	X	501(c)(3) 408(e) 220(e)	or Type		room or suite no. If a P.O. MAIN STREET		structions.			E Unrela (See in	ited business activity codes istructions)
		408A 530(a)		City or town, state of	or province, country, and Zi		n postal code			900	000
	C Bo	ok value of all assets	F Group	exemption number	(See instructions.)						
	2	end of year 31634260.		organization type		ation	501(c) tru	st	401(a) trust		Other trust
					s activity. > INVEST				OUGH ENTI	TIES	
					in an affiliated group or a pa			d group?	>	Ye	s X No
Ø		• • •		•	parent corporation.		•	• ,			
	J Th	ne books are in care of		COLE PATUZ	ZI			Teleph	one number 🕨 5	74-2	295-8761
CANNED JUN		rt I Unrelate	d Trac	le or Business	Income		(A) Inc		(B) Expense		(C) Net
Z	1 a	Gross receipts or sale	es								
	b	Less returns and allo	wances		c Balance	► 1c) 	i	
ö	, 2	Cost of goods sold (S	Schedule	A, line 7)		2					
·	⁽ 3	Gross profit. Subtrac		· ·		3					
⊒	4 a	Capital gain net incor				4a					
_	b	Net gain (loss) (Form	4797, P	art II, line 17) (attach	ı Form 4797)	4b					
0 1 2017	C	Capital loss deduction	n for trus	sts		4c					
~	5	Income (loss) from p	artnersh	ips and S corporation	is (attach statement)	5	-91	676.	=C:STMT[-91,676.
	6	Rent income (Schedu				6		<u> </u>			
~	7	Unrelated debt-finance	ed incon	ne (Schedule E)		7		<u> </u>	AV 0 0 2017	Ö	
	8	Interest, annuities, ro	yaltıes, a	nd rents from contro	illed organizations (Sch. F)	8			ATZZZOIT	िछ	
	9	Investment income o	f a sectio	on 501(c)(7), (9), or (17) organization (Schedule	G) 9					
	10	Exploited exempt acti	vity inco	me (Schedule I)		10		0	GDEN, U		
	11	Advertising income (Schedule	: J)		11			W. 400		······································
	12	Other income (See in	struction	s; attach schedule)	STATEMENT 2	12	369	831.			369,831.
	13	Total. Combine lines				13		155.			278,155.
	Pa				here (See instructions						
		(Except for	contribu	itions, deductions	must be directly connec	ted with t	he unrelated	business	income)		
	14	Compensation of off	ficers, dir	ectors, and trustees	(Schedule K)					14	7,035.
	15	Salaries and wages								15	
	16	Repairs and mainter	nance							16	
	17	Bad debts								17	
	18	Interest (attach sche	edule)							18	
	19	Taxes and licenses								19	234.
	20	Charitable contribut	ons (See	instructions for limit	tation rules)		SEE	STAT	EMENT 5	20	1,270.

EXTENDED TO MAY 15, 2017 **Exempt Organization Business Income Tax Return**

(and proxy tax under section 6033(e)) For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016 Information about Form 990-T and its instructions is available at www.irs.gov/form990t

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of organization (Check box if name changed and see instructions.)

COMMUNITY FOUNDATION

OF ELKHART COUNTY, INC.

LHA For Paperwork Reduction Act Notice, see instructions

Net operating loss deduction (limited to the amount on line 30)

Less depreciation claimed on Schedule A and elsewhere on return

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Form 990-T

Department of the Treasury Internal Revenue Service

> Check box if address changed

> > Print

B Exempt under section

21

22

23

24

25

26

27

28

29

30

31

32

33

34

line 32

Depletion

Depreciation (attach Form 4562)

Employee benefit programs

Contributions to deferred compensation plans

Total deductions. Add lines 14 through 28

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Other deductions (attach schedule)

Form 990-T (2015)

OMB No 1545-0687

D Employer identification numb (Employees' trust, see

31-1255886

7,172.

15,711.

262,444.

235,705.

26,739.

25,739.

1,000.

instructions)

22b

23

24

25

26

27

28

29

30

31

32

33

22a

SEE STATEMENT 3

SEE STATEMENT 4

	COMMUNITY									
Form 990-T	<u> </u>		Y, INC.			31-:	1255	<u> 386</u>		Page
Part, I										
35	Organizations Taxable as Cor	porations. See (nstructions for tax co	omputation.			İ	1		
	Controlled group members (se	ections 1561 and	1563) check here	See instruction	ons and:		i i			
а	Enter your share of the \$50,00	0, \$25,000, and	\$9,925,000 taxable ir	ncome brackets (in that	t order):		ł	ľ		
_	(1) \$	(2) [\$, ,	_] (3) [\$`	•	1	1	1		
	Enter organization's share of:		tay (not more than				1	j		
U	_		•	\$11,730) <u>\{\dagger}</u>		_;	ļ	ļ		
	(2) Additional 3% tax (not mo)	φ		J	, <u> -</u>	_ -	2 (261
C	Income tax on the amount on						▶ 3	5c		361
36	Trusts Taxable at Trust Rates		•	 Income tax on the an 	nount on line 34 f	rom:	⊢			
	Tax rate schedule or	Schedule D	(Form 1041)				▶ [3	36		
37	Proxy tax See instructions						▶ [3	37		
38	Alternative minimum tax							38		
	Total. Add lines 37 and 38 to I	ine 35c or 36, wi	nchever applies					39	3.8	361.
	V Tax and Payment		MONOTON APPRIOR					/V		
			10: trusto attach For		140-			-		
	Foreign tax credit (corporation		ia, trusts attach Fon	ш (11ю)	40a					
þ	Other credits (see instructions				40b					
C	General business credit. Attack	h Form 3800			40c					
d	Credit for prior year minimum	tax (attach Form	8801 or 8827)		40d]		
е	Total credits Add lines 40a th	rough 40d					4	0e		
41	Subtract line 40e from line 39							11	3,8	361.
42	Other taxes. Check if from:	☐ Form 4255 ☐	Form 8611	7 Form 8697 [] Fo	orm 8866 🔲 0)ther (attach sched	_	12		
	Total tax. Add lines 41 and 42				0000 0	Jinor (andon sone)	_	13	3 8	361.
43			15		144-1		<u> </u>	10		,01
	Payments: A 2014 overpayme	ent creatted to 20	15		44a			l		
	2015 estimated tax payments				44b					
C	Tax deposited with Form 8868	,			44c					
d	Foreign organizations: Tax paid	d or withheld at s	ource (see instructio	ns)	44d					
е	Backup withholding (see instru	uctions)			44e					
f	Credit for small employer heal	th insurance prer	niums (Attach Form	8941)	44f]		
	Other credits and payments:		Form 2439	•				j		
y	Form 4136	- -	Other	Tota	ı ▶ 44g					
			7 Ottlei		941			<u>.</u>		
45	Total payments. Add lines 44a							15		
46	Estimated tax penalty (see inst						_	16		65.
47	Tax due. If line 45 is less than		•				▶ <u>4</u>	7	<u>3,9</u>	26.
48	Overpayment. If line 45 is larg	ger than the total	of lines 43 and 46, e	nter amount overpaid			▶ <u>4</u>	18		
49	Enter the amount of line 48 yo	u want: Credited	to 2016 estimated t	ax 🕨		_Refunded	> 4	19		
Part V	Statements Rega	rding Certa	in Activities a	nd Other Inform	nation (see in	nstructions)				
	ny time during the 2015 calend					ty over a financi	al accour	nt (bank	Yes	No
••	urities, or other) in a foreign col	, ,	•			•			1.60	1 10
	, ,	•		ave to file i mount i dim	1114, Nepoli Oli	oreign bank and	i illaliciai		}	X
2 Durit	ounts. If YES, enter the name o	r the foreigh coul	from, or was it the granto	or of, or transferor to, a fore	an trust?			 -	-	
If YE	ng the tax year, did the organization re S, see instructions for other forms the	e organization may h	ave to file		•				<u> </u>	X
	er the amount of tax-exempt int									<u> </u>
Sched	ule A - Cost of Good	s Sold. Ente	method of invent	ory valuation	N/A					
1 Inve	intory at beginning of year	1 1		6 Inventory at end	l of year			<u> 6</u>		
2 Pur	chases	2		7 Cost of goods s	old. Subtract line	6				
	t of labor	3		_	er here and in Par			, 		
						•			Tvan	T No.
	tional section 263A costs (att_schedu	·		8 Do the rules of s		-			Yes	No
	er costs (attach schedule)	4b			ed or acquired fo	r resale) apply to	0		-	├ ─
5 Tota	II. Add lines 1 through 4b			the organization	?					<u> </u>
0:	Under penalties of perjury, I decl correct, and amplete Declarati	lare that I have exam on of preparer (other	ined this return, including than taxpayer) is based	g accompanying schedules on all information of which p	and statements, and preparer has any kno	to the best of my k wledge	nowledge a	and belief, it is	true,	
Sign	JET 1	. 100						e IRS discuss t		with
Here	INVELI	WY	~ 5.15.	· 17 N PRES	IDENT/CE	:O		parer shown b		
	Signature of officer		Date	Title			_	tions)? X	,	No
	Print/Type preparer's na	ame	Preparer's sign	ature	Date	Check		PTIN		
	KANDY L.	u0	KANDY L		1000	self- emple				
Paid	MITOGUMETED	CDA	WISCHME		05/12/1		oyeu	D0011	0227	,
Prepa	1 TOT T			IBR, CPA	05/12/1			P0011		
Use C	only Firm's name ► BLU		, LLC	TO FIRE		Firm's El	N P	35-11	1866	<u> </u>
		13 WEST		PKEET						
	Firm's address 🕨 S	EYMOUR,	IN 47274			Phone no	<u>. 812</u>	<u>2-522-</u>	8416	

Form 990-T (2015)

Form 990-T (2015) OF ELKHA	RT COUNTY	, INC		Downer of F				31-12		
Schedule C - Rent Income	e (From Real	Property	ano	Personal P	ropen	y Le	ase	with Real Pr	open	(see instructions)
1. Description of property										
(1)										
(2)										
(3)										
(4)										
		ed or accrued						3(a) Deductions dire	ectly con	nected with the income in
(a) From personal property (if the prent for personal property is more than 50°	ore than	ofrei	nt for pe	d personal propert ersonal property ex is based on profit	ceeds 50% i	centage or if		columns 2	a) and 2(b) (attach schedule)
_(1)		ļ								
_(2)								 		
_(3)) 								
(4)										
Total	0.	Total					0.			
(c) Total income. Add totals of column here and on page 1, Part I, line 6, column		ter 🕨	-	<u>-</u>			0.	(b) Total deduction: Enter here and on page Part I, line 6, column (B)	1,	0.
Schedule E - Unrelated De		Income	(see ii	nstructions)						
			Ì			T		3. Deductions directly	connect	ed with or allocable
				2 Gross ind or allocable		<u> </u>		to debt-fi		roperty
1. Description of debt	-financed property			financed p			(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)						$\neg +$			-+	
(1)							_		\dashv	
(2)			—-						$\overline{}$	
(3)									-+	
_(4)						\dashv			 +	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property n schedule)		6. Column d by colui				7. Gross income reportable (column 2 x column 6)		Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)						%			$\neg +$	
(2)	 					%			\dashv	
(3)	 					%			\dashv	
(4)	1					%			-	
						^{/0}	F.,	A b 4	_	E As A second
						-		iter here and on page 1, art I, line 7, column (A)		Enter here and on page 1 Part i, line 7, column (B)
Totalo									0.	n
Totals	maliculard in a alcient	. 0							$\stackrel{\smile}{\leftarrow}$	<u> </u>
Total dividends-received deductions Schedule F - Interest, Ann	uities Royalt	ies and l	Rent	s From Co	ntrolle	d Ord	ani	zations (see	nstruct	0.
Concadio t Interest, Ann	unics, moyan	$\overline{}$		Controlled O			<u> </u>	Lations (see	istruct	lioris)
			veuibi		i gariizati			T-		
1. Name of controlled organization	Employer ide numb			3 related income ee instructions)		4. I of spec ments m		5. Part of column included in the con organization's gross	trolling	6. Deductions directly connected with income in column 5
(1)								- 		
(1)										 -
(2)										
(3)								_		
(4)										
Nonexempt Controlled Organization	ons									
7. Taxable Income 8	Net unrelated income (see instructions)		9 Tota	al of specified payr made	nents		ne cont	olumn 9 that is included rolling organization's ross income	11. _v	Deductions directly connected with income in column 10
(1)										
(2)										
F								- 	 	
(3)									+	
_(4)						 			┼—-	
						l	er here :	olumns 5 and 10 and on page 1, Part I, 8, column (A)	t .	Add columns 6 and 11 er here and on page 1, Part I, line 8, column (B)
Tatala								0.		0
<u>Totals</u>									<u> </u>	0.

Form 990-T (2015) OF ELKHART COUNTY, INC.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

1. Descri	ription of income			2. Amount of income	3. Dedu directly co (attach so	onnected 4	. Set-asides ittach schedule)	5 Total deductions and set-asides (cot 3 plus col 4)
(1)					<u> </u>			
(2)								
(3)								
(4)								
				Enter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1, Part I, line 9, column (B)
Totals			<u> </u>	0.1				
Schedule I - Exploited (see instru		Income,	Other ¹	Than Advertisin	g Incom	ne		
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Exper directly con with produ of unrela business in	nected iction ited	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7	5. Gross from activ is not un business	vity that related	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)	<u></u>							
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	arti,					Enter here and on page 1, Part II, line 26
Totals -	0.		0.					0.
Schedule J - Advertisir								
Part I Income From F	eriodicals Repo	orted on	a Cons	olidated Basis				
1. Name of periodical	2 Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circ	culation 6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								' '
(3)								!
(4)				<u> 1</u>				
		ŀ			}	1		
Totals (carry to Part II, line (5))	<u> </u>		0.					<u> </u>
Part II Income From F			a Sepai	rate Basis (For e	ach period	dical listed in Pa	art II, fili in	
columns 2 through	7 on a line-by-line bas	SIS.)		<u></u> -			 -	
1 Name of periodical	2 Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		culation 6.	Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				 				
(2)				 	↓			
(3)				· 	 			
(4)					ـ.ــــــــــــــــــــــــــــــــــــ			
Totals from Part I	Enter here and of page 1, Part I, line 11, col (A)	page iine 11	ere and on 1, Part I, I, col (B)					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) Schedule K - Compens		Directo	0.		netriction	<u> </u>		0.
Scriedule K - Compens	Sation of Officers	s, Directi	715, and	Trustees (see	instruction	3. Percent of		
1 N	ame		<u> </u>	2. Title		time devoted to business		ensation attributable elated business
(1)			ļ			%		
(2)			ļ			%		
(3)			 			%		
(4)			L			%		
Total. Enter here and on page 1, P	art II, line 14						<u> </u>	0.
								Form 990-T (2015)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT 1
DESCRIPTION	AMOUNT
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII LP	-3,210
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII LP	-32,714
COMMONFUND CAPITAL PARTNERS III LP	80.
COMMONFUND GLOBAL DISTRESSED PARTNERS III LP	-198
NORTHGATE PRIVATE EQUITY PARTNERS III LP	-1,297
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III LP	_23
THE TIFF KEYSTONE FUND, L.P.	-14,787
FEG PRIVATE OPPORTUNITIES FUND LP	-16,487
TIFF PRIVATE EQUITY PARTNERS 2014, LLC	-818
TIFF REALTY AND RESOURCES IV, LLC	-1,172
TIFF PRIVATE EQUITY PARTNERS 2013, LLC TIFF SPECIAL OPPORTUNITIES FUND	-21,849.
TIFF SPECIAL OPPORTUNITIES FUND TIFF PRIVATE EQUITY PARTNERS 2013, LLC	778. -25.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-91,676
FORM 990-T OTHER INCOME	STATEMENT 2
DESCRIPTION	AMOUNT
GAIN ON SALE OF STOCK	369,831.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	369,831.
	- 123 - 1 - 1
FORM 990-T OTHER DEDUCTIONS	STATEMENT 3
	AMOUNT
DESCRIPTION	
DESCRIPTION	4,878. 2,294.
PROFESSIONAL FEES	