STREET - ELKHART, IN 46514	35-0876373	501(C)(3)	140,885.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. VINCENT DE PAUL CATHOLIC CHURCH - 1108 S MAIN STREET - ELKHART, IN 46516	38-3808231	501(C)(3)	33,885.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. VINCENT DEPAUL SOCIETY OF ELKHART - 1108 S MAIN STREET - ELKHART, IN 46516	35-0863177	501(C)(3)	10,995.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STABLE GROUNDS INC 56853 NORTHRIDGE DRIVE MIDDLEBURY, IN 46540	83-3855858	501(C)(3)	290,614.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STAN & HANEY DRAFT FUND WELLS FARGO ADVISORS 15569 MCGREGOR BLVD - FORT MYERS, FL 33908	20-0942579	501(C)(3)	12,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BLVD - STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	154,071.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STEBEN COUNTY COMMUNITY FOUNDATION - 1701 N WAYNE STREET - ANGOLA, IN 46703	35-1857065	501(C)(3)	26,574.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STREAMS OF MERCY INC PO BOX 3220 MCKINNEY, TX 75070-3220	47-0930787	501(C)(3)	9,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNNYSIDE AMISH-MENNONITE CHURCH AND SCHOOL - 1001 HONORE AVE - SARASOTA, FL 34232-3003	81-1408216	501(C)(3)	100,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TAHOE FUND PO BOX 7124 TAHOE CITY, CA 96145	01-0974628	501(C)(3)	10,972.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TANNERS TEAM FOUNDATION PO BOX 561 SAUK RAPIDS, MN 56379	45-2688626	501(C)(3)	15,261.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TEMPLE OF GODS GRACE 24128 EAGLE RIDGE DRIVE ELKHART, IN 46517	20-5851949	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE CENTER FOR HOSPICE & PALLIATIVE CARE INC - 501 COMFORT PLACE - MISHAWAKA, IN 46545	31-0952866	501(C)(3)	10,713.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE CHILDREN'S THERAPLAY FOUNDATION INC - 9919 TOWNE ROAD - CARMEL, IN 46032	35-2121568	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE CROSSING NATIONAL INC 515 S MAIN STREET ELKHART, IN 46516	26-0588186	501(C)(3)	41,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE HUMANE SOCIETY OF ELKHART COUNTY INCORPORATED - 54687 COUNTY ROAD 19 - BRISTOL, IN 46507	35-0996134	501(C)(3)	104,950.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE NEW HORIZONS FOUNDATION INC 5550 TECH CENTER DRIVE SUITE 303 COLORADO SPRINGS, CO 80919-2308	84-1123082	501(C)(3)	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ROTARY FOUNDATION 14280 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	36-3245072	501(C)(3)	9,877.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TOLSON CENTER INC PO BOX 548 ELKHART, IN 46515-0548	85-3459631	501(C)(3)	565,981.	7,700.	BOOK VALUE	VACANT LAND	TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TOWN OF BRISTOL 303 E VISTULA STREET BRISTOL, IN 46507	35-6000960	501(C)(3)	14,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TOWN OF MIDDLEBURY 418 N MAIN STREET MIDDLEBURY, IN 46540	35-6001109	501(C)(3)	117,300.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TOWN OF WAKARUSA 100 W WATERFORD STREET WAKARUSA, IN 46573-0474	35-6001223	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRANSFORMATION MINISTRIES INC 1519 PORTAGE AVENUE SOUTH BEND, IN 46616	82-3641234	501(C)(3)	18,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TREY WHITFIELD SCHOOL PO BOX 384 BROOKLYN, NY 11208	11-3577637	501(C)(3)	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRINE UNIVERSITY ONE UNIVERSITY AVENUE ANGOLA, IN 46703	35-0715530	501(C)(3)	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRINITY FOUNDATION 2715 E JACKSON BOULEVARD ELKHART, IN 46516	47-1589616	501(C)(3)	36,950.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY LUTHERAN CHURCH 30888 COUNTY ROAD 6 ELKHART, IN 46514	35-1011522	501(C)(3)	18,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRINITY UNITED METHODIST CHURCH 2715 E JACKSON BLVD ELKHART, IN 46516	35-0874265	501(C)(3)	143,201.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TUSCARAWAS COUNTY YMCA 600 MONROE STREET DOVER, OH 44622	23-7400140	501(C)(3)	13,686.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ULEAD INC 212 S MAIN STREET SUITE 2 GOSHEN, IN 46526	35-2049624	501(C)(3)	361,482.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNITED CHRISTIAN SERVICES OF INDIAN LAKE - PO BOX 56 - RUSSELLS POINT, OH 43348	34-1930097	501(C)(3)	26,953.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNITY OF MICHIANA INC 52248 LAUREL RD SOUTH BEND, IN 46637	31-0989295	501(C)(3)	25,720.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF INDIANAPOLIS 1400 E HANNA AVENUE INDIANAPOLIS, IN 46227	35-0868107	501(C)(3)	11,590.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF NOTRE DAME 400 MAIN BUILDING NOTRE DAME, IN 46556	35-0868188	501(C)(3)	49,590.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
VERMONT'S CAMP TAKUMTA PO BOX 459 SOUTH HERO, VT 05486-0459	03-0362578	501(C)(3)	5,257.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE INCORPORATED 215 E INDIANA AVE ELKHART, IN 46516-3965	87-3824934	501(C)(3)	40,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK ROAD SUITE 4500 BLACKSBURG, VA 24061-6811	54-0721690	501(C)(3)	65,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
VISIT NAPPANEE INC PO BOX 214 NAPPANEE, IN 46550-0214	83-0790864	501(C)(3)	7,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
VISUALLY IMPAIRED PRESCHOOL SERVICES INC - 1212 SOUTHEASTERN AVENUE - INDIANAPOLIS, IN 46225	61-1061973	501(C)(3)	12,610.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WAKARUSA CHAMBER OF PROGRESS PO BOX 291 WAKARUSA, IN 46573-0291	35-1938370	501(C)(6)	21,390.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WA-NEE COMMUNITY SCHOOLS 1300 N MAIN STREET NAPPANEE, IN 46550	35-1074003	501(C)(3)	454,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WASHINGTON COUNTY ILLINOIS 101 E ST LOUIS STREET NASHVILLE, IL 62263-1100	37-6002302	501(C)(3)	5,040.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WASHINGTON STATE UNIVERSITY FOUNDATION - PO BOX 641925 - PULLMAN, WA 99164-1925	91-1075542	501(C)(3)	12,427.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WELLFIELD BOTANIC GARDENS INC 1011 N MAIN STREET ELKHART, IN 46514	20-1642142	501(C)(3)	4,545,786.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule I (Form 990)

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

Schedule I (Form 990)

31-1255886

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEELCHAIRHELP ORG 515 EAST STREET ELKHART, IN 46516	04-3683350	501(C)(3)	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WOMEN'S CARE CENTER INC 229 W MARION STREET ELKHART, IN 46516	35-1609945	501(C)(3)	1,415,215.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WOUNDED WARRIOR PROJECT INC PO BOX 758516 TOPEKA, KS 66675-8516	20-2370934	501(C)(3)	5,550.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WVPE 88.1 PUBLIC RADIO 2424 CALIFORNIA ROAD ELKHART, IN 46514	35-1123802	501(C)(3)	11,194.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YOUTH FOR CHRIST USA INC AKA WEST CENTRAL MN - 106 LITCHFIELD AVE SW - WILLMAR, MN 56201-3349	41-0888965	501(C)(3)	16,825.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YOUTH SERVICE BUREAU OF ST. JOSEPH COUNTY INC - 2222 LINCOLNWAY WEST - SOUTH BEND, IN 46628	31-1174910	501(C)(3)	50,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YOUTH WITH A MISSION PO BOX 3000 GARDEN VALLEY, TX 75771-3000	23-7136015	501(C)(3)	12,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YWCA NORTH CENTRAL INDIANA INC 1102 S FELLOWS STREET SOUTH BEND, IN 46601	35-0868226	501(C)(3)	58,210.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

COMMUNITY FOUNDATION
OF ELKHART COUNTY, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	952	1,795,319.	0.		
HARDSHIP ASSISTANCE	30	230,522.	0.		

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
31-1255886

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PETER L. MCCOWN PRESIDENT	(i)	196,436.	10,285.	50,000.	31,750.	16,675.	305,146.	50,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

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

PART I, LINE 4A:

JODI SPATARO WAS THE CHIEF ADVANCEMENT OFFICER AT THE COMMUNITY FOUNDATION.
HER EMPLOYMENT ENDED DURING THE FISCAL YEAR AND SHE WAS NOT EMPLOYED BY THE
COMMUNITY FOUNDATION AS OF 6/30/22. SHE RECEIVED COMPENSATION IN CALENDAR
YEARS 2021 AND 2022.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	56	21,943,860.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	2	111,000.	FMV
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2021

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

SCHEDULE M, LINE 32B:

NON-CASH CONTRIBUTIONS ARE SOLD BY THE APPROPRIATE ORGANIZATION. STOCKS ARE PROCESSED AND SOLD BY A BROKERAGE FIRM, REAL ESTATE IS MARKETED AND SOLD BY A REAL ESTATE FIRM AND SO FORTH.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

AS PART OF ITS PLACEMAKING INITIATIVE, THE COMMUNITY FOUNDATION OF ELKHART COUNTY LAUNCHED CONNECT IN ELKHART COUNTY, AN INITIATIVE TO INCREASE THE COUNTY'S TRAIL NETWORK FROM THE CURRENT 68 MILES TO 130 MILES OVER THE NEXT TEN YEARS. IN 2022 A PROJECT DIRECTOR FOR CONNECT IN ELKHART COUNTY WAS HIRED TO OVERSEE THE INITIATIVE, WHICH WILL BE DONE IN PARTNERSHIP WITH A BROAD COALITION OF ELECTED OFFICIALS, CITY/COUNTY STAFF, ENTHUSIASTS, CORPORATE CITIZENS, AND COMMUNITY MEMBERS. THE COMMUNITY FOUNDATION OF ELKHART COUNTY BELIEVES THAT AN ACTION-ORIENTED STRATEGY TO BUILD INFRASTRUCTURE THAT WORKS FOR RECREATION AND EVERYDAY NEEDS, BETTER CONNECTS COMMUNITIES, AND FILLS GAPS IN THE BUILDING AND MAINTENANCE OF THE TRAIL NETWORK WILL ENHANCE THE QUALITY OF LIFE WITHIN THE COUNTY.

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 1A:

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

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

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

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

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

THE ORGANIZATION'S FINANCE COMMITTEE REVIEWS THE FORM 990 IN DETAIL WITH ITS TAX ADVISORS.

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

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

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

THE 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:

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

SFAS 136 ADJUSTMENT	-5,614,461.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-95,024.
CHANGE IN VALUE OF LIFE INSURANCE	2,311.
TOTAL TO FORM 990, PART XI, LINE 9	-5,707,174.

FORM 990, PART III, LINE 2

AS PART OF ITS PLACEMAKING INITIATIVE, THE COMMUNITY FOUNDATION OF ELKHART COUNTY LAUNCHED CONNECT IN ELKHART COUNTY, AN INITIATIVE TO INCREASE THE COUNTY'S TRAIL NETWORK FROM THE CURRENT 68 MILES TO 130 MILES OVER THE NEXT TEN YEARS. IN 2022 A PROJECT DIRECTOR FOR CONNECT IN ELKHART COUNTY WAS HIRED TO OVERSEE THE INITIATIVE, WHICH WILL BE DONE IN PARTNERSHIP WITH A BROAD COALITION OF ELECTED OFFICIALS, CITY/COUNTY STAFF, ENTHUSIASTS, CORPORATE CITIZENS, AND COMMUNITY MEMBERS. THE COMMUNITY FOUNDATION OF ELKHART COUNTY BELIEVES THAT AN ACTION-ORIENTED STRATEGY TO BUILD INFRASTRUCTURE THAT WORKS FOR RECREATION AND EVERYDAY NEEDS, BETTER CONNECTS COMMUNITIES, AND FILLS GAPS IN THE BUILDING AND MAINTENANCE OF THE TRAIL NETWORK WILL ENHANCE THE QUALITY OF LIFE WITHIN THE COUNTY.

FORM 990, PART XII, LINE 2C

THE FINANCE COMMITTEE IS TASKED WITH OVERSEEING THE AUDIT PROCESS. ANNUALLY, THE FINANCE COMMITTEE REVIEWS THE AUDIT REPORT WITH THE AUDITOR BEFORE SENDING THE REPORT TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS THEN REVIEWS THE AUDIT REPORT WITH THE AUDITORS BEFORE THE AUDIT REPORT IS FINALIZED.

THE AUDIT OVERSIGHT PROCEDURES DID NOT CHANGE IN THE CURRENT YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ECCF HOLDINGS, INC. - 20-3670120 P.O. BOX 2932 ELKHART, IN 46516	COMMUNITY DEVELOPMENT	INDIANA	501(C)3	LINE 12A, I	COMMUNITY FOUNDATION OF ELKHART COUNTY	X	
ELKHART HEALTH FITNESS AND AQUATICS INC - 38-4018882, 615 N MICHIGAN ST, SOUTH BEND, IN 46601	PROMOTE HEALTH AND WELLNESS AND ENHANCE THE COMMUNITY	INDIANA	501(C)3	LINE 7	COMMUNITY FOUNDATION OF ELKHART COUNTY	X	

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

Schedule R (Form 990) 2021

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

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

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ELKHART HEALTH FITNESS AND AQUATICS INC	B	543,414.	CASH AMOUNT
(2) ELKHART HEALTH FITNESS AND AQUATICS INC	C	900,000.	CASH AMOUNT
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

SCHEDULE R, PART V, LINE 1B

THE COMMUNITY FOUNDATION OF ELKHART COUNTY, INC. IS CONTRACTED TO ANNUALLY CONTRIBUTE TO ELKHART HEALTH, FITNESS, AND AQUATICS, INC. TO HELP UNDERWRITE THE PROGRAMMING THAT TAKES PLACE AT THE FACILITY.

SCHEDULE R, PART V, LINE 1C

ELKHART HEALTH, FITNESS, AND AQUATICS, INC. PLACED MONEY IN A NON-ENDOWED AGENCY DESIGNATED FUND AT THE COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.

SCHEDULE R, PART V, LINE 1L

THE COMMUNITY FOUNDATION OF ELKHART COUNTY, INC. WAS INVOLVED WITH THE INITIAL FUNDRAISING FOR THE ELKHART HEALTH, FITNESS, AND AQUATICS, INC. FACILITY. DOLLARS CONTINUE TO BE RECEIVED.

SCHEDULE R, PART V, LINE 1N

THE COMMUNITY FOUNDATION OF ELKHART COUNTY, INC. REGULARLY MAKES USE OF THE COMMUNITY ROOMS AT ELKHART HEALTH, FITNESS, AND AQUATICS, INC.

SCHEDULE R, PART V, LINE 1O

COMMUNITY FOUNDATION OF ELKHART COUNTY, INC. STAFF HELP WITH BOARD ACTIVITY AND GENERAL PROMOTION FOR ELKHART HEALTH, FITNESS, AND AQUATICS, INC.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input checked="" type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 240 EAST JACKSON BLVD, 104</p> <p>City or town, state or province, country, and ZIP or foreign postal code ELKHART, IN 46516</p>	<p>D Employer identification number 31-1255886</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 392,859,381.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **COLE PATUZZI** Telephone number ▶ **574-295-8761**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	244,980.
2 Reserved	2	
3 Add lines 1 and 2	3	244,980.
4 Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4	2,594.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	242,386.
6 Deduction for net operating loss. See instructions STATEMENT 3	6	202,196.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	40,190.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	39,190.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	8,230.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	8,230.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	8,230.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	8,230.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5	0.
6a Payments: A 2020 overpayment credited to 2021	6a		
b 2021 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439			
<input type="checkbox"/> Form 4136			
<input type="checkbox"/> Other			
Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	279.
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	8,509.
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax		11	
			Refunded

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		Yes	No
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year			
4 Enter available pre-2018 NOL carryovers here			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
901101	\$ 213,545.		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____ Date	Title PRESIDENT/CEO	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name KANDY L. WISCHMEIER, CPA	Preparer's signature KANDY L. WISCHMEIER, CPA	Date 05/16/23	Check <input type="checkbox"/> if self-employed PTIN P00118327
	Firm's name ▶ BLUE & CO., LLC			Firm's EIN ▶ 35-1178661
	Firm's address ▶ 813 WEST SECOND STREET SEYMOUR, IN 47274			Phone no. 812-522-8416

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
TIFF KEYSTONE	N/A	18.
TIFF PRIVATE EQUITY 2013	N/A	1.
TIFF PRIVATE EQUITY 2014	N/A	1.
TIFF PRIVATE EQUITY 2017	N/A	1.
TIFF SPECIAL OPPORT FUND III	N/A	2.
TIFF SPECIAL OPPORT FUND II	N/A	12.
CF CAP NATURAL RES VIII	N/A	193.
CF CAP NATURAL RES VII	N/A	1.
CHARITABLE CONTRIBUTIONS - THE TIFF KEYSTONE FUND, L.P.	N/A	18.
CHARITABLE CONTRIBUTIONS - TIFF SPECIAL OPPORTUNITIES FUND II	N/A	12.
CHARITABLE CONTRIBUTIONS - TIFF PRIVATE EQUITY PARTNERS 2013, LLC	N/A	1.
CHARITABLE CONTRIBUTIONS - TIFF PRIVATE EQUITY PARTNERS 2014, LLC	N/A	1.
CHARITABLE CONTRIBUTIONS - CF CAPITAL NATURAL RESOURCES PART VIII	N/A	193.
CHARITABLE CONTRIBUTIONS - CF CAPITAL NATURAL RESOURCES PART VII	N/A	1.
CHARITABLE CONTRIBUTIONS - TIFF SPECIAL OPPORTUNITIES FUND III, LLC	N/A	2.
 TOTAL TO FORM 990-T, PART I, LINE 4		 457.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2016

FOR TAX YEAR 2017

FOR TAX YEAR 2018 553

FOR TAX YEAR 2019 723

FOR TAX YEAR 2020 861

TOTAL CARRYOVER

2,137

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

457

TOTAL CONTRIBUTIONS AVAILABLE

2,594

TAXABLE INCOME LIMITATION AS ADJUSTED

4,178

EXCESS CONTRIBUTIONS

0

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS DEDUCTION

2,594

TOTAL CONTRIBUTION DEDUCTION

2,594

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 3

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR	202,196.
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	202,196.

SCHEDULE A PORTION OF PRE-2018 NOL	
SCHEDULE A ENTITY	SCHEDULE A SHARE
<u>1</u>	<u>0.</u>

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	202,196.
BALANCE AFTER PRE-2018 NOL DEDUCTION	40,190.
EXPIRING NET OPERATING LOSSES	0.
CARRY FORWARD OF NET OPERATING LOSS	0.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/10	11,621.	11,621.	0.	0.
06/30/12	20,923.	20,923.	0.	0.
06/30/14	155,504.	155,504.	0.	0.
06/30/15	56,424.	56,424.	0.	0.
06/30/17	167,549.	138,497.	29,052.	29,052.
06/30/18	173,144.	0.	173,144.	173,144.
NOL CARRYOVER AVAILABLE THIS YEAR			<u>202,196.</u>	<u>202,196.</u>

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2021

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.	B Employer identification number 31-1255886
C Unrelated business activity code (see instructions) ▶ 901101	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **INVESTMENT IN PASSTHROUGH ENTITIES**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a 143,167.		143,167.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 5	5 293,014.		293,014.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement) STMT 6	12 12,567.		12,567.
13 Total. Combine lines 3 through 12	13 448,748.		448,748.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1					10,200.
2 Salaries and wages	2					
3 Repairs and maintenance	3					
4 Bad debts	4					
5 Interest (attach statement). See instructions	5					
6 Taxes and licenses	6					4,497.
7 Depreciation (attach Form 4562). See instructions	7					
8 Less depreciation claimed in Part III and elsewhere on return	8a				8b	
9 Depletion	9					
10 Contributions to deferred compensation plans	10					
11 Employee benefit programs	11					
12 Excess exempt expenses (Part VIII)	12					
13 Excess readership costs (Part IX)	13					
14 Other deductions (attach statement) SEE STATEMENT 7	14					17,936.
15 Total deductions. Add lines 1 through 14	15					32,633.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16					416,115.
17 Deduction for net operating loss. See instructions STMT 8 STMT 10	17					171,135.
18 Unrelated business taxable income. Subtract line 17 from line 16	18					244,980.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

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

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				-1,499.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	-1,499.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				133,329.
11 Enter gain from Form 4797, line 7 or 9			11	11,337.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	144,666.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	143,167.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	143,167.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

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

31-1255886

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)	
						(f) Code(s)	(g) Amount of adjustment		
	THE TIFF KEYSTONE FUND, L.P.							1,606.	C
	TIFF SPECIAL OPPORTUNITIES FUND II							-73.	C
	TIFF PRIVATE EQUITY PARTNERS 2013, LLC							1,374.	C
	TIFF PRIVATE EQUITY PARTNERS 2015, LP							1.	C
	TIFF PRIVATE EQUITY PARTNERS 2017, LP							-74.	C
	TIFF REALTY AND RESOURCES IV, LLC							1.	C
	TIFF PRIVATE EQUITY PARTNERS 2014, LLC							21,122.	C
	NORTHGATE PRIVATE EQUITY PARTNERS III LP							109,870.	C
	CF CAPITAL NATURAL RESOURCES PART VIII							-772.	C
	CF CAPITAL NATURAL RESOURCES PART VII FEG PRIVATE							842.	C
	OPPORTUNITIES FUND LP							-568.	C
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶							133,329.	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

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

Identifying number

31-1255886

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a
1b
1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 11						
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 11,337.
<p>Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p>Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 11,337.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7					11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable					12
13	Gain, if any, from line 31					13
14	Net gain or (loss) from Form 4684, lines 31 and 38a					14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36					15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824					16
17	Combine lines 10 through 16					17
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.					
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions					18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4					18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 5

DESCRIPTION	NET INCOME OR (LOSS)
TIFF SPECIAL OPPORTUNITIES FUND LLC - ORDINARY BUSINESS INCOME (LOSS)	26,336.
TIFF PRIVATE EQUITY PARTNERS 2016, LP - ORDINARY BUSINESS INCOME (LOSS)	33,157.
TIFF PRIVATE EQUITY PARTNERS 2016, LP - INTEREST INCOME	3.
TIFF PRIVATE EQUITY PARTNERS 2016, LP - OTHER INCOME (LOSS)	-820.
THE TIFF KEYSTONE FUND, L.P. - ORDINARY BUSINESS INCOME (LOSS)	127,443.
THE TIFF KEYSTONE FUND, L.P. - NET RENTAL REAL ESTATE INCOME	-841.
THE TIFF KEYSTONE FUND, L.P. - OTHER NET RENTAL INCOME (LOSS)	8.
THE TIFF KEYSTONE FUND, L.P. - INTEREST INCOME	4,480.
THE TIFF KEYSTONE FUND, L.P. - DIVIDEND INCOME	118.
THE TIFF KEYSTONE FUND, L.P. - ROYALTIES	2,598.
THE TIFF KEYSTONE FUND, L.P. - OTHER PORTFOLIO INCOME (LOSS)	3,595.
THE TIFF KEYSTONE FUND, L.P. - OTHER INCOME (LOSS)	-3,319.
TIFF SPECIAL OPPORTUNITIES FUND II - ORDINARY BUSINESS INCOME (LOSS)	-54,222.
TIFF SPECIAL OPPORTUNITIES FUND II - OTHER NET RENTAL INCOME (LOSS)	1.
TIFF SPECIAL OPPORTUNITIES FUND II - INTEREST INCOME	109.
TIFF SPECIAL OPPORTUNITIES FUND II - DIVIDEND INCOME	1.
TIFF SPECIAL OPPORTUNITIES FUND II - ROYALTIES	56.
TIFF SPECIAL OPPORTUNITIES FUND II - OTHER PORTFOLIO INCOME (LOSS)	5,724.
TIFF SPECIAL OPPORTUNITIES FUND II - OTHER INCOME (LOSS)	-2,534.
TIFF PRIVATE EQUITY PARTNERS 2013, LLC - ORDINARY BUSINESS INCOME (LOSS)	19,526.
TIFF PRIVATE EQUITY PARTNERS 2013, LLC - NET RENTAL REAL ESTATE INCOME	-89.
TIFF PRIVATE EQUITY PARTNERS 2013, LLC - OTHER NET RENTAL INCOME (LOSS)	1.
TIFF PRIVATE EQUITY PARTNERS 2013, LLC - INTEREST INCOME	939.
TIFF PRIVATE EQUITY PARTNERS 2013, LLC - DIVIDEND INCOME	42.
TIFF PRIVATE EQUITY PARTNERS 2013, LLC - ROYALTIES	220.
TIFF PRIVATE EQUITY PARTNERS 2013, LLC - OTHER PORTFOLIO INCOME (LOSS)	202.
TIFF PRIVATE EQUITY PARTNERS 2013, LLC - OTHER INCOME (LOSS)	-68.
TIFF PRIVATE EQUITY PARTNERS 2015, LP - ORDINARY BUSINESS INCOME (LOSS)	38,790.
TIFF PRIVATE EQUITY PARTNERS 2015, LP - INTEREST INCOME	128.
TIFF PRIVATE EQUITY PARTNERS 2015, LP - ROYALTIES	775.
TIFF PRIVATE EQUITY PARTNERS 2015, LP - OTHER INCOME (LOSS)	746.
TIFF PRIVATE EQUITY PARTNERS 2017, LP - ORDINARY BUSINESS INCOME (LOSS)	-4,863.
TIFF PRIVATE EQUITY PARTNERS 2017, LP - INTEREST INCOME	587.
TIFF PRIVATE EQUITY PARTNERS 2017, LP - DIVIDEND INCOME	-1.

TIFF PRIVATE EQUITY PARTNERS 2017, LP - ROYALTIES	201.
TIFF PRIVATE EQUITY PARTNERS 2017, LP - OTHER PORTFOLIO INCOME (LOSS)	-23.
TIFF PRIVATE EQUITY PARTNERS 2017, LP - OTHER INCOME (LOSS)	-349.
TIFF REALTY AND RESOURCES IV, LLC - ORDINARY BUSINESS INCOME (LOSS)	42,680.
TIFF REALTY AND RESOURCES IV, LLC - NET RENTAL REAL ESTATE INCOME	1.
TIFF REALTY AND RESOURCES IV, LLC - INTEREST INCOME	45.
TIFF REALTY AND RESOURCES IV, LLC - ROYALTIES	1,005.
TIFF REALTY AND RESOURCES IV, LLC - OTHER INCOME (LOSS)	-1,283.
TIFF PRIVATE EQUITY PARTNERS 2014, LLC - ORDINARY BUSINESS INCOME (LOSS)	-2,710.
TIFF PRIVATE EQUITY PARTNERS 2014, LLC - INTEREST INCOME	383.
TIFF PRIVATE EQUITY PARTNERS 2014, LLC - DIVIDEND INCOME	153.
TIFF PRIVATE EQUITY PARTNERS 2014, LLC - OTHER INCOME (LOSS)	-2,498.
NORTHGATE PRIVATE EQUITY PARTNERS III LP - ORDINARY BUSINESS INCOME (LOSS)	-239.
NORTHGATE PRIVATE EQUITY PARTNERS III LP - INTEREST INCOME	766.
NORTHGATE PRIVATE EQUITY PARTNERS III LP - DIVIDEND INCOME	3,474.
NORTHGATE PRIVATE EQUITY PARTNERS III LP - OTHER PORTFOLIO INCOME (LOSS)	29.
NORTHGATE PRIVATE EQUITY PARTNERS III LP - OTHER INCOME (LOSS)	-2,930.
CF CAPITAL PART III LP - ORDINARY BUSINESS INCOME (LOSS)	12.
CF CAPITAL PART III LP - NET RENTAL REAL ESTATE INCOME	-2.
CF CAPITAL PART III LP - OTHER INCOME (LOSS)	-17.
CF CAPITAL NATURAL RESOURCES PART VIII - ORDINARY BUSINESS INCOME (LOSS)	29,292.
CF CAPITAL NATURAL RESOURCES PART VIII - OTHER NET RENTAL INCOME (LOSS)	69.
CF CAPITAL NATURAL RESOURCES PART VIII - INTEREST INCOME	79.
CF CAPITAL NATURAL RESOURCES PART VIII - DIVIDEND INCOME	195.
CF CAPITAL NATURAL RESOURCES PART VIII - ROYALTIES	53.
CF CAPITAL NATURAL RESOURCES PART VIII - OTHER INCOME (LOSS)	-8,823.
CF CAPITAL NATURAL RESOURCES PART VII - ORDINARY BUSINESS INCOME (LOSS)	3,042.
CF CAPITAL NATURAL RESOURCES PART VII - NET RENTAL REAL ESTATE INCOME	18.
CF CAPITAL NATURAL RESOURCES PART VII - INTEREST INCOME	7.
CF CAPITAL NATURAL RESOURCES PART VII - OTHER INCOME (LOSS)	-646.
FEG PRIVATE OPPORTUNITIES FUND LP - ORDINARY BUSINESS INCOME (LOSS)	44,983.
MERCER PIP IV - ORDINARY BUSINESS INCOME (LOSS)	2,492.
MERCER PIP V - ORDINARY BUSINESS INCOME (LOSS)	-7,045.
TIFF PRIVATE EQUITY PARTNERS 2018, LP - ORDINARY BUSINESS INCOME (LOSS)	6,261.
MERCER PIP VI - ORDINARY BUSINESS INCOME (LOSS)	105.
TIFF PRIVATE EQUITY PARTNERS 2019, LP - ORDINARY BUSINESS INCOME (LOSS)	1,513.
TIFF PRIVATE EQUITY PARTNERS 2019, LP - NET RENTAL REAL ESTATE INCOME	33.
TIFF PRIVATE EQUITY PARTNERS 2019, LP - INTEREST INCOME	182.
TIFF PRIVATE EQUITY PARTNERS 2019, LP - ROYALTIES	37.

COMMUNITY FOUNDATION OF ELKHART COUNTY,	31-1255886
TIFF PRIVATE EQUITY PARTNERS 2019, LP - OTHER INCOME (LOSS)	-2,863.
TIFF PRIVATE EQUITY PARTNERS 2020, LP - ORDINARY BUSINESS INCOME (LOSS)	-769.
TIFF SPECIAL OPPORTUNITIES FUND III, LLC - ORDINARY BUSINESS INCOME (LOSS)	-9,368.
TIFF PRIVATE EQUITY PARTNERS 2021, LP - ORDINARY BUSINESS INCOME (LOSS)	-3,359.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	293,014.

FORM 990-T (A)	OTHER INCOME	STATEMENT 6
DESCRIPTION		AMOUNT
CANCELLATION OF DEBT - THE TIFF KEYSTONE FUND, L.P.		6,638.
CANCELLATION OF DEBT - TIFF PRIVATE EQUITY PARTNERS 2015, LP		1,470.
CANCELLATION OF DEBT - TIFF REALTY AND RESOURCES IV, LLC		1,904.
CANCELLATION OF DEBT - TIFF PRIVATE EQUITY PARTNERS 2014, LLC		2,553.
CANCELLATION OF DEBT - CF CAPITAL PART III LP		2.
TOTAL TO SCHEDULE A, PART I, LINE 12		12,567.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
PROFESSIONAL FEES		5,370.
MISCELLANEOUS DEDUCTION		3,011.
PAYROLL TAXES		635.
OTHER DEDUCTIONS - PORTFOLIO FROM THE TIFF KEYSTONE FUND, L.P.		5,704.
OTHER DEDUCTIONS - PORTFOLIO FROM TIFF SPECIAL OPPORTUNITIES FUND II		653.
OTHER DEDUCTIONS - PORTFOLIO FROM TIFF PRIVATE EQUITY PARTNERS 2013, LLC		21.
OTHER DEDUCTIONS - PORTFOLIO FROM TIFF PRIVATE EQUITY PARTNERS 2018, LP		2,542.
TOTAL TO SCHEDULE A, PART II, LINE 14		17,936.

FORM 990-T (A)

POST 2017 NOL SCHEDULE

STATEMENT 8

PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
213,545.	171,135.	42,410.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 9

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	99,199.	0.	99,199.	99,199.
06/30/20	114,346.	0.	114,346.	114,346.
NOL CARRYOVER AVAILABLE THIS YEAR			213,545.	213,545.

SCH A (990-T)

SCHEDULE A NOL DETAIL

STATEMENT 10

TAXABLE INCOME FROM ALL ENTITIES	416,115.
THIS ENTITIES PORTION OF TAXABLE INCOME	416,115.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	202,196.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	213,919.
80% INCOME LIMITATION	171,135.
POST-2017 AVAILABLE	213,545.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	171,135.

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 11

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
TIFF PRIVATE EQUITY PARTNERS 2016, LP						-2,084.
THE TIFF KEYSTONE FUND, L.P.						5,394.
TIFF SPECIAL OPPORTUNITIES FUND II						-48.
TIFF PRIVATE EQUITY PARTNERS 2013, LLC						666.
TIFF PRIVATE EQUITY PARTNERS 2015, LP						5,210.
TIFF PRIVATE EQUITY PARTNERS 2017, LP						-1,302.
TIFF REALTY AND RESOURCES IV, LLC						6,750.
TIFF PRIVATE EQUITY PARTNERS 2014, LLC						-4,155.
CF CAPITAL NATURAL RESOURCES PART VIII						-28.
CF CAPITAL NATURAL RESOURCES PART VII						936.
TIFF PRIVATE EQUITY PARTNERS 2018, LP						-2.
TOTAL TO 4797, PART I, LINE 2						11,337.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

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

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				-1,499.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	-1,499.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				133,329.
11 Enter gain from Form 4797, line 7 or 9			11	11,337.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	144,666.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	143,167.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	143,167.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

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

31-1255886

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	THE TIFF KEYSTONE FUND, L.P.							1,606.
	TIFF SPECIAL OPPORTUNITIES FUND II							<73.>
	TIFF PRIVATE EQUITY PARTNERS 2013, LLC							1,374.
	TIFF PRIVATE EQUITY PARTNERS 2015, LP							1.
	TIFF PRIVATE EQUITY PARTNERS 2017, LP							<74.>
	TIFF REALTY AND RESOURCES IV, LLC							1.
	TIFF PRIVATE EQUITY PARTNERS 2014, LLC							21,122.
	NORTHGATE PRIVATE EQUITY PARTNERS III LP							109,870.
	CF CAPITAL NATURAL RESOURCES PART VIII							<772.>
	CF CAPITAL NATURAL RESOURCES PART VII FEG PRIVATE							842.
	OPPORTUNITIES FUND LP							<568.>
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶							133,329.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-T**

2021

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

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

Employer identification number
31-1255886

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)	1	8,230.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1		
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method		
2c	Credit for federal tax paid on fuels (see instructions)		
2d	Total. Add lines 2a through 2c		
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	8,230.
4	Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	8,230.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	10/15/21	12/15/21	03/15/22	06/15/22
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	2,058.	2,057.	2,058.	2,057.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		2,058.	4,115.	6,173.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		2,058.	4,115.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	2,058.	2,057.	2,058.	2,057.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			279.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

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

Identifying number

31-1255886

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 12						

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

11,337.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

11,337.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11

12

13

14

15

16

17

()

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 12

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
TIFF PRIVATE EQUITY PARTNERS 2016, LP						-2,084.
THE TIFF KEYSTONE FUND, L.P.						5,394.
TIFF SPECIAL OPPORTUNITIES FUND II						-48.
TIFF PRIVATE EQUITY PARTNERS 2013, LLC						666.
TIFF PRIVATE EQUITY PARTNERS 2015, LP						5,210.
TIFF PRIVATE EQUITY PARTNERS 2017, LP						-1,302.
TIFF REALTY AND RESOURCES IV, LLC						6,750.
TIFF PRIVATE EQUITY PARTNERS 2014, LLC						-4,155.
CF CAPITAL NATURAL RESOURCES PART VIII						-28.
CF CAPITAL NATURAL RESOURCES PART VII						936.
TIFF PRIVATE EQUITY PARTNERS 2018, LP						-2.
TOTAL TO 4797, PART I, LINE 2						11,337.