

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
Community Foundation of Elkhart County Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
300 Nibco Parkway No 301

City or town, state or province, country, and ZIP or foreign postal code
Elkhart, IN 46516

D Employer identification number
31-1255886

E Telephone number
(574) 295-8761

G Gross receipts \$ 120,660,403

F Name and address of principal officer
PETER MCCOWN
300 Nibco Parkway No 301
Elkhart, IN 46516

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.INSPIRINGGOOD.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1988 **M** State of legal domicile IN

Part I Summary

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 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)	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	21
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	18
6 Total number of volunteers (estimate if necessary)	81
7a Total unrelated business revenue from Part VIII, column (C), line 12	-123,730
7b Net unrelated business taxable income from Form 990-T, line 34	-167,549

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	13,918,852	26,967,222
9 Program service revenue (Part VIII, line 2g)	5,515	4,180
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,537,196	5,594,784
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,808	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,468,371	32,566,186
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,379,761	14,051,552
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)	926,665	1,100,817
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶741,185		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,516,353	2,065,969
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	16,822,779	17,218,338
19 Revenue less expenses Subtract line 18 from line 12	645,592	15,347,848

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	231,634,260	272,074,268
21 Total liabilities (Part X, line 26)	20,382,483	21,867,962
22 Net assets or fund balances Subtract line 21 from line 20	211,251,777	250,206,306

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 2018-05-10
PETER MCCOWN PRESIDENT/CEO
Type or print name and title _____

Paid Preparer Use Only
Print/Type preparer's name Sara Jacobi CPA Preparer's signature Sara Jacobi CPA Date 2018-05-10 Check if self-employed PTIN P00450897
Firm's name ▶ Blue & Co LLC Firm's EIN ▶ 35-1178661
Firm's address ▶ 813 West Second Street Phone no (812) 522-8416
Seymour, IN 47274

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 \$ 15,858,427 including grants of \$ 14,051,552) (Revenue \$ 4,180)
See Additional Data



















4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 15,858,427

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> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
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>		No
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>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
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> 	Yes	
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> 		No
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> 		No
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> 	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	Yes	
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> 	Yes	
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> 	Yes	
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> 		No
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> 		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
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> 	Yes	
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> 	Yes	
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> 		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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> 	Yes	
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> 		No
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> 		No
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)		No
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>		No
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>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
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>	Yes	
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>	Yes	
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>	Yes	
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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		No
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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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>		No
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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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>		No
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>		No
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>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (21); 1b Enter the number of voting members included in line 1a, above, who are independent (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? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); 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? (No); 16b 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?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Cole Patuzzi, 300 Nibco Parkway No 301, Elkhart, IN 46516 (574) 295-8761.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DZUNG NGUYEN Chair	1 00	X		X			0	0	0	
(2) MICHAEL SCHOEFFLER Vice Chair & TREASURER	1 00	X		X			0	0	0	
(3) RICK JENKINS Chair Emeritus	1 00	X		X			0	0	0	
(4) MEGAN BAUGHMAN seCRETARY	1 00	X		X			0	0	0	
(5) BRIAN SMITH DirectOR	1 00	X					0	0	0	
(6) Jill Sigsbee directOR	1 00	X					0	0	0	
(7) Steve Fidler direCTOR	1 00	X					0	0	0	
(8) Sharon Liegl DIRECTOR	1 00	X					0	0	0	
(9) Rob Cripe DireCTOR	1 00	X					0	0	0	
(10) RANDY CHRISTOPHEL DIRECTOR	1 00	X					0	0	0	
(11) DAVID WEED DIRECTOR	1 00	X					0	0	0	
(12) Jeff Wells DIRECTOR	1 00	X					0	0	0	
(13) LEVI KING DIRECTOR	1 00	X					0	0	0	
(14) DEL KING DIRECTOR	1 00	X					0	0	0	
(15) DAVID FINDLAY DIRECTOR	1 00	X					0	0	0	
(16) Bob Schrock DIRECTOR	1 00	X					0	0	0	
(17) GORDON MOORE DIRECTOR	1 00	X					0	0	0	

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Thomas Pletcher DIRECTOR	1 00	X						0	0	0
(19) Cien Asoera DirectOR	1 00	X						0	0	0
(20) Deb Beaverson DirectOR	1 00	X						0	0	0
(21) Dick Armington DirectOR	1 00	X						0	0	0
(22) PETER L MCCOWN President/CEO	40 00			X				174,177	0	20,268
(23) Cole Patuzzi CFO / Controller	40 00			X				81,701	0	11,549
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								255,878	0	31,817

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
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? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
STIFEL 200 nibco parkway elkhart, IN 46516	MANAGEMENT FEES	325,961
MERCER 701 MARKET ST SUITE 1100 ST LOUIS, MO 63101	MANAGEMENT FEES	266,100
Insight Strategic Concepts 3743 E Jackson Blvd Elkhart, IN 46516	Strategic goals and strategies planning	134,375
KeyBank 127 Public Square Cleveland, OH 44114	MANAGEMENT FEES	102,833

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 ▶ 4

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a 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	26,967,222			
	g Noncash contributions included in lines 1a-1f \$ _____		6,290,841			
	h Total. Add lines 1a-1f		26,967,222			
Program Service Revenue			Business Code			
	2a PROGRAM SERVICE REVENUE		900099	4,180	4,180	
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		4,180				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,702,654		-123,730	3,826,384
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	89,986,147	200		
		(ii) Other				
		b Less cost or other basis and sales expenses	88,094,217	0		
		c Gain or (loss)	1,891,930	200		
	d Net gain or (loss)		1,892,130			1,892,130
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		32,566,186	4,180	-123,730	5,718,514	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	12,408,731	12,408,731		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,642,821	1,642,821		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	323,994	106,916	110,159	106,919
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	620,838	204,876	211,085	204,877
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	81,784	26,988	27,807	26,989
10 Payroll taxes	74,201	24,487	25,228	24,486
11 Fees for services (non-employees)				
a Management				
b Legal	11,712	3,865	3,982	3,865
c Accounting	35,322	11,657	12,009	11,656
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,076,436	1,076,436		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	62,144	20,507	21,129	20,508
12 Advertising and promotion	201,907			201,907
13 Office expenses	42,040	12,108	17,918	12,014
14 Information technology	38,050	12,556	12,937	12,557
15 Royalties				
16 Occupancy				
17 Travel	30,017	9,905	10,206	9,906
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	94,833	31,295	32,243	31,295
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,640	10,764	10,438	10,438
23 Insurance	17,431	5,752	5,927	5,752
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Subtotal federal	11,611		11,611	
b ProgramS AND EVENTS	213,941	213,941		
c Bad Debt	82,612		82,612	
d COMMUNITY RELATIONS	52,719			52,719
e All other expenses	63,554	34,822	23,435	5,297
25 Total functional expenses. Add lines 1 through 24e	17,218,338	15,858,427	618,726	741,185
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	226	1	69
	2 Savings and temporary cash investments	11,278,121	2	10,098,699
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	487,219	4	538,237
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	21,713	7	4,050
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	153,017		
	b Less accumulated depreciation	80,652		
		79,661	10c	72,365
	11 Investments—publicly traded securities	133,839,258	11	161,166,004
	12 Investments—other securities See Part IV, line 11	84,315,764	12	97,996,196
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	1,612,298	15	2,198,648	
16 Total assets. Add lines 1 through 15 (must equal line 34)	231,634,260	16	272,074,268	
Liabilities	17 Accounts payable and accrued expenses	159,421	17	143,805
	18 Grants payable	1,034,506	18	535,870
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	18,616,153	21	20,639,631
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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	572,403	25	548,656
	26 Total liabilities. Add lines 17 through 25	20,382,483	26	21,867,962
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	2,160,874	27	2,674,026
	28 Temporarily restricted net assets	209,090,903	28	247,532,280
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	211,251,777	33	250,206,306
	34 Total liabilities and net assets/fund balances	231,634,260	34	272,074,268

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	32,566,186
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,218,338
3	Revenue less expenses Subtract line 2 from line 1	3	15,347,848
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	211,251,777
5	Net unrealized gains (losses) on investments	5	25,661,923
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 in Schedule O)	9	-2,055,242
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	250,206,306

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 31-1255886

Name: Community Foundation
of Elkhart County Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

The Community Foundation of Elkhart County (CFEC) was established in 1988 to inspire people to make charitable gifts that improve the quality of life in Elkhart County. As a public, tax-exempt, philanthropic organization, CFEC solicits and develops endowed and non-endowed funds benefiting not-for-profit organizations serving the county. Program grants are made to our nonprofit partners in the areas of Arts & Culture, Community Development, Education, Health & Human Services, Religion and Youth Development, plus special program grants from the Fund for Elkhart County. Our donors and the community also support our thriving scholarship programs, including the Lilly Endowment Community Scholarship. Through the scope of these services, the CFEC continues to be the philanthropic conduit in Elkhart County.

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047
2016
Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Community Foundation
of Elkhart County Inc

Employer identification number
31-1255886

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

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

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

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

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	4,804,678	9,604,628	19,856,095	13,918,852	26,967,222	75,151,475
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	4,804,678	9,604,628	19,856,095	13,918,852	26,967,222	75,151,475
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)						13,024,133
6 Public support. Subtract line 5 from line 4						62,127,342

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	4,804,678	9,604,628	19,856,095	13,918,852	26,967,222	75,151,475
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,744,358	5,510,114	5,453,893	4,746,811	3,826,384	23,281,560
9 Net income from unrelated business activities, whether or not the business is regularly carried on	3,255	-149,616	-56,089	278,155	-123,730	-48,025
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,123	751				1,874
11 Total support. Add lines 7 through 10						98,386,884

12 Gross receipts from related activities, etc (see instructions) **12** 24,045

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	63.150 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	54.320 %

16a 33 1/3% support test—2016. 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

b 33 1/3% support test—2015. 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

17a 10%-facts-and-circumstances test—2016. 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

b 10%-facts-and-circumstances test—2015. 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

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

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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

Section C - Distributable Amount

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (Community Foundation of Elkhart County Inc) and 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: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 show values for total number, aggregate value of contributions, grants, and end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

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

Table for lines 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(ii) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	227,509,093	232,489,234	223,056,819	183,816,447	36,347,397
b Contributions	26,720,768	13,805,082	20,265,587	9,278,327	141,115,823
c Net investment earnings, gains, and losses	30,306,116	-3,269,964	-737,384	36,210,392	11,231,262
d Grants or scholarships	13,891,945	14,039,773	9,069,619	5,228,653	3,447,001
e Other expenditures for facilities and programs					
f Administrative expenses	1,951,203	1,475,486	1,026,169	1,019,694	1,431,034
g End of year balance	268,692,829	227,509,093	232,489,234	223,056,819	183,816,447

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 600 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶ 99 400 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		153,017	80,652	72,365
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				72,365

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	33,948,433	F
(B) PRIVATE EQUITY	64,047,763	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	97,996,196	

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. (Column (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	
ANNUITIES PAYABLE	548,656
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	548,656

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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	54,483,840
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	25,661,923
b	Donated services and use of facilities	2b	30,850
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,919,439
e	Add lines 2a through 2d	2e	27,612,212
3	Subtract line 2e from line 1	3	26,871,628
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	1,076,436
b	Other (Describe in Part XIII)	4b	4,618,122
c	Add lines 4a and 4b	4c	5,694,558
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	32,566,186

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	15,529,311
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	30,850
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	1,951,203
e	Add lines 2a through 2d	2e	1,982,053
3	Subtract line 2e from line 1	3	13,547,258
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	1,076,436
b	Other (Describe in Part XIII)	4b	2,594,644
c	Add lines 4a and 4b	4c	3,671,080
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	17,218,338

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 31-1255886

Name: Community Foundation
of Elkhart County Inc

Supplemental Information

Return Reference	Explanation
Part IV, Line 2b	CONTRIBUTIONS HELD FOR OTHERS REPRESENTS FUNDS PLACED ON DEPOSIT WITH THE ORGANIZATION BY OTHER 501(C)(3) ORGANIZATIONS BASED ON THEIR INDIVIDUAL BOARD RESOLUTIONS

Supplemental Information

Return Reference	Explanation
Part V, Line 4	THE PRIMARY INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO PROVIDE SUPPORT TO NOT-FOR-PROFIT ORGANIZATIONS SERVING ELKHART COUNTY

Supplemental Information

Return Reference	Explanation
Part X, Line 2	<p>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, 2017 and 2016, 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.</p>

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -34,211 CHANGE IN VALUE OF LIFE INSURANCE 2,447 ADMINISTRATIVE FEES 1,951,203

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	SFAS 136 ADJUSTMENT 4,618,122

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	ADMINISTRATIVE FEES 1,951,203

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b - Other Adjustments	SFAS 136 ADJUSTMENT 2,594,644

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016
Open to Public Inspection

Name of the organization
Community Foundation
of Elkhart County Inc

Employer identification number

31-1255886

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PASSIVE INVESTMENTS		34,558,169
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			34,558,169
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			34,558,169

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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)* 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)* Yes No

Additional Data

Software ID:

Software Version:

EIN: 31-1255886

Name: Community Foundation
of Elkhart County Inc

Part V Supplemental Information

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

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

Name of the organization
Community Foundation
of Elkhart County Inc

**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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	-------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 142

3 Enter total number of other organizations listed in the line 1 table ▶ _____ 8

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 non-cash assistance
(1) SCHOLARSHIPS	977	1,642,821			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Line 2	THE ORGANIZATION'S GRANT COMMITTEE REVIEWS GRANT APPLICATIONS EACH QUARTER AND GIVES A RECOMMENDATION AS TO WHICH ORGANIZATIONS WILL RECEIVE A GRANT, AS WELL AS HOW MUCH MONEY EACH ORGANIZATION WILL RECEIVE THE GRANT COMMITTEE'S RECOMMENDATIONS ARE APPROVED BY THE BOARD OF DIRECTORS ORGANIZATIONS THAT RECEIVE GRANTS FROM UNRESTRICTED FUNDS HAVE UP TO ONE YEAR TO REPORT BACK TO CFEC REGARDING HOW THE GRANT FUNDS WERE USED OTHER GRANTS REQUESTS FROM DESIGNATED, DONOR ADVISED, AND SCHOLARSHIP FUNDS ARE APPROVED BY THE MANAGEMENT AND THE BOARD OF DIRECTORS GRANTS FROM DONOR ADVISED AND DESIGNATED FUNDS ARE UNRESTRICTED AND CAN BE USED IN ANY WAY THE RECIPIENT ORGANIZATIONS WOULD LIKE

Additional Data

Software ID:
Software Version:
EIN: 31-1255886
Name: Community Foundation
of Elkhart County Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADEC Inc PO Box 398 Bristol, IN 465070398	35-1060633	501(c)(3)	91,275				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AIDS Ministries-AIDS Assist of North Indiana 616 S Main Street Elkhart, IN 46516	35-1902136	501(c)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Red Cross Northern Indiana Chapter 1123 S Indiana Avenue Goshen, IN 465265207	53-0196605	501(c)(3)	40,470				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Bashor Home of the United Methodist Church PO Box 843 Goshen, IN 465270843	35-0933555	501(c)(3)	105,814				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beacon Health Foundation Inc 615 N Michigan Street South Bend, IN 46601	35-1536129	501(c)(3)	9,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Bethany Christian Schools 2904 S Main Street Goshen, IN 465265499	35-0941106	501(c)(3)	11,480				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bethel College Inc 1001 Bethel Circle Mishawaka, IN 46545	35-0935587	501(c)(3)	16,940				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Big Brothers Big Sisters of Elkhart County 2606 Peddlers Village Road Suite 205 Goshen, IN 46526	35-1272588	501(c)(3)	48,320				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boy Scouts of America LaSalle Council 1340 South Bend Avenue South Bend, IN 466171424	35-0867966	501(c)(3)	79,530				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Boys & Girls Club of Elkhart County Inc PO Box 614 Goshen, IN 465270614	35-1033735	501(c)(3)	1,277,141				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Campus Center for Young Children Inc 1900 S Main Street Goshen, IN 46526	35-2010179	501(c)(3)	11,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Center For Community Justice 121 S Third Street Elkhart, IN 465163135	35-1620204	501(c)(3)	52,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Hospice Care 501 Comfort Place Mishawaka, IN 46545	31-0952866	501(c)(3)	12,173				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Center for the Homeless 813 S Michigan Street South Bend, IN 46601	35-1768544	501(c)(3)	16,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Centre-In Food Cooperative dba Maple City Market 314 S Main Street Goshen, IN 46526	35-1556860		5,000				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)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Child And Parent Services Inc PO Box 773 Elkhart, IN 465150773	35-0888765	501(c)(3)	793,398				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Christ Commissary 24197 County Road 16 Elkhart, IN 465165653	27-2415799	501(c)(3)	13,573				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Church Community Services PO Box 2346 Elkhart, IN 465152346	35-1155054	501(c)(3)	74,820				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Church Women United 223 S Main Street Goshen, IN 46526	35-1427937	501(c)(3)	20,018				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Citizens Concerned for the Constitution dba Advance America PO Box 44590 Indianapolis, IN 46209	35-1510587	501(c)(3)	5,700				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
City of Elkhart 229 S 2nd Street Elkhart, IN 46516	35-6001016	509(a)(1)	6,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of Goshen 202 S 5th Street Goshen, IN 46528	35-6001045	509(a)(1)	6,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
City of Goshen Parks & Recreation Department 607 W Plymouth Avenue Goshen, IN 46526	35-6001045	501(c)(3)	12,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of Nappanee PO Box 29 Nappanee, IN 465500029	35-6001129	509(a)(1)	52,310				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Clinton Frame Church 63846 County Road 35 Goshen, IN 46528	35-1605987	501(c)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connect Inc co Michiana Partnership 4477 Progress Drive South Bend, IN 46628	35-1893288	501(c)(3)	50,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Council on Aging of Elkhart County 131 W Tyler Street Suite A Elkhart, IN 46516	51-0178910	501(c)(3)	6,310				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Crossing National 2930 S Nappanee Street Elkhart, IN 46517	26-0588186	501(c)(3)	5,740				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DePauw University PO Box 37 Greencastle, IN 461350037	35-0869045	501(c)(3)	100,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Diocese of Ft Wayne South Bend Inc PO Box 390 Fort Wayne, IN 468010390	35-0876373	501(c)(3)	30,000				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)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Economic Development Corporation of Elkhart County Inc 300 NIBCO Parkway Suite 201 Elkhart, IN 46516	35-1973845	501(c)(3)	8,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Edwardsburg Sports Complex 27566 US 12 Edwardsburg, MI 49112	32-0156076	501(c)(3)	62,864				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Eighth Street Mennonite Church 602 S 8th Street Goshen, IN 46526	35-1078922	501(c)(3)	8,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Elevate Ventures 50 E 91st Street Suite 213 Indianapolis, IN 46240	27-4118692	501(c)(3)	75,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Elkhart Arts Alliance Inc dba Elkhart County Arts Alliance 205 S Main Street Elkhart, IN 46516	81-4279483	501(c)(3)	20,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Elkhart Central High School 1 Blazer Blvd Elkhart, IN 46516	35-1123802	501(c)(3)	6,475				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Elkhart Civic Theatre Inc PO Box 252 Bristol, IN 465070252	35-1179573	501(c)(3)	15,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Elkhart Community Schools 2720 California Road Elkhart, IN 46514	35-1123802	501(c)(3)	33,480				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Elkhart County Clubhouse 114 S Fifth Street Goshen, IN 46528	27-1151738	501(c)(3)	84,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Elkhart County Convention & Visitors Bureau 219 Caravan Drive Elkhart, IN 46514	35-1755629	501(c)(6)	145,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Elkhart County Historical Society Inc PO Box 434 Bristol, IN 465070434	31-1020569	501(c)(3)	10,100				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Elkhart County Parks Department 211 W Lincoln Avenue Goshen, IN 46526	35-6000142	501(c)(3)	75,800				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Elkhart County Youth for Christ dba Lifeline Ministries PO Box 73 Elkhart, IN 465150073	35-1111021	501(c)(3)	79,490				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Elkhart Education Foundation 2746 Old US 20 West Suite B Elkhart, IN 46514	46-3429545	501(c)(3)	18,130				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Elkhart Festivals Inc dba Elkhart Jazz Festival 410 S Main Street Elkhart, IN 46516	47-5394067	501(c)(3)	74,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Elkhart Youth Football League PO Box 2660 Elkhart, IN 46514	90-0893324	501(c)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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ETHOS Inc 1025 N Michigan Street Elkhart, IN 465142215	91-2094413	501(c)(3)	1,209,750				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Faith Lutheran Church of Goshen 406 S 5th Street Goshen, IN 46526	46-5581288	501(c)(3)	78,668				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Faith Mission Of Elkhart Inc PO Box 162 Elkhart, IN 465150162	35-6033504	501(c)(3)	122,155				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
First Congregational Church 431 S 3rd Street Elkhart, IN 46516	35-1013395	501(c)(3)	121,140				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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First United Methodist Church - Goshen 214 S 5th Street Goshen, IN 46528	35-6005629	501(c)(8)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Five Star Life 2204 California Road Elkhart, IN 46514	46-3463430	501(c)(3)	14,200				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Food for the Poor Inc 6401 Lyons Road Coconut Creek, FL 33073	59-2174510	501(c)(3)	6,750				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Friends of the Pumpkinvine Nature Trail 1212 Westbrooke Court Goshen, IN 46528	35-1871609	501(c)(3)	401,200				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Girl Scouts of Northern Indiana Michiana Inc 1218 E University Drive Granger, IN 46530	35-0868091	501(c)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Goshen Art House 211 S Main Street B Goshen, IN 46526	35-2222627	501(c)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Goshen College Inc 1700 S Main Street Goshen, IN 46526	35-2158366	501(c)(3)	152,180				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Goshen Day Care Board dba Walnut Hill Early Childhood Center 1201 S 11th Street Goshen, IN 46526	35-1146723	501(c)(3)	355,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Goshen Health Foundation Inc PO Box 139 Goshen, IN 46527	46-2565300	501(c)(3)	36,818				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Goshen Interfaith Hospitality Network 105 S 3rd Street Goshen, IN 46526	35-1969470	501(c)(3)	80,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Goshen Kiwanis Foundation PO Box 287 Goshen, IN 465270287	35-2127317	501(c)(3)	6,470				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Goshen Theater Inc 234 S Main Street Suite 1 Goshen, IN 46526	90-0964247	501(c)(3)	52,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Elkhart Chamber of Commerce PO Box 428 Elkhart, IN 465150428	35-0290590	501(c)(6)	19,470				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Greencroft Communities Foundation PO Box 819 Goshen, IN 46527	23-7126990	501(c)(3)	90,110				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Guidance Ministries Inc PO Box 1494 Elkhart, IN 465151494	52-2216937	501(c)(3)	22,538				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Habitat for Humanity of Elkhart County PO Box 950 Goshen, IN 465270950	35-1685313	501(c)(3)	72,120				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Healthy Beginnings 1400 Hudson Street Elkhart, IN 46516	35-6000142	501(c)(3)	7,890				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Heartland Alliance's National Immigrant Justice Center 203 S Main Street Suite 6 Goshen, IN 46526	36-1877640	501(c)(3)	15,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Historic Elkhart River Queen 722 Middleton Run Road Elkhart, IN 46516	47-4735316	501(c)(3)	32,700				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Holy Cross College Inc PO Box 308 Notre Dame, IN 465560308	35-1148835	501(c)(3)	17,300				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Hoosiers Feeding the Hungry Inc 4490A State Road 327 Garrett, IN 467389702	45-2402892	501(c)(3)	15,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Horizon Education Alliance 124 E Washington Street Goshen, IN 46528	46-0803293	501(c)(3)	555,501				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Humane Society of Elkhart County Incorporated 54687 County Road 19 Bristol, IN 46507	35-0996134	501(c)(3)	937,193				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Indiana & Michigan Mennonite Camp Association DBA Amigo Centre 26455 Banker Road Sturgis, MI 49091	35-1103269	501(c)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Indiana Black Expo Inc - Elkhart Chapter PO Box 2719 Elkhart, IN 465152719	35-2333120	501(c)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Indiana Conference of United Methodist Church 301 Pennsylvannia Parkway Suite 300 Indianapolis, IN 46280	27-0264680	501(c)(3)	100,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Indiana Golf Foundation Inc PO Box 516 Franklin, IN 461310516	35-2145820	501(c)(3)	34,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Indiana University Foundation PO Box 500 Bloomington, IN 47402	35-6018940	501(c)(3)	427,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Junior Achievement of Northern Indiana Inc 3221 Magnum Drive Elkhart, IN 46516	35-0922731	501(c)(3)	16,200				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Kiwanis International Inc PO Box 802 Elkhart, IN 46515	35-6030744	501(c)(4)	8,470				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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LaCasa of Goshen Inc 202 N Cottage Avenue Goshen, IN 46528	35-1554538	501(c)(3)	19,650				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Lifeworks Ministries 216055 Baywood LN Granger, IN 465309179	30-0448314	501(c)(3)	25,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Logan Community Resource Center 2505 E Jefferson Blvd South Bend, IN 46615	35-0965639	501(c)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LoveWay Incorporated 54151 County Road 33 Middlebury, IN 46540	35-1326709	501(c)(3)	32,650				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Lynn University Inc 3601 N Military Trail Boca Raton, FL 33437	59-1023117	501(c)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Madonna University 36600 Schoolcraft Road Livonia, MI 48150	38-1498763	501(c)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Maple City Health Care Center 213 Middlebury Street Goshen, IN 46528	35-1749398	501(c)(3)	101,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MDC Goldenrod 1514 College Avenue Goshen, IN 46526	31-1205424	501(c)(3)	47,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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MedStar Union Memorial Hospital 201 East University Parkway Baltimore, MD 21218	52-0591685	501(c)(3)	25,000				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)	20,620				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Michiana Public Broadcasting Corporation dba WNIT PO Box 7034 South Bend, IN 466347034	35-1155594	501(c)(3)	12,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Mid America Filmmakers Inc PO Box 6065 South Bend, IN 466606065	32-0097088	501(c)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Middlebury Day Care dba Little Saints Child Care 708 Wayne Street Middlebury, IN 46540	35-1916297	501(c)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Midwest Museum of American Art 429 S Main Street Elkhart, IN 46516	31-0937828	501(c)(3)	5,635				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Nappanee Area Chamber of Commerce 302 W Market Street Nappanee, IN 46550	35-1177470	501(c)(6)	10,750				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Nature Conservancy 4245 N Fairfax Drive Suite 100 Arlington, VA 222031606	53-0242652	501(c)(3)	53,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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New Generations Childcare Ministry 1527 Belmont Avenue Elkhart, IN 465164145	03-0579242	501(c)(3)	12,705				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
New Life Christian Center 15685 State Route 120 Bristol, IN 46507	38-3454282	501(c)(3)	7,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Northern Indiana Hispanic Health Coalition 444 N Nappanee Street Elkhart, IN 46514	32-0039221	501(c)(3)	75,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Oaklawn Foundation for Mental Health PO Box 809 Goshen, IN 46527	35-6060037	501(c)(3)	15,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Oaklawn Psychiatric Center Inc PO Box 809 Goshen, IN 465270809	35-1070041	501(c)(3)	351,170				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Potawatomi Zoological Society 500 S Greenlawn Avenue South Bend, IN 46615	35-1183974	501(c)(3)	19,200				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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Premier Arts Inc 410 S Main Street Elkhart, IN 46516	35-1837569	501(c)(3)	80,542				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Project Lead the Way 3939 Priority Way South Drive Suite 400 Indianapolis, IN 46240	14-1816385	501(c)(3)	31,185				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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Purrzilla Cat Rescue PO Box 542011 Greenacres, FL 33454	27-5500244	501(c)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RETA Inc 300 W High Street Elkhart, IN 46516	35-1609946	501(c)(3)	7,890				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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Ribbon of Hope 600 East Blvd Elkhart, IN 46514	35-2118856	501(c)(3)	19,690				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Riley Children's Foundation 30 South Meridian Street Suite 200 Indianapolis, IN 462043540	35-0868147	501(c)(3)	15,655				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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River Oaks Community Church of Elkhart 58020 County Road 115 Goshen, IN 46528	35-1771277	501(c)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Riverview Adult Day Center 2715 E Jackson Blvd Elkhart, IN 46516	35-1829321	501(c)(3)	8,750				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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Roberts Wesleyan College 2301 Westside Dr Rochester, NY 14624	16-0743126	501(c)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Ronald McDonald House Charities of Michiana PO Box 1274 South Bend, IN 466241274	35-1831691	501(c)(3)	131,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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Ruthmere Museum Foundation 302 E Beardsley Avenue Elkhart, IN 46514	32-0037914	501(c)(3)	59,205				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Ryan's Place PO Box 73 Goshen, IN 465270073	35-2136542	501(c)(3)	25,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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Saint Mary of the Annunciation PO Box 245 Bristol, IN 465070245	35-1204442	501(c)(3)	88,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Salvation Army Goshen Corps PO Box 114 Goshen, IN 465270114	13-2923701	501(c)(3)	60,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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Salvation Army of Elkhart PO Box 385 Elkhart, IN 465150385	13-2923701	501(c)(3)	30,868				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Samaritan Health & Living Center Inc 311 W High Street Elkhart, IN 465162827	35-1288674	501(c)(3)	99,600				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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SPA Women's Ministry Homes 512 1/2 S Main Street Elkhart, IN 46516	43-1998891	501(c)(3)	25,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Special Operations Warrior Foundation PO Box 89367 Tampa, FL 33689	52-1183585	501(c)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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Spring Arbor University 106 E Main Street Spring Arbor, MI 49283	38-1359569	501(c)(3)	5,000				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)	8,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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St Pius X Catholic Church 52553 Fir Road Granger, IN 46530	35-0940397	501(c)(3)	35,000				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)	103,783				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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St Vincent de Paul Parish & School 1114 S Main Street Elkhart, IN 46516	38-3808231	501(c)(3)	21,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Stan & Haney DRAFT Fund 15569 McGregor BLVD Fort Myers, FL 33908	20-0942579	501(c)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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Studebaker National Museum Foundation 201 Chapin Street South Bend, IN 46601	20-8028196	501(c)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Ten Thousand Villages Goshen Inc 206 S Main Street Goshen, IN 46526	26-0715124	501(c)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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The Lerner 410 S Main Street Elkhart, IN 46516	35-6001016	501(c)(3)	5,830				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
The Lutheran Foundation 3024 Fairfield Ave Fort Wayne, IN 468071604	35-0886840	501(c)(3)	100,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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The RVDA Education Foundation 3930 University Drive Fairfax, VA 22030	54-1664245	501(c)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Town of Middlebury 418 N Main Street Middlebury, IN 46540	35-6001109	501(c)(3)	25,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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Trinity Foundation 2715 E Jackson Blvd Elkhart, IN 46516	47-1589616	501(c)(3)	21,130				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Trinity United Methodist Church of Elkhart Indiana 2715 East Jackson Boulevard Elkhart, IN 46516	35-0874265	501(c)(3)	123,328				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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uLEAD Inc 212 S Main Street Suite 2 Goshen, IN 46526	35-2049624	501(c)(3)	269,096				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
United Cancer Services of Elkhart County 23971 US Highway 33 Elkhart, IN 46517	35-1091429	501(c)(3)	39,550				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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United Theological Seminary 4501 Denlinger Road Dayton, OH 45426	31-0568239	501(c)(3)	6,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
United Way of Elkhart County PO Box 3048 Elkhart, IN 46515	35-0953433	501(c)(3)	35,500				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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Unity Church of Peace 905 E Colfax Ave South Bend, IN 46617	31-0989295	501(c)(3)	23,520				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Vera Bradley Foundation for Breast Cancer 12420 Stonebridge Rd Roanoke, IN 46783	35-2058177	501(c)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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Visually Impaired Preschool Services 1100 W 42nd Street Suite 228 Indianapolis, IN 46208	61-1061973	501(c)(3)	9,450				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Wakarusa Maple Syrup Heritage PO Box 291 Wakarusa, IN 465730291	47-5308386	501(c)(3)	5,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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Wawasee Area Conservancy Foundation PO Box 548 Syracuse, IN 46567	35-1832807	501(c)(3)	10,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Wellfield Botanic Gardens 1011 N Main Street Elkhart, IN 46514	20-1642142	501(c)(3)	535,870				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Women's Care Center 229 W Marion Street Elkhart, IN 46516	35-1609945	501(c)(3)	121,300				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
Women's Care Center Foundation 360 N Notre Dame Avenue South Bend, IN 46617	38-3651599	501(c)(3)	5,283				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA of Michiana 1201 Northside Blvd South Bend, IN 46615	35-0868216	501(c)(3)	15,000				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YWCA of North Central Indiana 1102 S Fellows Street South Bend, IN 46601	35-0868226	501(c)(3)	71,630				TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

Schedule J
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Compensation Information

OMB No 1545-0047

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.**

2015
Open to Public Inspection

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization Community Foundation of Elkhart County Inc	Employer identification number 31-1255886
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Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input 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 (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input 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 (e.g., maid, chauffeur, chef)									
b If any of the boxes in 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.	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input 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?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 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?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
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?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
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.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PETER L MCCOWN President/CEO	(i)	174,177 -----	0 -----	0 -----	9,500 -----	10,768 -----	194,445 -----	0 -----
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047
2016
Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Department of the Treasury
Internal Revenue Service

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	40	6,205,501	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Loan Receivable)	X	1	85,340	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31	Yes	
32a	Yes	
33		

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.

Return Reference	Explanation
Part I, Line 32b	non cash contributions are sold by the appropriate organization stocks are processed and sold by the brokerage firm, real estate is marketed and sold by a real estate firm and so forth

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Community Foundation
of Elkhart County Inc

Employer identification number

31-1255886

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	The board of directors includes individuals who maintain normal business relationships with one another

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	the organization's finance committee reviews the form 990 in detail with our tax advisors after any questions have been answered and any changes have been made, the form 990 is presented to the full board of directors at a quarterly board meeting once approved by the board, the return is then filed with the irs

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15a	THE ORGANIZATION'S EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE COMPENSATION FOR THE PRESIDENT THE EXECUTIVE COMMITTEE UTILIZES THE NATIONAL COUNCIL ON FOUNDATIONS ANNUAL SURVEY TO DETERMINE THE APPROPRIATE AMOUNT OF COMPENSATION THE EVALUATION FORMS ARE KEPT ON FILE BY THE CHAIRMAN OF THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	SFAS 136 ADJUSTMENT -2,023,478 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -34,211 CHANGE IN VALUE OF LIFE INSURANCE 2,447

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCEDURES THE FINANCE COMMITTEE TAKES ANNUALLY DID NOT CHANGE IN THE CURRENT YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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
(1) ECCF HOLDINGS INC PO BOX 2932 ELKHART, IN 46516 20-3670120	COMMUNITY DEVELOPMENT	IN	501(C)	Line 12a, I	COMMUNITY FOUNDATION OF ELKHART COUNTY	Yes	
(2) ELKHART HEALTH FITNESS AND AQUATICS INC 600 EAST BOULEVARD ELKHART, IN 46514 38-4018882	PROMTE OR ENHANCE THE COMMUNITY	IN	501C	Line 7	COMMUNITY FOUNDATION OF ELKHART COUNTY	Yes	

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

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

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	Yes

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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