	_		** PUBLIC DISCLOSURE COPY Return of Organization Exempt Fro		ncome Tax	OMB No. 1545-0047
For	Form 990		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	ode (exce	ept private foundation	s) 2022
Department of the Treasury Internal Revenue Service			Do not enter social security numbers on this form as it Go to www.irs.gov/Form990 for instructions and the	-		Open to Public Inspection
	A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023					
	Check if		organization	ang o	D Employer identific	ation number
0	applicabl		UNITY FOUNDATION		B Employer Identific	
Γ	Addre		LKHART COUNTY, INC.			
	Name chang		usiness as		31-12558	86
	Initial return			om/suite	E Telephone number	
	Final return	240	EAST JACKSON BLVD 10)4	574-295-8	8761
	termir ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	70,724,756.
	Amen		ART, IN 46516		H(a) Is this a group re	
	Applic tion pendi	F Name a	nd address of principal officer: PETER MCCOWN		for subordinates	? Yes X No
		SAME	AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
			X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		list. See instructions
_	Websi		INSPIRINGGOOD.ORG		H(c) Group exemption	
			X Corporation Trust Association Other	L Year o	of formation: 1988 N	State of legal domicile: IN
F	art I	Summary				
ģ	1		e the organization's mission or most significant activities: <u>TO IMP</u> ART COUNTY BY INSPIRING GENEROSITY	ROVE	THE QUALITY	
Governance						-1-
er r	2	Check this bo				21
ģ	4		ependent voting members of the governing body (Part VI, line 1a)			18
			of individuals employed in calendar year 2022 (Part V, line 2a)			30
Activities &	6		of volunteers (estimate if necessary)		74	
ivi	7a		d business revenue from Part VIII, column (C), line 12			-137,397.
Ā	b		business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
a	8	Contributions	and grants (Part VIII, line 1h)		41,793,735.	25,614,340.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		13,854.	34,684.
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		21,643,170.	10,002,654.
α	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		63,450,759.	35,651,678.
			nilar amounts paid (Part IX, column (A), lines 1-3)		29,196,583.	36,085,420.
Expenses			o or for members (Part IX, column (A), line 4)		0.	0.
	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		2,012,455.	2,187,252.
	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.
	b				2,825,170.	3,018,545.
	1 "		es (Part IX, column (A), lines 11a-11d, 11f-24e)		34,034,208.	41,291,217.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12		29,416,551.	-5,639,539.
		Nevenue less			ginning of Current Year	End of Year
ets o	20	Total assets (F	Part X line 16)	2	92,859,381.	405,087,193.
Assets or	20	-	²art X, line 16) (Part X, line 26)		53,128,057.	46,530,751.
Net /			fund balances. Subtract line 21 from line 20		39,731,324.	358,556,442.
	art II	Signature			, , , •	, ,
Und	ler pena	alties of perjury,	declare that I have examined this return, including accompanying schedules and	nd stateme	nts, and to the best of my	knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which			·
Sig	n	Signature of of	ficer		Date	

Here	PETER MCCOWN, PRESIDENT/CEO							
	Type or print name and title							
	Print/Type preparer's name Preparer's signature Date	Check PTIN						
Paid	KANDY L. WISCHMEIER, CPA KANDY L. WISCHMEIER, 05	/07/24 self-employed P00118327						
Preparer	Firm's name BLUE & CO., LLC	Firm's EIN 35-1178661						
Use Only	Firm's address 813 WEST SECOND STREET							
	SEYMOUR, IN 47274	Phone no.812-522-8416						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-13	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
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?	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?	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.	1
4a	(Code:) (Expenses 39,002,652. including grants of 36,085,420.) (Revenue 34,684) THE COMMUNITY FOUNDATION OF ELKHART COUNTY (CFEC) WAS ESTABLISHED IN	4.
	1988 TO INSPIRE PEOPLE TO MAKE CHARITABLE GIFTS THAT IMPROVE THE	
	QUALITY OF LIFE IN ELKHART COUNTY. AS A TAX-EXEMPT ORGANIZATION, CFEC	
	HELPS INDIVIDUALS AND ORGANIZATIONS WITH CHARITABLE GIVING THROUGH THE	
	MANAGEMENT OF BOTH ENDOWED AND NON-ENDOWED FUNDS, PRIMARILY WORKING	
	WITH DONORS AND GRANTEES WITH TIES TO THE COUNTY.	
	GRANTS FROM RESTRICTED FUNDS ARE ISSUED IN ACCORDANCE WITH THE TERMS	
	ESTABLISHED IN THE RESPECTIVE GOVERNING FUND AGREEMENT. MOST OF THESE	
	GRANTS ARE TO LOCAL TAX-EXEMPT ORGANIZATIONS AND SPAN A WIDE ARRAY OF	
	CHARITABLE CAUSES, INCLUDING ARTS & CULTURE, COMMUNITY DEVELOPMENT,	
	EDUCATION & YOUTH DEVELOPMENT, HEALTH & HUMAN SERVICES, RELIGIOUS	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c		
4c	<pre></pre>	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	<pre></pre>	
4c		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	<pre></pre>	
4c		
4c	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4c 4d 4e	Other program services (Describe on Schedule O.)	

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

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
-	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	├───
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			77
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		x
~	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6	х	
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	5		<u> </u>
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
u	Part VI	11a	х	
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? If "Yes," complete Schedule D, Part VII	11b	х	
с	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? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	(a.c. = . : :
232003	3 12-13-22	Form	330 ((2022)

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COMMUNITY FOUNDATION Form 990 (2022) OF ELKHART COUNTY, INC. Part IV Checklist of Required Schedules (continued)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		37	
	"Yes," complete Schedule L, Part IV	28a	Х	37
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			x
00	"Yes," complete Schedule L, Part IV	28c	Х	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	30 31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? If "yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		- 23
32		32		x
22	Schedule N, Part II	32		- 23
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	55		<u> </u>
04	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t 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	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 37			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	12-13-22	Form	990	(2022)
	Б			

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Form	990 (2022) OF ELKHART COUNTY, INC.		31-1255	886	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			I		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		30			
	filed for the calendar year ending with or within the year covered by this return	2a		01	х	
-	If at least one is reported on line 2a, did the organization file all required federal employment tax returning the unarguing th			2b 3a	^ X	
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i>			3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over a	30	- 23	
та	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		х
b	If "Yes," enter the name of the foreign country	locour		ти		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			
	to file Form 8282?			7c	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	2			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f 7g		<u>X</u>
g						
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e	-		v
	sponsoring organization have excess business holdings at any time during the year?			8		X
9	Sponsoring organizations maintaining donor advised funds.			-		v
a				9a		X X
b				9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	100	I			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
ь 11	Section 501(c)(12) organizations. Enter:					
'' a	Gross income from members or shareholders	11a	I			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110				
D	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	-	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			For-	990	(2022)
232005	12-13-22			LOLU	550	(2022)

Form 990 (2022)

Par	TVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		,	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
600	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
10-		10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		л
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a		
		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	12.0		
•	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed IN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	$\frac{\text{COLE PATUZZI} - 574 - 295 - 8761}{240 FACTURE TARKED FOR $			
	240 EAST JACKSON BLVD, 104, ELKHART, IN 46516	F -	000	(0000
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Page **6**

COMMUNITY FOUNDATION

OF ELKHART COUNTY, INC.

Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)		l	11120		C)	iper	Jun		(E)	(F)
	(B)			Pos	J itior	n		(D)		
Name and title	Average		not c	heck	more	than o		Reportable	Reportable compensation	Estimated amount of
	hours per					s both r/trus		compensation		
	week	ъ						from the	from related organizations	other compensation
	(list any hours for	irect						organization	(W-2/1099-MISC/	from the
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruster	trus		ee	npen		1099-NEC)	1033-1120)	and related
	below	lual ti	tiona		loy	st cor	_	1000 1120)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PETER L. MCCOWN	40.00	_	-		Ť	1 0	4			
PRESIDENT				x				263,265.	0.	54,330.
(2) COLE PATUZZI	40.00									
CFO				x				135,848.	0.	16,169.
(3) CANDACE YODER	40.00									
EMPLOYEE						X		126,761.	0.	7,940.
(4) BECKY BONTREGER	1.00									
DIRECTOR		Х						0.	0.	0.
(5) GALEN MILLER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ISAAC TORRES	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JAN FARRON	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JOHN LIECHTY	1.00									
DIRECTOR		Х						0.	0.	0.
(9) KEN JULIAN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) KERRI RITCHIE	1.00									_
DIRECTOR		Х						0.	0.	0.
(11) OLA YODER	1.00									-
DIRECTOR		х						0.	0.	0.
(12) RAQUEL ESPINOSA	1.00								•	0
DIRECTOR	1 0 0	Х			<u> </u>			0.	0.	0.
(13) SHARON LIEGL	1.00								0	0
	1 00	Х						0.	0.	0.
(14) THOMAS PLETCHER	1.00	v						0	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(15) THERESA GUNDEN DIRECTOR	1.00	x						0.	0.	0
(16) BJ THOMPSON	1.00	Δ				-		0.	0.	0.
DIRECTOR	L.00	x						0.	0.	0.
(17) ANGIE EGGERING	1.00	^		\vdash	-	-		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
	1	77		I		1			0.	Form 990 (2022)
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Form 990 (2022)

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OF FLEHART COINTY TNC

Form 990 (2022) OF ELKRAP		-						21-123	1000	Pa	age o
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploye	ees, a			est C	Compensated Employee	s (continued)			
(A)	(B)		_	(C)			(D)	(E)		(F)	
Name and title	Average	(do		ositi	ion ore thar	one	Reportable	Reportable	E	stimate	эd
	hours per	box,	unless	perso	on is bo	th an		compensation	ar	nount	of
	week		cer and	a dire	ector/tru	istee)	from	from related		other	
	(list any	ector					the	organizations	com	npensa	tion
	hours for	or dir	e		ited		organization	(W-2/1099-MISC/		rom the	
	related	stee (ruste		bensa		(W-2/1099-MISC/	1099-NEC)		ganizati	
	organizations	al tru	onal t		com loye	22	1099-NEC)			d relate	
	below line)	Individual trustee or director	nstitutional trustee	Offlicer	Key employee Highest compensated	Former			orga	anizatio	ons
	,	Ind	lns	<u>ا</u> ا	E Key	Eor					
(18) ERIC IVORY	1.00							_			
DIRECTOR		Х					0.	0	•		0.
(19) KURT JANOWSKY	1.00										
DIRECTOR		Х					0.	0	•		0.
(20) DAN MORRISON	1.00										
DIRECTOR		Х					0.	0	•		Ο.
(21) CIEN ASOERA	1.00										
CHAIRPERSON		х		x			0.	0			0.
(22) DAVID WEAVER	1.00								<u>·</u>		
VICE CHAIR	1.00	x		x			0.	0			0.
(23) DEB BEAVERSON	1.00	Δ	· ·	^		_	0.	0	·		0.
	1.00	x		x			0.	0			0
SECRETARY	1 0 0	Λ	· ·	^		_	0.	0	•		0.
(24) TODD CLEVELAND	1.00						0	•			•
TREASURER		Х		x		_	0.	0	•		0.
1b Subtotal							525,874.	0	. 7	8,43	39.
c Total from continuation sheets to Part VI							0.	0	•		0.
d Total (add lines 1b and 1c)							525,874.	0	. 7	8,43	39.
2 Total number of individuals (including but no								000 of reportable	,	<u>.</u>	
compensation from the organization					,						3
										Yes	No
3 Did the organization list any former officer,	director trust	oo k		nnlo		or hic	nhest compensated empl				
			•	•					3		х
line 1a? If "Yes," complete Schedule J for su									3		
4 For any individual listed on line 1a, is the su			•					0		v	
and related organizations greater than \$150									4	X	
5 Did any person listed on line 1a receive or a	-				-		-	lual for services			
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or suc	ch pe	erson				5		X
Section B. Independent Contractors											
1 Complete this table for your five highest cor	npensated ind	lepei	ndent	con	ntracto	ors t	hat received more than \$	100,000 of compens	ation fro	сm	
the organization. Report compensation for t	he calendar ye	ear e	nding	g wit	h or v	vithir	n the organization's tax y	ear.			
(A)							(B)		(0	C)	
Name and business	address						Description of s	ervices	Compe	nsatior	n
MERCER, 701 MARKET ST, SU	ITE 110	0,	SI	1							
LOUIS, MO 63101							MANAGEMENT FI	EES	76	9,23	13.
DJ CONSTRUCTION CO							OFFICE SPACE			<u> </u>	
3414 ELKHART ROAD, GOSHEN	TN 46	52	6				CONSTRUCTION		62	3,40	01.
STIFEL	/ 111 10	<u> </u>	<u> </u>							5/1	<u> </u>
200 NIBCO PARKWAY, ELKHAR	тт т мт <i>и</i>	65	16				MANAGEMENT FI	סספ	10	2 31	Q /
	1, 111 4	05	10				MANAGEMENI FI	552	10	2,38	54.
NORTHERN TRUST			- -	<u> </u>					10		۰ -
333 S WABASH AVE, WP-42,						Ł	BANK CUSTODI		12	4,70	12.
EOZ BUSINESS, LLC, 240 E.		Ń	STR	ΈE	т,					•	
SUITE 401, ELKHART, IN 46	516						OFFICE SPACE	LEASE	10	2,12	27.
2 Total number of independent contractors (ir	cluding but no	ot lin	nited	to th	nose li	sted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation				5						

\$100,000 of compensation from the organization

Form 990 (2022)

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COMMUNITY FOUNDATION

			OF ELKHART CO	UNTY, INC	с.		31-1255	886 Page 9
Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response	<u>or note to any lin</u>		<u></u>	<u></u>	
					(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue	function revenue	business revenue	from tax under
								sections 512 - 514
ts t	1	а	Federated campaigns 1a					
ran		b	Membership dues 1b					
, G		с	Fundraising events 1c					
ifts ar A			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
her		-	similar amounts not included above 1f	25,614,340.				
ot		g	Noncash contributions included in lines 1a-1f	7,177,535.				
Cor		-	Total. Add lines 1a-1f		25,614,340.			
0.0				Business Code				
	2	а	PROGRAM SERVICE REVENUE	900099	34,684.	34,684.		
Program Service Revenue	~	b			, -	, -		
Ser		c						
m Ver		d						
gra Re								
Dro.		e f	All other program service revenue					
-					34,684.			
	3		Total. Add lines 2a-2f Investment income (including dividends, intere-		51,001.			
	3				8,688,609.		-137,397.	8826006.
			other similar amounts) Income from investment of tax-exempt bond p		0,000,005.		107,007.	
	4							
	5		Royalties	(ii) Personal				
	~	_		(ii) i eisonai				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	_		Gross amount from sales of (i) Securities	(ii) Other				
	(а						
			assets other than inventory 7a 36, 387, 123.					
		b	Less: cost or other basis					
evenue			and sales expenses					
eve			Gain or (loss)		1,314,045.			1314045.
Other Re	_		Net gain or (loss)	T	1,314,045.			1514045.
the	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
	-		Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b	1				
			Net income or (loss) from gaming activities	T				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold					
		С	Net income or (loss) from sales of inventory					
s				Business Code				
eou	11							
lan		b						
Miscellaneous Revenue		С						l
Mis			All other revenue					
_			Total. Add lines 11a-11d			-		
	12		Total revenue. See instructions		35,651,678.	34,684.	-137,397.	10140051.
23200	9 12	-13-	22					Form 990 (2022)

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Sect	on 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All othe	er organizations must cor	nplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		22 070 042		
_	and domestic governments. See Part IV, line 21	33,979,843.	33,979,843.		
2	Grants and other assistance to domestic		2 072 577		
-	individuals. See Part IV, line 22	2,073,577.	2,073,577.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	32,000.	32,000.		
4	individuals. See Part IV, lines 15 and 16	52,000.	52,000.		
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	463,029.	171,320.	217,624.	74,085.
6	Compensation not included above to disqualified	405,025.	1/1,520.	217,024.	74,005.
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,400,292.	519,452.	652,232.	228,608.
8	Pension plan accruals and contributions (include	_,,			,
-	section 401(k) and 403(b) employer contributions)	67,032.	24,802.	31,505.	10,725.
9	Other employee benefits	137,986.	51,055.	64,853.	<u> 10,725.</u> 22,078.
10	Payroll taxes	118,913.	43,998.	55,889.	19,026.
11	Fees for services (nonemployees):	· · ·	·	,	•
	Management				
	Legal	2,612.	627.	1,332.	653.
	Accounting	49,492.	11,878.	25,241.	12,373.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,144,549.	1,144,549.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	43,832.	8,984.	22,859.	11,989.
12	Advertising and promotion	240,143.	86,802.	87,623.	65,718.
13	Office expenses	83,087.		32,459.	21,353.
14	Information technology	244,816.	58,756.	124,856.	61,204.
15	Royalties	101 500	68.005		48.085
16	Occupancy	191,500.	67,025.	76,600.	47,875.
17	Travel	54,918.	19,221.	21,967.	13,730.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	40.000	1 (0 0 0	10 212	10 071
19	Conferences, conventions, and meetings	48,283.	16,899.	19,313.	12,071.
20	Interest				
21	Payments to affiliates	128,529.	44,985.	51,412.	20 120
22	Depreciation, depletion, and amortization	38,989.	13,646.	15,596.	<u>32,132.</u> 9,747.
23 24	Insurance Other expenses. Itemize expenses not covered	50,909.	15,040.	15,590.	5,147.
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	UBIT	38,561.	1,157.	29,692.	7,712.
b	PROGRAMS AND EVENTS	588,444.	577,350.		11,094.
с	DONOR DEVELOPMENT	69,669.	2,218.		67,451.
d	MISCELLANEOUS	28,926.	1,038.	22,244.	5,644.
е	All other expenses	22,195.	22,195.		
25	Total functional expenses. Add lines 1 through 24e	41,291,217.	39,002,652.	1,553,297.	735,268.
26	$\ensuremath{\textbf{Joint costs}}$. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

Form 990 (2022)

Part IX Statement of Functional Expenses

Form 990 (2022)

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

_		COMMUNITY FOUN				21	1055006
	990 () rt X	2022) OF ELKHART COU Balance Sheet	ТИ.Т. Х ,	INC.		31-	1255886 Page 11
Pal	1.7						
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			125.	1	134.
	2	Savings and temporary cash investments			20,987,736.	2	9,200,604.
	3	Pledges and grants receivable, net	20730777000	3	5,200,0020		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali	•			5	
		under section 4958(f)(1)), and persons described	-			6	
	7	Notes and loans receivable, net				7	
ets	7					8	
Assets	8 9	Inventories for sale or use Prepaid expenses and deferred charges			82,106.	9	82,910.
		Land, buildings, and equipment: cost or other	I I		02,100.	9	02,910.
	IUa	basis. Complete Part VI of Schedule D	100	1 247 479			
	h	Less: accumulated depreciation		335,559.	963,983.	10c	911,920.
	11	Investments - publicly traded securities		,	214,525,993.		236,827,093.
	12	Investments - other securities. See Part IV, line 1			154,001,352.	12	156,029,953.
	13	Investments - program-related. See Part IV, line			154,001,552.	13	130,023,933.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,298,086.	15	2,034,579.
	16	Total assets. Add lines 1 through 15 (must equ			392,859,381.	16	405,087,193.
	17	Accounts payable and accrued expenses			428,359.	17	351,246.
	18	Grants payable and accided expenses	5,274,244.	18	3,906,391.		
	19	Deferred revenue			693.	19	0,000,001
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I			45,377,234.	21	40,343,896.
6	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
ilidi		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D		·	2,047,527.	25	1,929,218.
	26	Total liabilities. Add lines 17 through 25			53,128,057.	26	46,530,751.
		Organizations that follow FASB ASC 958, che	ck here	X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			4,725,169.	27	4,523,544.
Bal	28	Net assets with donor restrictions	335,006,155.	28	354,032,898.		
pu		Organizations that do not follow FASB ASC 9	58, che	ck here			
Έu		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
As	31	Retained earnings, endowment, accumulated in	come, o	r other funds		31	
Net	32	Total net assets or fund balances			339,731,324.	32	358,556,442.
_	33	Total liabilities and net assets/fund balances			392,859,381.	33	405,087,193.
							Form 990 (2022)

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	COMMUNITY FOUNDATION				
Form	990 (2022) OF ELKHART COUNTY, INC.	31-	1255880	5 Pa	_{ige} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,2		
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,6		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	339,7		
5	Net unrealized gains (losses) on investments	5	19,4	98,2	91.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	4,9	966,366.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	358,5	56,4	42.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?		2t	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			x	
	review, or compilation of its financial statements and selection of an independent accountant?		20		
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				x
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3</u> a		<u> </u> ^
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3k		(0000)

Form **990** (2022)

SC	HED	ULE A		Dublic Cha	vity Status as					OMB No. 1545-0047
(Fc	orm 99	0)			rity Status an					2022
				• •	nization is a section 501 47(a)(1) nonexempt cha			or a section		ZUZZ
		f the Treasury nue Service		A	ttach to Form 990 or Fo	rm 990-E	Ζ.			Open to Public Inspection
		he organizatio			Form990 for instruction	ns and the	latest inf	ormation.	Employor	r identification number
INAI		ine organizatio		UNITY FOUN LKHART COU						1-1255886
Pa	art I	Reason			(All organizations must c	omplete th	nis part.) S	ee instruction		1 1255000
The	organ				For lines 1 through 12, c					
1	Ŭ		•	·	on of churches described	,	,	I)(A)(i).		
2		A school dese	cribed in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state	-							
5		-	-		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
•				Complete Part II.)				<i>,</i> ,		
6 7	X	,	, 0	0	nental unit described in			.,		aublic described in
'		-		omplete Part II.)	ntial part of its support fr	on a gove	mmentai		le general j	
8	\square	-			(1)(A)(vi). (Complete Par	ни)				
9	\square			. ,	in section 170(b)(1)(A)(,	ed in coniu	inction with a	land-grant	college
		-	-	-	ulture (see instructions).		-		-	•
		university:	-				-			
10		An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
					t to certain exceptions; a	. ,				•
					(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
				mplete Part III.)				20(-)(4)		
11 12	\square	-	-	-	ively to test for public satisfies the hopefit of the	•			rn, out tho	nurnance of one or
12		-	-	-	ively for the benefit of, to the din section 509(a)(1) o	-			•	
				-	f supporting organization					
а		7	-	• •	upervised, or controlled				-	giving
				-	gularly appoint or elect a	• • • •	-			
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	upporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or n	nanagement o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	oorted
		¬ ~	. ,	t complete Part IV,						
c			-	• • • •	g organization operated				ly integrate	ed with,
c			0		 You must complete I porting organization oper 		,		tod organi	zation(a)
Ľ	•	••	-	• · ·	zation generally must sat				•	
				• •	mplete Part IV, Sections	-		•	anatonin	
e		7			written determination fro				II, Type III	
		functionally	integrated, or	Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of	of supported o	organizations						
<u>ç</u>				about the supporte		(iv) is the oro:	anization listed	(.) Amount of		(iii) Amount of other
	(i) Name of suppo organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)
					above (see instructions))	Yes	No		,	
Tota	al									
								•		•

	edule A (Form 990) 2022 C	OF ELKHART Organizations			b)(1)(A)(iv) and		5886 Page 2 i)
	(Complete only if you checke			-	n failed to qualify u	under Part III. If the	organization
_	fails to qualify under the tests	s listed below, plea	se complete Part I	III.)			
Sec	ction A. Public Support	1	1	1	1	1	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	22326278.	35994449.	25730139.	41793736.	25614340.	151458942
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0000070	25004440	05720120	41702726	25614240	1 - 1 4 - 0 0 4 0
	Total. Add lines 1 through 3	22326278.	35994449.	25/30139.	41/93/36.	25614340.	151458942
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,						25175260
~	column (f)						25175268. 126283674
	Public support. Subtract line 5 from line 4.						μ202030/4
		(-) 0010	(1-) 0010	(-) 0000	(-1) 0001	(.).0000	(0 T-+-)
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total 151458942
	Amounts from line 4	22320270.	55554445.	25750159.	41/93/30.	25014540.	151456942
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	8808409.	6227010	7376119	13543730.	8826006	44781613.
•	and income from similar sources	0000409.	0227019.	7570449.	13343730.	0020000.	44701013.
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on	-72 727	-65 953	156 531	448 748	-137 397	329,202.
10	Other income. Do not include gain	12,121.	03,555.	130,331.	110,710.	157,557.	525,2021
10	or loss from the sale of capital						
	•						
44	assets (Explain in Part VI.)						196569757
11 12	Total support. Add lines 7 through 10					12	75,757.
12 13	Gross receipts from related activities, First 5 years. If the Form 990 is for the		,	fourth or fifth tax		· · ·	
15	organization, check this box and sto	-			-		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2022 (column (f))		14	64.24 %
15	Public support percentage from 2021						62.63 %
	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances test	-			•		
	more, and if the organization meets t	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
							(Form 990) 2022

COMMUNITY FOUNDATION

(Complete only if you checked	•				Part II. If the organiz	ation fails to
qualify under the tests listed b	elow, please comp	olete Part II.)				
Section A. Public Support		•	1	1		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
er evended en ite 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business						
activities not included on line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
check this box and stop here						
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2022 (I			column (f))		15	
16 Public support percentage from 2021					16	
Section D. Computation of Invest					1 1	
17 Investment income percentage for 20			ine 13 column (f))		17	
18 Investment income percentage for						
19a 33 1/3% support tests - 2022. If the						
more than 33 1/3%, check this box ar						L
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in		
232023 12-09-22					Schedule A	(Form 990) 202

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OF ELKHART COUNTY, INC. Schedule A (Form 990) 2022 ماريام

COMMUNITY FOUNDATION

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Yes No

Schedule A (Form 990) 2022 OF I Part IV Supporting Organizations

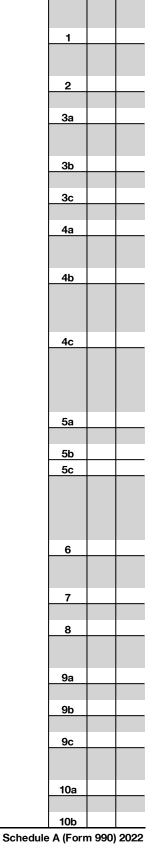
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

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

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OF ELKHART COUNTY, INC.

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
~	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	- 1		
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? 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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	N

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)? 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).

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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

С		The organization supported a governmental entity.	Describe in Part VI how you supp	oorted a governmental entity (see instruction <u>s).</u>
---	--	---	---	--

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes No

Schedule A (Form 990) 2022

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Sche	dule A (Form 990) 2022 OF ELKHART COUNTY, INC	•		31-1255886 Page 6
Pa			zations	5
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting or	ganization (see

COMMUNITY FOUNDATION

instructions).

Schedule A (Form 990) 2022

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31-1255886 Page 7

	t V Type III Non-Functionally Integrated 509	-	nizations (1-1222880	Page 7
		a)(5) Supporting Orga	nizations (continu	<u>iea)</u>	Current Ve	or
	ion D - Distributions Amounts paid to supported organizations to accomplish exer		1	Current Ye	ar	
 2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp					
2	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	、 、	3			
4	Amounts paid to acquire exempt-use assets	es of supported organizations	<u>,</u>	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovido dotails in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive		-		
-	(provide details in Part VI). See instructions.	ie elgameater le resperierte		8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution	IS	(iii) Distributab	
			Pre-2022		Amount for 2	2022
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
<u> </u>	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
<u>i</u>	Carryover from 2017 not applied (see instructions)					
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years			_		
	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.			_		
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

232027 12-09-22

	<i></i>	COMMUNITY				21 1255006 -
Schedule A	(Form 990) 2022 Supplemental Infor	OF ELKHART			ino 10: Part II, lino 17a	31-1255886 Page
	Part IV. Section A. lines 1	, 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3; Part IV,	6, 9a, 9b, 9c, 11 Section E, lines	la, 11b, and 11c; F 1c, 2a, 2b, 3a, and	Part IV, Section B, lines d 3b; Part V, line 1; Part	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
232028 12-09-2	22		2	1		Schedule A (Form 990) 20

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Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

31-1255886

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is	covered by the General Rule or a Special Rule.

INC.

COMMUNITY FOUNDATION OF ELKHART COUNTY,

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

General Rule

Schedule B

Department of the Treasury Internal Revenue Service Name of the organization

Organization type (check one):

(Form 990)

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

	3 (Form 990) (2022)			Page 2
Name of or	rganization NITY FOUNDATION		Emplo	yer identification number
	KHART COUNTY, INC.		31	-1255886
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
1		\$ <u>1,788,9</u>	<u>27.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
2		\$2,000,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
3		\$1,868,9	<u>36.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
4		\$567,5	06.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
5		\$2,064,8	97.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
6		\$1,002,1		Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

Schedule E	3 (Form 990) (2022)			Page 2
Name of or	-		Emplo	yer identification number
	NITY FOUNDATION KHART COUNTY, INC.		31	-1255886
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona		1 31	1233000
		T		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
7		\$ <u>1,013,2</u>	<u>31.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
8		\$998,2	99.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)		(d)
9	Name, address, and ZIP + 4	Total contributio \$2,000,0		Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ne	(d) Type of contribution
		\$		Person Payroll OKANA COMPLEXITY OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTIONS.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Occurrent II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

	B (Form 990) (2022)		Page 3
	rganization NITY FOUNDATION		Employer identification number
	KHART COUNTY, INC.		31-1255886
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
1	STOCK	-	
		\$1,786,9	28. 04/01/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
6	STOCK	-	
		\$\$_1,002,1	<u>44.</u> <u>10/17/22</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
8	STOCK	-	
		\$998,2	99. 12/15/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	l lato received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		-	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Liste received
		-	
000450 11 15		_ \$	

Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)		Page 4
	organization		Employer identification number
	NITY FOUNDATION		21 1055006
Part III	KHART COUNTY, INC. Exclusively religious, charitable, etc., contributive from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	through (e) and the following line ent charitable, etc., contributions of \$1,000 or	31-1255886 ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.)
(a) No.			
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	[
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	ft Relationship of transferor to transferee
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
223454 11-15	I 5-22		Schedule B (Form 990) (2022)

10530507 310879 21230000

	CHEDULE D orm 990) 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.			OMB No. 1545-0047	
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest information		Open to Public Inspection
				r identification number	
Hum	e el tre el gunizatio	OF ELKHART COUNTY,			31-1255886
Par	tl Organiza		d Funds or Other Similar Funds or A		
		answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds ar	nd other accounts
1	Total number at end	d of year	182		
2		contributions to (during year)	16,049,416.		
3		grants from (during year)	14,773,291.		
4		end of year			
5			writing that the assets held in donor advised fu	inds	
Ŭ	-		-		X Yes No
6					
0			r donor advisor, or for any other purpose confi		
	impermissible priva		· · · · ·	0	Yes X No
Par			ganization answered "Yes" on Form 990, Part		
1		ervation easements held by the organization		rv, inte 7.	
		, ,	· · · · ·	otorioally impo	stant land area
		of land for public use (for example, recreation	<i>′</i>		
		natural habitat	Preservation of a ce	entined historic	structure
•		of open space	te di secondati se secolo di setto di secolo di secondo di se		
2	•	o o .	ied conservation contribution in the form of a		asement on the last at the End of the Tax Year
	day of the tax year.				
a				1 1	
b	•				
С			ucture included in (a)	. <u>2c</u>	
d		ation easements included in (c) acquired a			
3	Number of conserva	ation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization durin	g the tax
	year				
4		here property subject to conservation eas			
5	Does the organizati	ion have a written policy regarding the per			
	,	prcement of the conservation easements it			
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion easement	s during the year
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements dur	ring the year
8			e satisfy the requirements of section 170(h)(4)		
					Yes No
9	In Part XIII, describe	e how the organization reports conservation	on easements in its revenue and expense state	ement and	
	balance sheet, and	include, if applicable, the text of the footn	ote to the organization's financial statements	that describes	the
	organization's acco	ounting for conservation easements.		0	
Pai			Art, Historical Treasures, or Other	Similar As	sets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1 a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and b	alance sheet v	vorks
	of art, historical trea	asures, or other similar assets held for pub	lic exhibition, education, or research in furthe	rance of public	;
	service, provide in F	Part XIII the text of the footnote to its finar	icial statements that describes these items.		
b	If the organization e	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balar	nce sheet work	is of
	art, historical treasu	ures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public se	ervice,
	provide the followin	ng amounts relating to these items:			
	(i) Revenue includ	led on Form 990, Part VIII, line 1		\$	
2	If the organization r		asures, or other similar assets for financial gair		
		nts required to be reported under FASB A			
а	Revenue included of	on Form 990, Part VIII, line 1	-	\$	
LHA	For Paperwork Re	duction Act Notice, see the Instructions	for Form 990.	Sche	edule D (Form 990) 2022
	09-01-22				
			27		

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^{2022.05090} COMMUNITY FOUNDATION OF E 21230001

		TY FOUNDAT						
<u>Sche</u>		ART COUNTY						Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Oth	er Simila	r Assets	(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the f	ollowing that make	significant ı	use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	e	Other					
С								
4	Provide a description of the organization's co	ellections and explair	n how they further th	e organization's ex	empt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o						_	
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	on Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets no	t included		_	
	on Form 990, Part X?					L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fe					X	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.							X
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	e 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	/ears back	(e) Four y	ears back
1a	Beginning of year balance	335,509,997.	363,822,251.	275,590,770	. 269,2	00,350.	288,2	83,287.
b	Contributions	12,161,294.	20,883,718.	12,442,701	. 27,1	05,712.	17,6	512,026.
	Net investment earnings, gains, and losses	24,357,320.	-30,425,608.	88,893,713	. 10,7	87,477.	-13,8	22,699.
d	Grants or scholarships	22,860,555.	15,891,996.	10,628,289	. 29,3	26,176.	20,7	49,737.
	Other expenditures for facilities							
	and programs							
f	Administrative expenses	2,565,892.	2,878,368.	2,476,644	. 2,1	76,593.	2,1	122,527.
g	End of year balance	346,602,164.	335,509,997.	363,822,251,	. 275,5	90,770.	269,2	00,350.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	.7900	_%					
b	Permanent endowment	%						
с	Term endowment 99.2100	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for	the			
	organization by:						١	res No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the							
Par								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part >	K, line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulate	ed	(d) Book	value
		basis (investn	nent) basis	(other) c	lepreciation			
1a	Land							
	Buildings							
	Leasehold improvements		77	7,651.	63,7	80.	713	,871.
	Equipment			9,828.	271,7			,049.
	Other							
	. Add lines 1a through 1e. (Column (d) must e		X. column (R) line 1	0c.)			911	,920.
-								

Schedule D (Form 990) 2022

232052 09-01-22

COI	MUNITY	FOUNDATIO	ON
OF	ELKHART	COUNTY,	INC.

	Investments -	Other S	Securities.
Schedule D	(Form 990) 2022	OF	ELKHAR

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HEDGE FUNDS	16,255,576.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY	139,774,377.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990 Part X col (B) line 12)	156,029,953.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ANNUITIES PAYABLE	411,446.
(3)	RIGHT OF USE LIABILITY	1,517,772.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,929,218.

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

Schedule D (Form 990) 2022

232053 09-01-22

	COMMUNITY FOUNDATION				
Sche	dule D (Form 990) 2022 OF ELKHART COUNTY, INC.			31-	1255886 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	48,411,800.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	19,498,291.		
b	Donated services and use of facilities	2b	350.		
с	Recoveries of prior year grants				
d			2,498,920.		
е	Add lines 2a through 2d			2e	21,997,561.
3	Subtract line 2e from line 1			3	26,414,239.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,144,549. 8,092,890.		
b	Other (Describe in Part XIII.)	4b	8,092,890.		
с	Add lines 4a and 4b			4c	9,237,439.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	35,651,678.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	nents W	ith Expenses per	Retur	'n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	29,586,682.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	350.	_	
b	Prior year adjustments	. 2b		_	
с	Other losses	. 2c		_	
d	Other (Describe in Part XIII.)	2d	2,565,892.		
е	Add lines 2a through 2d			2e	2,566,242.
3	Subtract line 2e from line 1			3	27,020,440.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		1,144,549.		
b	Other (Describe in Part XIII.)	4b	13,126,228.		
С	Add lines 4a and 4b			4c	14,270,777.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	41,291,217.
Pa	t XIII Supplemental Information.				

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

PART IV, LINE 2B:

CONTRIBUTIONS HELD FOR OTHERS REPRESENTS FUNDS PLACED WITH THE COMMUNITY

FOUNDATION BY OTHER 501(C)(3) ORGANIZATIONS BASED ON THEIR INDIVIDUAL

BOARD RESOLUTIONS.

PART V, LINE 4:

THE PRIMARY INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO

PROVIDE SUPPORT TO NOTFORPROFIT ORGANIZATIONS SERVING THE RESIDENTS OF

ELKHART COUNTY. GRANTS FROM RESTRICTED ENDOWMENT FUNDS ARE ISSUED IN

ACCORDANCE WITH THE RESPECTIVE UNDERLYING FUND AGREEMENTS AND GRANTS FROM

UNRESTRICTED ENDOWMENT FUNDS ARE GRANTED BASED ON THE COMMUNITY

FOUNDATION'S FOCUS AREAS AND OPERATIONAL GOALS.

232054 09-01-22

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PART X, LINE 2:

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

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, 2023 AND 2022, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

AS SUCH, THE FOUNDATION IS GENERALLY EXEMPT FROM INCOME TAXES. HOWEVER, THE FOUNDATION IS REQUIRED TO FILE FEDERAL FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX WHICH IS AN INFORMATIONAL RETURN ONLY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-73,406.
CHANGE IN VALUE OF LIFE INSURANCE	6,434.
ADMINISTRATIVE FEES	2,565,892.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,498,920.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

232055 09-01-22

Schedule D (Form 990) 2022

31-1255886 Page 5

Part XIII Supplemental Information (continued)

SFAS 136 ADJUSTMENT

Schedule D (Form 990) 2022

8,092,890.

2,565,892.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADMINISTRATIVE FEES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SFAS 136 ADJUSTMENT

13,126,228.

FORM 990, SCHEDULE D, PART I, LINE 5

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

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

RETURN OF THE FUND TO ANOTHER BENEFICIARY WITHOUT PRIOR APPROVAL IF

DISTRIBUTION OTHERWISE BECOMES UNNECESSARY, IMPOSSIBLE OR INCONSISTENT

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

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

REGARDING THE BOARD'S VARIANCE POWER.

FORM 990, SCHEDULE D, PART I, LINE 6

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

Schedule D (Form 990) 2022

232055 09-01-22

		Stateme	ntes L	OMB No. 1545-0047						
			Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.							
					Open to Public					
Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection			
COMMUNITY FOUNDATION						Employer i	dentification number			
OF	31-125									
Pa			ctivities Out	side the United States. Comple	te if the orgar	ization answe	ered "Yes" on			
	Form 990, Part									
1	-	or grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, he grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
	the grantees' eligibility	for the grants or a	assistance, and t	the selection criteria used to award the g	grants or assis	stance?	X Yes No			
2	2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the									
2	United States.		organization s	procedures for morntoning the use of its	grants and ot					
3		The following Part	I, line 3 table ca	an be duplicated if additional space is ne	eded.)					
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (c				
		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	امصد مل			
		in the region	independent contractors	gram services, investments, grants to		e specific type	investments			
			in the region	recipients located in the region)	of service	(s) in the regio	in the region			
	TRAL AMERICA AND									
THE	CARIBBEAN			INVESTMENTS			19,241,000.			
_	- Cubtotol	0	0				19,241,000.			
	Subtotal Total from continuation						19,241,000.			
Ľ	sheets to Part I	0	0				0.			
	Totals (add lines 3a									
	and 3b)	0	o				19,241,000.			

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

Schedule F (Form 990) 2022

232071 10-17-22

Schedule F (Form 990) 2022

31-1255886

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		NORTH AMERICA - CANADA AND	TO FURTHER THE EXEMPT						
			PURPOSE OF THE						
		· ·	ORGANIZATION	32,000.		0.			
	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax								
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter I _								
3 Enter total number of other organizations or entities 0									

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

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31-1255886

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

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2022

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Sched	lule F (Form 990) 2022 OF ELKHART COUNTY, INC.	31-1255886	Page 4
Par			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "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)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," 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	X 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)	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

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COMMUNITY FOUNDATION

31-1255886 Page 5

Schedule F (Form 990) 2022 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.

PART I, LINE 2:

FOR DONOR-ADVISED FUND GRANTS THE ELIGIBILITY OF THE GRANTEE IS

DETERMINED BEFORE DOLLARS ARE AWARDED. NO SUBSEQUENT MONITORING TAKES

PLACE ON DONOR-ADVISED FUND GRANTS. THE TERMS OF THE GRANT, INCLUDING ANY

SUBSEQUENT REPORTING REQUIREMENTS, ARE DETAILED IN THE GRANT AWARD LETTER

FOR GRANTS FROM NON-DONOR ADVISED FUNDS.

Schedule F (Form 990) 2022

232075 10-17-22

SCHEDULE I (Form 990)		irants and Oth					OMB No. 1545-0047
(Form 990)		vernments, ar ete if the organizatio					2022
Department of the Treasury Internal Revenue Service	•	-	Attach to Form s.gov/Form990 for	990.			Open to Public Inspection
Name of the organization COMMUNITY OF ELKHAR							Employer identification number 31-1255886
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records the criteria used to award the grants or assis	tance?						
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to					nization answard "V	(aall on Form 000, Dart	IV line 21 for any
recipient that received more than S	•				anization answered f	es on Form 990, Fan	TV, III 2 T, IOF any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TOLSON CENTER INC PO BOX 548							TO FURTHER THE EXEMPT PURPOSE OF THE
ELKHART, IN 46515-0548	85-3459631	501C3	8,506,819.	0.			ORGANIZATION
WELLFIELD BOTANIC GARDENS INC 1011 N MAIN STREET ELKHART, IN 46514	20-1642142	501C3	4,338,568.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY YOUTH FOR CHRIST DBA LIFELINE MINISTRIES - PO BOX 73 - ELKHART, IN 46515-0073	35-1111021	501C3	2,309,338.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN COLLEGE INC 1700 S MAIN STREET GOSHEN, IN 46526-4724	35-2158366	501C3	1,151,351.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WAKARUSA CHAMBER OF PROGRESS PO BOX 291 WAKARUSA, IN 46573-0291	35-1938370	501C6	1,105,352.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOYS & GIRLS CLUBS OF ELKHART COUNTY INC - PO BOX 614 - GOSHEN, IN 46526	35-1033735	501C3	709,198.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 	. .					•	

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

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

31-1255886 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELKHART HEALTH FITNESS AND							TO FURTHER THE EXEMPT
AQUATICS INC - 615 N MICHIGAN							PURPOSE OF THE
STREET - SOUTH BEND, IN 46601	38-4018882	501C3	635,412.	0.			ORGANIZATION
ELKHART COUNTY							TO FURTHER THE EXEMPT
117 N SECOND STREET							PURPOSE OF THE
GOSHEN, IN 46526	35-6000142	GOVERNMENTAL	433,998.	0.			ORGANIZATION
MILFORD CHAPEL							TO FURTHER THE EXEMPT
PO BOX 147							PURPOSE OF THE
MILFORD, IN 46542-0147	35-1841289	501C3	400,000.	0.			ORGANIZATION
ULEAD INC							TO FURTHER THE EXEMPT
212 S MAIN STREET SUITE 2							PURPOSE OF THE
GOSHEN, IN 46526	35-2049624	50103	385,038.	0.			ORGANIZATION
	55-2049024	50105	385,038.	0.			ORGANIZATION
HABITAT FOR HUMANITY ELKHART							TO FURTHER THE EXEMPT
COUNTY - PO BOX 950 - GOSHEN, IN							PURPOSE OF THE
46527-0950	35-1685313	501C3	380,400.	0.			ORGANIZATION
NAPLES CHILDREN & EDUCATION							
FOUNDATION INC - 2590 GOODLETTE							TO FURTHER THE EXEMPT
FRANK ROAD NORTH - NAPLES, FL							PURPOSE OF THE
34103	65-1001650	501C3	380,000.	0.			ORGANIZATION
RUTHMERE FOUNDATION INC							TO FURTHER THE EXEMPT
302 E BEARDSLEY AVENUE							PURPOSE OF THE
ELKHART, IN 46514	32-0037914	501C3	328,230.	0.			ORGANIZATION
				.			
JUNIOR ACHIEVEMENT OF NORTHERN							TO FURTHER THE EXEMPT
INDIANA - 1025 N MICHIGAN STREET -							PURPOSE OF THE
ELKHART, IN 46514	35-0922731	501C3	318,250.	0.			ORGANIZATION
SALVATION ARMY							TO FURTHER THE EXEMPT
1424 NORTHEAST EXPY NE							PURPOSE OF THE
BROOKHAVEN, GA 30329-2018	58-0660607	50103	302,000.	0.			ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUTLER UNIVERSITY							TO FURTHER THE EXEMPT
4600 SUNSET AVENUE							PURPOSE OF THE
INDIANAPOLIS, IN 46208	35-0867977	501C3	301,000.	0.			ORGANIZATION
BAUGO COMMUNITY SCHOOLS							TO FURTHER THE EXEMPT
29125 COUNTY ROAD 22 WEST							PURPOSE OF THE
ELKHART, IN 46517-9354	35-1097956	501C3	279,900.	0.			ORGANIZATION
PREMIER ARTS INC							TO FURTHER THE EXEMPT
410 S MAIN STREET							PURPOSE OF THE
ELKHART, IN 46516	35-1837569	501C3	261,105.	0.			ORGANIZATION
AMERICAN RECREATION COALITION							TO FURTHER THE EXEMPT
1203 K STREET NW SUITE 350							PURPOSE OF THE
WASHINGTON, DC 20005	52-1167602	501C3	260,000.	0.			ORGANIZATION
<i>i</i>			,				
UNITED THEOLOGICAL SEMINARY							TO FURTHER THE EXEMPT
4501 DENLINGER ROAD							PURPOSE OF THE
DAYTON, OH 45426	31-0568239	501C3	251,000.	0.			ORGANIZATION
ETHOS INC							TO FURTHER THE EXEMPT
1025 N MICHIGAN STREET							PURPOSE OF THE
ELKHART, IN 46514-2215	91-2094413	501C3	249,460.	0.			ORGANIZATION
HORIZON EDUCATION ALLIANCE INC							TO FURTHER THE EXEMPT
124 E WASHINGTON STREET							PURPOSE OF THE
GOSHEN, IN 46528	46-0803293	501C3	245,466.	0.			ORGANIZATION
FAITH MISSION OF ELKHART INC							TO FURTHER THE EXEMPT
PO BOX 162							PURPOSE OF THE
ELKHART, IN 46515-0162	35-6033504	501C3	225,087.	0.			ORGANIZATION
ST. THOMAS THE APOSTLE CATHOLIC							TO FURTHER THE EXEMPT
							PURPOSE OF THE
SCHOOL - 1405 N MAIN STREET -	25 0076272	F0102	212 650	_			
ELKHART, IN 46514	35-0876373	20103	213,658.	٥.			ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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 INC							TO FURTHER THE EXEMPT
229 W MARION STREET							PURPOSE OF THE
ELKHART, IN 46516	35-1609945	501C3	191,550.	0.			ORGANIZATION
CHILD AND PARENT SERVICES INC							TO FURTHER THE EXEMPT
1000 W HIVELY AVENUE							PURPOSE OF THE
ELKHART, IN 46517	35-0888765	501C3	180,707.	0.			ORGANIZATION
ENFOCUS INC							TO FURTHER THE EXEMPT
635 S LAFAYETTE BLVD SUITE 105		504.50	100.000				PURPOSE OF THE
SOUTH BEND, IN 46601	45-5638209	50103	180,323.	0.			ORGANIZATION
HISTORIC ELKHART RIVER QUEEN INC							TO FURTHER THE EXEMPT
722 MIDDLETON RUN ROAD							PURPOSE OF THE
ELKHART, IN 46516	47-4735316	501C3	179,265.	0.			ORGANIZATION
COMMUNITY CHAPLAINCY CORP OF							TO FURTHER THE EXEMPT
ELKHART COUNTY - 26861 COUNTY ROAD							PURPOSE OF THE
26 - ELKHART, IN 46517	31-1144451	501C3	175,923.	0.			ORGANIZATION
GREATER ELKHART CHAMBER OF							TO FURTHER THE EXEMPT
COMMERCE INC - 418 S MAIN STREET -							PURPOSE OF THE
ELKHART, IN 46516	35-0290590	501C6	175,502.	0.			ORGANIZATION
,			, -				
MAPLE CITY HEALTH CARE CENTER INC							TO FURTHER THE EXEMPT
213 MIDDLEBURY STREET							PURPOSE OF THE
GOSHEN, IN 46528	35-1749398	501C3	164,040.	0.			ORGANIZATION
,			,				
LACASA OF GOSHEN INC							TO FURTHER THE EXEMPT
202 N COTTAGE AVENUE							PURPOSE OF THE
GOSHEN, IN 46528	35-1554538	501C3	163,590.	0.			ORGANIZATION
ST. MATTHEW'S HOUSE INC							TO FURTHER THE EXEMPT
2001 AIRPORT RD S							PURPOSE OF THE
NAPLES, FL 34112-4800	65-1110501	501C3	160,000.	Ο.			ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF ELKHART							TO FURTHER THE EXEMPT
PO BOX 385	12 0002501		156.000				PURPOSE OF THE
ELKHART, IN 46515-0385	13-2923701	50103	156,990.	0.			ORGANIZATION
CITY OF ELKHART							TO FURTHER THE EXEMPT
229 S 2ND STREET							PURPOSE OF THE
ELKHART, IN 46516	35-6001016	GOVERNMENTAL	150,400.	0.			ORGANIZATION
FIRST CONGREGATIONAL CHURCH							TO FURTHER THE EXEMPT
PO BOX 2991							PURPOSE OF THE
ELKHART, IN 46515-2991	35-1013395	501C3	138,660.	0.			ORGANIZATION
			,				
BASHOR HOME OF THE UNITED							TO FURTHER THE EXEMPT
METHODIST CHURCH INC - PO BOX 843							PURPOSE OF THE
- GOSHEN, IN 46527-0843	35-0933555	501C3	133,525.	0.			ORGANIZATION
MIDWEST MUSEUM OF AMERICAN ART							TO FURTHER THE EXEMPT
FOUNDATION - 429 S MAIN STREET -							PURPOSE OF THE
ELKHART, IN 46516	31-0937828	501C3	131,779.	0.			ORGANIZATION
							L
TRINITY UNITED METHODIST CHURCH OF							TO FURTHER THE EXEMPT
ELKHART INDIANA - 2715 E JACKSON	35-0874265	E0102	126,362.	0.			PURPOSE OF THE ORGANIZATION
BOULEVARD - ELKHART, IN 46516	35-0874205	50105	120,302.	0.			ORGANIZATION
IVY TECH FOUNDATION							TO FURTHER THE EXEMPT
50 W FALL CREEK PARKWAY N DRIVE							PURPOSE OF THE
INDIANAPOLIS, IN 46208-5752	23-7073977	501C3	125,000.	0.			ORGANIZATION
ELKHART EDUCATION FOUNDATION							TO FURTHER THE EXEMPT
200 W LUSHER AVENUE							PURPOSE OF THE
ELKHART, IN 46517	46-3429545	501C3	121,450.	0.			ORGANIZATION
- ,			,	.			
HOLY CROSS COLLEGE INC							TO FURTHER THE EXEMPT
PO BOX 308							PURPOSE OF THE
NOTRE DAME, IN 46556-0308	35-1148835	501C3	120,320.	Ο.			ORGANIZATION

Schedule I (Form 990)

OF ELKHART COUNTY, INC.

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF NAPPANEE							TO FURTHER THE EXEMPT
PO BOX 29							PURPOSE OF THE
NAPPANEE, IN 46550-0029	35-6001129	GOVERNMENTAL	113,474.	0.			ORGANIZATION
ADEC INC							TO FURTHER THE EXEMPT
1671 WEST VISTULA STREET							PURPOSE OF THE
BRISTOL, IN 46507	35-1060633	501C3	111,802.	0.			ORGANIZATION
ELKHART FESTIVALS INC							TO FURTHER THE EXEMPT
124 MARSHALL BLVD							PURPOSE OF THE
ELKHART, IN 46516	47-5394067	501C3	110,610.	0.			ORGANIZATION
GOSHEN HEALTH FOUNDATION INC							TO FURTHER THE EXEMPT
PO BOX 139							PURPOSE OF THE
GOSHEN, IN 46527-0139	46-2565300	501C3	109,410.	0.			ORGANIZATION
ELKHART COUNTY CLUBHOUSE INC DBA							TO FURTHER THE EXEMPT
CORA DALE HOUSE - 114 S FIFTH							PURPOSE OF THE
STREET - GOSHEN, IN 46528	27-1151738	501C3	106,200.	0.			ORGANIZATION
POTAWATOMI ZOOLOGICAL SOCIETY INC							TO FURTHER THE EXEMPT
500 S GREENLAWN AVENUE							PURPOSE OF THE
SOUTH BEND, IN 46615	35-1183974	501C3	100,400.	0.			ORGANIZATION
NATIONAL FOREST FOUNDATION							TO FURTHER THE EXEMPT
BLDG 27 STE 3 FORT MISSOULA RD							PURPOSE OF THE
MISSOULA, MT 59804-0000	52-1786332	501C3	100,100.	0.			ORGANIZATION
GOSHEN INTERFAITH HOSPITALITY							TO FURTHER THE EXEMPT
NETWORK INC - 801 W WILKINSON							PURPOSE OF THE
STREET - GOSHEN, IN 46528	35-1969470	501C3	97,500.	0.			ORGANIZATION
THE HUMANE SOCIETY OF ELKHART							TO FURTHER THE EXEMPT
COUNTY INC - 54687 COUNTY ROAD 19							PURPOSE OF THE
- BRISTOL, IN 46507	35-0996134	501C3	96,800.	0.			ORGANIZATION

Schedule I	(Form 990)	١

OF ELKHART COUNTY, INC.

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELKHART COUNTY SYMPHONY							TO FURTHER THE EXEMPT
ASSOCIATION - PO BOX 144 -							PURPOSE OF THE
ELKHART, IN 46515-0144	51-0181701	501C3	96,030.	0.			ORGANIZATION
YWCA NORTH CENTRAL INDIANA INC							TO FURTHER THE EXEMPT
1102 S FELLOWS STREET							PURPOSE OF THE
SOUTH BEND, IN 46601	35-0868226	501C3	94,470.	0.			ORGANIZATION
GOODWILL INDUSTRIES OF MICHIANA							TO FURTHER THE EXEMPT
INC - PO BOX 3846 - SOUTH BEND, IN							PURPOSE OF THE
46619-3846	35-1093073	501C3	92,515.	0.			ORGANIZATION
CHURCH COMMUNITY SERVICES INC							TO FURTHER THE EXEMPT
PO BOX 2346							PURPOSE OF THE
ELKHART, IN 46515-2346	35-1155054	501C3	92,487.	0.			ORGANIZATION
· · · · ·							
UNIVERSITY OF NOTRE DAME DU LAC							TO FURTHER THE EXEMPT
400 MAIN BUILDING							PURPOSE OF THE
NOTRE DAME, IN 46556	35-0868188	501C3	88,452.	0.			ORGANIZATION
OAKLAWN FOUNDATION FOR MENTAL							TO FURTHER THE EXEMPT
HEALTH INC - PO BOX 809 - GOSHEN,							PURPOSE OF THE
IN 46527	35-6060037	501C3	88,235.	0.			ORGANIZATION
ELKHART COMMUNITY SCHOOLS							TO FURTHER THE EXEMPT
2720 CALIFORNIA ROAD							PURPOSE OF THE
ELKHART, IN 46514	35-1123802	501C3	85,318.	0.			ORGANIZATION
RETA INC							TO FURTHER THE EXEMPT
116 WEST JACKSON BLVD							PURPOSE OF THE
ELKHART, IN 46516	35-1609946	501C3	84,400.	0.			ORGANIZATION
GOSHEN HISTORICAL SOCIETY INC							TO FURTHER THE EXEMPT
124 S MAIN STREET							PURPOSE OF THE
GOSHEN, IN 46526	35-1513879	50103	83,490.	0.			ORGANIZATION

OF ELKHART COUNTY, INC.

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Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELKHART KITCHEN INC DBA SUSANNA'S							TO FURTHER THE EXEMPT
KITCHEN - PO BOX 2402 - ELKHART,							PURPOSE OF THE
IN 46515-2402	82-1452491	501C3	80,500.	0.			ORGANIZATION
MARIAN HIGH SCHOOL							TO FURTHER THE EXEMPT
1311 S LOGAN STREET							PURPOSE OF THE
MISHAWAKA, IN 46544-4701	35-1101600	501C3	79,130.	0.			ORGANIZATION
CROSSROADS UNITED WAY							TO FURTHER THE EXEMPT
PO BOX 3048							PURPOSE OF THE
ELKHART, IN 46515-3048	35-0953433	501C3	78,269.	0.			ORGANIZATION
FAIRFIELD HIGH SCHOOL ALUMNI							TO FURTHER THE EXEMPT
ASSOCIATION - 123 N 20TH STREET -							PURPOSE OF THE
GOSHEN, IN 46528	46-2987245	501C3	75,000.	0.			ORGANIZATION
LOVEWAY INCORPORATED							TO FURTHER THE EXEMPT
54151 COUNTY ROAD 33				_			PURPOSE OF THE
MIDDLEBURY, IN 46540	35-1326709	501C3	74,300.	0.			ORGANIZATION
CANCER RESOURCES FOR ELKHART							TO FURTHER THE EXEMPT
COUNTY INC - 23971 US HIGHWAY 33 -							PURPOSE OF THE
ELKHART, IN 46517	35-1091429	501C3	74,190.	0.			ORGANIZATION
ELKHART COUNTY 4-H & AGRICULTURAL							TO FURTHER THE EXEMPT
EXPOSITION INC - 17746 COUNTY ROAD							PURPOSE OF THE
34 SUITE D - GOSHEN, IN 46528-9202	35-1053099	501C3	74,000.	0.			ORGANIZATION
ELKHART COUNTY CONVENTION &			, 				
VISITORS BUREAU INC - 3421							TO FURTHER THE EXEMPT
CASSOPOLIS STREET - ELKHART, IN							PURPOSE OF THE
46514	35-1755629	501C6	71,500.	0.			ORGANIZATION
BETHANY CHRISTIAN SCHOOLS INC							TO FURTHER THE EXEMPT
2904 S MAIN STREET							PURPOSE OF THE
GOSHEN, IN 46526-5499	35-0941106	501C3	71,200.	0.			ORGANIZATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENCROFT COMMUNITIES FOUNDATION							TO FURTHER THE EXEMPT
INC - PO BOX 819 - GOSHEN, IN							PURPOSE OF THE
46527-0819	23-7126990	501C3	65,720.	0.			ORGANIZATION
OPERATION WARRIOR RESOLUTION INC							TO FURTHER THE EXEMPT
242 S WASHINGTON BLVD #130							PURPOSE OF THE
SARASOTA, FL 34236-6943	82-3982294	501C3	65,000.	0.			ORGANIZATION
BETHEL UNIVERSITY							TO FURTHER THE EXEMPT
1001 BETHEL CIRCLE							PURPOSE OF THE
MISHAWAKA, IN 46545	35-0935587	501C3	62,030.	0.			ORGANIZATION
UNIVERSITY OF INDIANAPOLIS							TO FURTHER THE EXEMPT
1400 E HANNA AVENUE		504.50	61 000				PURPOSE OF THE
INDIANAPOLIS, IN 46227	35-0868107	501C3	61,990.	0.			ORGANIZATION
ANAM CARA MINISTRIES							TO FURTHER THE EXEMPT
5945 CHOKECHERRY DRIVE							PURPOSE OF THE
COLORADO SPRINGS, CO 80919	46-2350819	501C3	60,000.	0.			ORGANIZATION
FIRST BAPTIST CHURCH OF ELKHART							TO FURTHER THE EXEMPT
53953 COUNTY ROAD 17							PURPOSE OF THE
BRISTOL, IN 46507	35-0953436	501C3	57,000.	0.			ORGANIZATION
CENTER FOR HEALING AND HOPE							TO FURTHER THE EXEMPT
PO BOX 195							PURPOSE OF THE
	02-0560511	50102		0.			
GOSHEN, IN 46527-0195	02-0560511	20103	55,550.	0.			ORGANIZATION
U-TURN MINISTRIES OF GOSHEN INC							TO FURTHER THE EXEMPT
PO BOX 124							PURPOSE OF THE
GOSHEN, IN 46527-0124	37-1416520	501C3	54,400.	0.			ORGANIZATION
CULTIVATE FOOD RESCUE							TO FURTHER THE EXEMPT
1403 PRAIRIE AVE							PURPOSE OF THE
SOUTH BEND, IN 46613-1605	81-3306113	E0102	53,500.	0.			ORGANIZATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH WOMEN UNITED DBA THE WINDOW							TO FURTHER THE EXEMPT
223 S MAIN STREET							PURPOSE OF THE
GOSHEN, IN 46526	35-1427937	501C3	52,045.	0.			ORGANIZATION
THE FDN FOR THE CENTER FOR HOSPICE							
& PALLIATIVE CARE INC - 501							TO FURTHER THE EXEMPT
COMFORT PLACE - MISHAWAKA, IN							PURPOSE OF THE
46545	30-0433147	50103	51,500.	0.			ORGANIZATION
	50 0100117	50105	51,500.				
BOY SCOUTS OF AMERICA LASALLE							TO FURTHER THE EXEMPT
COUNCIL - 1340 SOUTH BEND AVENUE -							PURPOSE OF THE
SOUTH BEND, IN 46617-1424	35-0867966	50103	50,985.	0.			ORGANIZATION
500111 BEND, 1N 40017 1424	33 0007300	50105					
NORTHRIDGE HS DOLLARS FOR SCHOLARS							TO FURTHER THE EXEMPT
3608 EAST JACKSON BLVD							PURPOSE OF THE
ELKHART, IN 46516	04-2296967	50103	50,940.	0.			ORGANIZATION
EDMIANI, IN 40310	04 2250507	50105	50,540.	0.			ORGANIZATION
MIDDLEBURY COMMUNITY SCHOOLS							TO FURTHER THE EXEMPT
56853 NORTHRIDGE DRIVE							PURPOSE OF THE
	35-1097817	50103	50,739.	0.			ORGANIZATION
MIDDLEBURY, IN 46540 HARRY CHAPIN FOOD BANK OF	35-1097817	50105	50,759.	0.			ORGANIZATION
SOUTHWEST FLORIDA INC - 3760							TO FURTHER THE EXEMPT
FOWLER ST - FORT MYERS, FL	59-2332120	E0102	E0.000	0			PURPOSE OF THE
33901-0930	59-2332120	50103	50,000.	0.			ORGANIZATION
TITINGTO ANTON THEODWARTON							
ILLINOIS AMISH INFORMATION							TO FURTHER THE EXEMPT
EXHIBITS INC - PO BOX 284 -	27 1245040	50102	F0.000	_			PURPOSE OF THE
ARTHUR, IL 61911-0284	37-1345842	20163	50,000.	0.			ORGANIZATION
CARE CAMPS							TO FURTHER THE EXEMPT
2981 FORD STREET EXT PMB179		501 00					PURPOSE OF THE
DGENSBURG, NY 13669-3474	86-0691641	20163	50,000.	0.			ORGANIZATION
A TIME TO REVIVE							TO FURTHER THE EXEMPT
PO BOX 835943							PURPOSE OF THE
RICHARDSON, TX 75083	26-4731843	501C3	50,000.	Ο.		1	ORGANIZATION

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QUANTUM FOUNDATION INC							TO FURTHER THE EXEMPT
~ 8735 RACEBORG PL							PURPOSE OF THE
FORT WAYNE, IN 46835-8911	83-2682541	501C3	50,000.	0.			ORGANIZATION
IMMANUEL CHRISTIAN SCHOOL INC							TO FURTHER THE EXEMPT
5915 BRADDOCK RD							PURPOSE OF THE
SPRINGFIELD, VA 22151-3602	54-1025245	501C3	50,000.	0.			ORGANIZATION
ELKHART HIGH SCHOOL DOLLARS FOR							TO FURTHER THE EXEMPT
SCHOLARS CHAPTER - PO BOX 1243 -							PURPOSE OF THE
ELKHART, IN 46515-1243	04-2296967	501C3	48,990.	0.			ORGANIZATION
GOSHEN HS DOLLARS FOR SCHOLARS							TO FURTHER THE EXEMPT
CHAPTER - 113 ISLAND VIEW DRIVE -							PURPOSE OF THE
GOSHEN, IN 46526	04-2296967	50103	48,510.	Ο.			ORGANIZATION
		50105	10,510.				
GOSHEN FIRST CHURCH							TO FURTHER THE EXEMPT
214 SOUTH FIFTH STREET							PURPOSE OF THE
GOSHEN, IN 46526	88-1516956	501C3	48,000.	0.			ORGANIZATION
PATHWAY ASSEMBLY OF GOD INC							TO FURTHER THE EXEMPT
13805 US HIGHWAY 20							PURPOSE OF THE
MIDDLEBURY, IN 46540-9402	35-2118917	50103	45,050.	0.			ORGANIZATION
		50105	10,000.				
RYAN'S PLACE INC							TO FURTHER THE EXEMPT
PO BOX 73							PURPOSE OF THE
GOSHEN, IN 46527-0073	35-2136542	501C3	43,440.	0.			ORGANIZATION
INDIANA UNIVERSITY SOUTH BEND							TO FURTHER THE EXEMPT
PO BOX 7111							PURPOSE OF THE
SOUTH BEND, IN 46634-7111	35-6001673	50103	43,088.	0.			ORGANIZATION
500111 BEND, 1N 40034-/111	33 0001073	50103	45,000.	0.			
XINDNESS TO PREVENT BLINDNESS							TO FURTHER THE EXEMPT
2746 OLD US 20 WEST SUITE B							PURPOSE OF THE
ELKHART, IN 46514-1365	87-3137037	501C3	40,000.	Ο.			ORGANIZATION

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MIDDLEBURY UNITED METHODIST CHURCH							TO FURTHER THE EXEMPT
720 SOUTH MAIN STREET							PURPOSE OF THE
MIDDLEBURY, IN 46540	35-1436546	501C3	39,000.	0.			ORGANIZATION
PACKARD MOTORCAR FOUNDATION							TO FURTHER THE EXEMPT
49965 VAN DYKE AVENUE							PURPOSE OF THE
SHELBY TOWNSHIP, MI 48317-1307	31-1502101	501C3	38,000.	0.			ORGANIZATION
RIBBON OF HOPE INC							TO FURTHER THE EXEMPT
5230 BECK DRIVE SUITE 2B							PURPOSE OF THE
ELKHART, IN 46516	35-2118856	501C3	37,950.	0.			ORGANIZATION
MIDDLEBURY COMMUNITY CHURCH INC							TO FURTHER THE EXEMPT
56893 COUNTY ROAD 29							PURPOSE OF THE
GOSHEN, IN 46528-9210	26-0532773	50103	37,300.	0.			ORGANIZATION
	20 0332773	50105	57,500.				
GOSHEN THEATER INC							TO FURTHER THE EXEMPT
216 S MAIN STREET							PURPOSE OF THE
GOSHEN, IN 46526	90-0964247	501C3	36,700.	0.			ORGANIZATION
INDIANA UNIVERSITY FOUNDATION							TO FURTHER THE EXEMPT
PO BOX 500							PURPOSE OF THE
BLOOMINGTON, IN 47402-0500	35-6018940	50103	36,089.	0.			ORGANIZATION
	20 0010940						
KERN ROAD MENNONITE CHURCH							TO FURTHER THE EXEMPT
18211 KERN ROAD							PURPOSE OF THE
SOUTH BEND, IN 46614	43-3512510	501C3	36,000.	0.			ORGANIZATION
BEACON HEALTH FOUNDATION INC							TO FURTHER THE EXEMPT
615 N MICHIGAN STREET							PURPOSE OF THE
SOUTH BEND, IN 46601	35-1536129	50103	35,660.	0.			ORGANIZATION
500111 22122, 111 40001	55 1550125		33,000.				51.0111120111011
GOSHEN PUBLIC LIBRARY							TO FURTHER THE EXEMPT
601 S 5TH STREET							PURPOSE OF THE
GOSHEN, IN 46526	35-1182856	501C3	34,435.	0.			ORGANIZATION

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INDIANA GOLF FOUNDATION INC							TO FURTHER THE EXEMPT
PO BOX 385							PURPOSE OF THE
SOUTH BEND, IN 46624	35-2145820	501C3	34,200.	0.			ORGANIZATION
SAINT MARY OF THE ANNUNCIATION							TO FURTHER THE EXEMPT
PO BOX 245							PURPOSE OF THE
BRISTOL, IN 46507-0245	35-1204442	501C3	33,100.	0.			ORGANIZATION
BIG BROTHERS BIG SISTERS SO LAKE							
MICHIGAN REGION - 218 W WASHINGTON							TO FURTHER THE EXEMPT
STREET SUITE 710 - SOUTH BEND, IN	25 4452542	504.50					PURPOSE OF THE
46601-1850	35-1172510	50103	32,930.	0.			ORGANIZATION
RONALD MCDONALD HOUSE CHARITIES OF							TO FURTHER THE EXEMPT
CENTRAL INDIANA - 435 LIMESTONE							PURPOSE OF THE
STREET - INDIANAPOLIS, IN 46202	35-1497202	501C3	32,900.	Ο.			ORGANIZATION
TRINITY FOUNDATION, INC.							TO FURTHER THE EXEMPT
2715 E JACKSON BOULEVARD							PURPOSE OF THE
ELKHART, IN 46516	47-1589616	501C3	32,280.	0.			ORGANIZATION
ST. JOSEPH RIVER ASSOCIATION INC							TO FURTHER THE EXEMPT
722 MIDDLETON RUN ROAD							PURPOSE OF THE
ELKHART, IN 46516	27-2216234	501C3	31,000.	0.			ORGANIZATION
COUNCIL ON AGING OF ELKHART COUNTY							TO FURTHER THE EXEMPT
INC - 131 W TYLER STREET SUITE 1A							PURPOSE OF THE
- ELKHART, IN 46516	51-0178910	501C3	30,885.	0.			ORGANIZATION
,							
PINEWOOD PTO							TO FURTHER THE EXEMPT
3420 E BRISTOL STREET							PURPOSE OF THE
ELKHART, IN 46514	35-1813444	501C3	29,818.	0.			ORGANIZATION
TRANSFORMATION MINISTRIES INC							TO FURTHER THE EXEMPT
1519 PORTAGE AVENUE							PURPOSE OF THE
SOUTH BEND, IN 46616	82-3641234	50103	29,000.	0.			ORGANIZATION

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BELMONT MENNONITE CHURCH 925 OXFORD STREET ELKHART, IN 46514	35-1137593	501C3	28,750.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EDWARDSBURG SPORTS COMPLEX INC PO BOX 193 EDWARDSBURG, MI 49112-0193	32-0156076	501C3	28,681.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WA-NEE COMMUNITY SCHOOLS 1300 N MAIN STREET NAPPANEE, IN 46550	35-1074003	501C3	28,630.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA BLACK EXPO – ELKHART CHAPTER – PO BOX 2719 – ELKHART, IN 46515-2719	35-2333120	501C3	28,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RIVER OAKS COMMUNITY CHURCH 58020 COUNTY ROAD 115 GOSHEN, IN 46528	35-1771277	501C3	27,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNITY OF MICHIANA INC 52248 LAUREL RD SOUTH BEND, IN 46637	31-0989295	501C3	26,960.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEAGUE FOR THE BLIND AND DISABLED INC - 5821 S ANTHONY BLVD - FORT WAYNE, IN 46816-3701	35-0876341	501C3	26,060.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WNIT-MICHIANA PUBLIC BROADCASTING CORPORATION - PO BOX 7034 - SOUTH BEND, IN 46634-7034	35-1155594	501C3	25,650.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CONCORD COMMUNITY SCHOOLS CORPORATION - 59040 MINUTEMAN WAY - ELKHART, IN 46517	35-6006398	501C3	25,110.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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	<i>a</i>				(m		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
E SHALL READ							TO FURTHER THE EXEMPT
34695 RAMBLE HILLS DR							PURPOSE OF THE
FARMINGTON HILLS, MI 48331-4229	86-1665696	501C3	25,000.	0.			ORGANIZATION
SOUL CARE INSTITUTE							TO FURTHER THE EXEMPT
PO BOX 88							PURPOSE OF THE
GREEN MOUNTAIN FALLS, CO 80819	85-1329480	501C3	25,000.	0.			ORGANIZATION
CITY OF GOSHEN							TO FURTHER THE EXEMPT
202 S 5TH STREET SUITE 2							PURPOSE OF THE
GOSHEN, IN 46528-3714	35-6001045	GOVERNMENTAL	25,000.	0.			ORGANIZATION
DEPAUW UNIVERSITY							TO FURTHER THE EXEMPT
PO BOX 37							PURPOSE OF THE
GREENCASTLE, IN 46135-0037	35-0869045	501C3	25,000.	0.			ORGANIZATION
GOODWILL INDUSTRIES INTERNATIONAL							TO FURTHER THE EXEMPT
INC - PO BOX 791084 - BALTIMORE,							PURPOSE OF THE
MD 21279-1084	53-0196517	501C3	25,000.	0.			ORGANIZATION
THE CHILDREN'S THERAPLAY							TO FURTHER THE EXEMPT
FOUNDATION INC - 9919 TOWNE ROAD -							PURPOSE OF THE
CARMEL, IN 46032	35-2121568	501C3	25,000.	0.			ORGANIZATION
ST JOHN CHRYSOSTOMOS MONASTERY INC							TO FURTHER THE EXEMPT
4600 93RD ST							PURPOSE OF THE
PLEASANT PR, WI 53158-3703	39-1799625	501C3	25,000.	0.			ORGANIZATION
RV-MH HERITAGE FOUNDATION INC							TO FURTHER THE EXEMPT
21565 EXECUTIVE PARKWAY							PURPOSE OF THE
ELKHART, IN 46514	35-1610362	501C3	25,000.	0.			ORGANIZATION
GUADALUPE WORKERS							TO FURTHER THE EXEMPT
67919 W 8 MILE ROAD							PURPOSE OF THE
SOUTH LYON, MI 48178	47-5278677	501C3	25,000.	0.			ORGANIZATION

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EDFIT INDIANA							TO FURTHER THE EXEMPT
7007 ROYAL OAKLAND DR							PURPOSE OF THE
INDIANAPOLIS, IN 46236-4827	81-5338341	501C3	25,000.	0.			ORGANIZATION
FOR OTHERS COLLECTIVE							TO FURTHER THE EXEMPT
PO BOX 524							PURPOSE OF THE
ALPHARETTA, GA 30009-0524	83-3682484	501C3	25,000.	0.			ORGANIZATION
MADONNA UNIVERSITY							TO FURTHER THE EXEMPT
36600 SCHOOLCRAFT ROAD							PURPOSE OF THE
LIVONIA, MI 48150	38-1498763	501C3	24,000.	0.			ORGANIZATION
RILEY CHILDREN'S FOUNDATION							TO FURTHER THE EXEMPT
PO BOX 3356							PURPOSE OF THE
INDIANAPOLIS, IN 46206	35-0868147	50103	23,627.	0.			ORGANIZATION
	33 000011,	50105	20,027.				
NAPPANEE ARTS COUNCIL INC							TO FURTHER THE EXEMPT
1301 MCCORMICK DRIVE							PURPOSE OF THE
NAPPANEE, IN 46550	82-4266066	501C3	23,410.	0.			ORGANIZATION
GIRLS ON THE RUN MICHIANA							TO FURTHER THE EXEMPT
51160 BITTERSWEET ROAD, SUITE 202							PURPOSE OF THE
GRANGER, IN 46530	27-2652189	501C3	22,500.	0.			ORGANIZATION
HEARTLAND ALLIANCE FOR HUMAN NEEDS							TO FURTHER THE EXEMPT
& HUMAN RIGHTS - 110 E WASHINGTON							PURPOSE OF THE
STREET - GOSHEN, IN 46528	36-1877640	501C3	21,500.	0.			ORGANIZATION
			,				
THE CENTER FOR HOSPICE AND							TO FURTHER THE EXEMPT
PALLIATIVE CARE INC - 501 COMFORT							PURPOSE OF THE
PLACE - MISHAWAKA, IN 46545-5234	31-0952866	501C3	21,140.	0.			ORGANIZATION
THE COMMUNITY FOUNDATION MARTIN -							
ST. LUCIE - 851 SE MONTEREY							TO FURTHER THE EXEMPT
COMMONS BLVD - STUART, FL 34996-3337	65-0024030		21,100.	0.			PURPOSE OF THE ORGANIZATION

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OSHEN DAY CARE BOARD INC							TO FURTHER THE EXEMPT
L700 SHASTA DRIVE							PURPOSE OF THE
GOSHEN, IN 46526	35-1146723	501C3	21,000.	0.			ORGANIZATION
COMMUNITY HEALTH CLINIC INC							TO FURTHER THE EXEMPT
O BOX 9							PURPOSE OF THE
TOPEKA, IN 46571-0009	26-4463924	501C3	21,000.	0.			ORGANIZATION
STARFISH PROJECT INCORPORATED							TO FURTHER THE EXEMPT
L010 EISENHOWER DR S							PURPOSE OF THE
GOSHEN, IN 46526-5302	27-4237221	501C3	21,000.	0.			ORGANIZATION
SALVATION ARMY GOSHEN CORPS							TO FURTHER THE EXEMPT
PO BOX 114							PURPOSE OF THE
GOSHEN, IN 46527-0114	13-2923701	501C3	20,510.	0.			ORGANIZATION
ST. JUDE CHILDREN'S RESEARCH							TO FURTHER THE EXEMPT
HOSPITAL - 501 ST JUDE PLACE -							PURPOSE OF THE
MEMPHIS, TN 38105	62-0646012	501C3	20,500.	0.			ORGANIZATION
SLEEP IN HEAVENLY PEACE INC							TO FURTHER THE EXEMPT
PO BOX 116							PURPOSE OF THE
KIMBERLY, ID 83341	46-4346568	501C3	20,500.	0.			ORGANIZATION
INDIANA-MICHIGAN MENNONITE CAMP							TO FURTHER THE EXEMPT
SSOCIATION INC - 26455 BANKER							PURPOSE OF THE
ROAD - STURGIS, MI 49091	35-1103269	501C3	20,000.	0.			ORGANIZATION
DOWNTOWN MINISTRIES OF GOSHEN INC							TO FURTHER THE EXEMPT
L7285 COUNTY ROAD 34							PURPOSE OF THE
GOSHEN, IN 46528-7515	35-1689569	501C3	20,000.	0.			ORGANIZATION
FELLOWSHIP FOR THE PERFORMING							TO FURTHER THE EXEMPT
ARTS INC - 630 NINTH AVENUE SUITE							PURPOSE OF THE
1409 - NEW YORK, NY 10036	52-1739276	50103	20,000.	0.			ORGANIZATION

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BOYS & GIRLS CLUBS OF ST. JOSEPH							TO FURTHER THE EXEMPT
COUNTY INC - 502 E SAMPLE STREET -							PURPOSE OF THE
SOUTH BEND, IN 46601-3551	35-1329625	501C3	20,000.	0.			ORGANIZATION
LAKE FOREST ACADEMY							TO FURTHER THE EXEMPT
1500 W KENNEDY ROAD							PURPOSE OF THE
LAKE FOREST, IL 60045	36-2216167	501C3	20,000.	0.			ORGANIZATION
BERKEY AVENUE MENNONITE FELLOWSHIP							TO FURTHER THE EXEMPT
2509 BERKEY AVENUE							PURPOSE OF THE
GOSHEN, IN 46526	35-1466228	501C3	19,600.	0.			ORGANIZATION
BRENNEMAN MEMORIAL MISSIONARY							TO FURTHER THE EXEMPT
CHURCH - 61115 STATE ROAD 15 -							PURPOSE OF THE
GOSHEN, IN 46528	35-1268431	501C3	18,900.	0.			ORGANIZATION
UPPER ST JOE RIVER RATS INC							TO FURTHER THE EXEMPT
4 HOLLY LANE							PURPOSE OF THE
ELKHART, IN 46514	86-1804059	501C3	18,500.	0.			ORGANIZATION
NERTON NETONAL REP CROSS							
AMERICAN NATIONAL RED CROSS							TO FURTHER THE EXEMPT
220 W COLFAX AVENUE SUITE 510 SOUTH BEND, IN 46601	53-0196605	50103	18,420.	0.			PURPOSE OF THE ORGANIZATION
, , , , , , , , , , , , , , , , , , ,	33 0190003	50105	10,420.				
FRIENDS OF THE LERNER INC							TO FURTHER THE EXEMPT
410 S MAIN ST							PURPOSE OF THE
ELKHART, IN 46516-3209	46-5409942	501C3	18,330.	0.			ORGANIZATION
CONCORD HS DOLLARS FOR SCHOLARS							TO FURTHER THE EXEMPT
CHAPTER - 59117 MINUTEMAN WAY -							PURPOSE OF THE
ELKHART, IN 46517	04-2296967	501C3	18,310.	0.			ORGANIZATION
INDIANA PHILANTHROPY ALLIANCE							
FOUNDATION INC - 115 W. WASHIGTON							TO FURTHER THE EXEMPT
STREET, SUITE 950 - INDIANAPOLIS,							PURPOSE OF THE
IN 46204-3583	35-1868240	501C3	18,200.	0.			ORGANIZATION

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OF ELKHART COUNTY, INC.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF MIDDLEBURY							TO FURTHER THE EXEMPT
418 N MAIN STREET							PURPOSE OF THE
MIDDLEBURY, IN 46540	35-6001109	GOVERNMENTAL	18,100.	0.			ORGANIZATION
DIOCESE OF FT WAYNE SOUTH BEND INC							TO FURTHER THE EXEMPT
РО ВОХ 390							PURPOSE OF THE
FORT WAYNE, IN 46801-0390	35-0876373	501C3	17,700.	0.			ORGANIZATION
NORTHWOOD SCHOLARSHIP FOUNDATION							TO FURTHER THE EXEMPT
2101 N MAIN STREET							PURPOSE OF THE
NAPPANEE, IN 46550	04-2296967	501C3	17,100.	0.			ORGANIZATION
GOSHEN KIWANIS FOUNDATION INC							TO FURTHER THE EXEMPT
PO BOX 287	25 0107217	F 0 1 0 2	16 500	0			PURPOSE OF THE
GOSHEN, IN 46527-0287	35-2127317	50103	16,580.	0.			ORGANIZATION
RIVERVIEW ADULT DAY CENTER INC							TO FURTHER THE EXEMPT
2715 E JACKSON BLVD							PURPOSE OF THE
ELKHART, IN 46516	35-1829321	501C3	16,550.	0.			ORGANIZATION
GUIDANCE MINISTRIES INC							TO FURTHER THE EXEMPT
PO BOX 1494							PURPOSE OF THE
ELKHART, IN 46515-1494	52-2216937	501C3	16,409.	0.			ORGANIZATION
THE FISCHOFF NATIONAL CHAMBER							TO FURTHER THE EXEMPT
MUSIC ASSOCIATION INC - 119 HAGGAR		501.02	16 202	•			PURPOSE OF THE
HALL - NOTRE DAME, IN 46556	35-1650154	50103	16,323.	0.			ORGANIZATION
HEART CITY HEALTH CENTER INC							TO FURTHER THE EXEMPT
236 SIMPSON AVENUE							PURPOSE OF THE
ELKHART, IN 46516	35-1875364	501C3	15,540.	0.			ORGANIZATION
FIRST PRESBYTERIAN CHURCH ELKHART							TO FURTHER THE EXEMPT
200 E BEARDSLEY STREET							PURPOSE OF THE
200 L DEARDOLEI SIREEI			1			1	

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SHRINERS HOSPITALS FOR CHILDREN ATTN: PROCESSING CENTER PO BOX 947 ATLANTA, GA 30394	36-2193608	501C3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
23 ROBOTICS CENTER INC 2709 CASSOPOLIS STREET SUITE E 21KHART, IN 46514	83-1619499	501C3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
D'HANA HERITAGE FOUNDATION INC 53131 QUINCE ROAD SOUTH BEND, IN 46628	37-1523448	501C3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOOSIERS FEEDING THE HUNGRY INC 4490 A STATE ROAD 327 GARRETT, IN 46738-9702	45-2402892	501C3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MENTAL HEALTH AWARENESS OF MICHIANA INC - PO BOX 692 - SOUTH BEND, IN 46624	82-4359500	501C3	15,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MENNONITE CENTRAL COMMITTEE U S PO BOX 500 AKRON, PA 17501-0500	23-6002702	501C3	14,690.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART MUNICIPAL BAND FOUNDATION INC - 204 APPLE TREE LANE - WAKARUSA, IN 46573	27-0479261	501C3	14,517.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. THOMAS THE APOSTLE CATHOLIC CHURCH – 1405 N MAIN STREET – ELKHART, IN 46514	35-0876373	501C3	14,510.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTHERN INDIANA HISPANIC HEALTH COALITION INC – 444 N NAPPANEE STREET – ELKHART, IN 46514	32-0039221	501C3	14,300.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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BUSHELCRAFT FARM CORPORATION							TO FURTHER THE EXEMPT
27751 COUNTY ROAD 26							PURPOSE OF THE
ELKHART, IN 46517-8572	84-4249563	501C3	14,200.	0.			ORGANIZATION
GENERAL COUNCIL OF THE ASSEMBLIES							TO FURTHER THE EXEMPT
OF GOD - 1445 N BOONVILLE AVENUE -							PURPOSE OF THE
SPRINGFIELD, MO 65802-1894	44-0577787	501C3	14,000.	0.			ORGANIZATION
ANABAPTIST MENNONITE BIBLICAL							TO FURTHER THE EXEMPT
SEMINARY INC - 3003 BENHAM AVENUE							PURPOSE OF THE
- ELKHART, IN 46517	35-1902148	501C3	13,950.	0.			ORGANIZATION
HUNTINGTON UNIVERSITY INC							TO FURTHER THE EXEMPT
2303 COLLEGE AVENUE							PURPOSE OF THE
HUNTINGTON, IN 46750	35-0868101	50103	13,780.	0.			ORGANIZATION
	35 0000101	50105	15,700.				ORGANIZATION
CHAMBER OF COMMERCE OF GOSHEN IND							TO FURTHER THE EXEMPT
INC - 232 S MAIN STREET - GOSHEN,							PURPOSE OF THE
IN 46526	35-0907750	501C6	13,375.	0.			ORGANIZATION
CBMC, INC							TO FURTHER THE EXEMPT
PO BOX 1097							PURPOSE OF THE
ELKHART, IN 46515-1097	36-2004402	501C3	13,095.	0.			ORGANIZATION
WHEELCHAIRHELP ORG							TO FURTHER THE EXEMPT
515 EAST STREET	04 2002250	501.02	10.000				PURPOSE OF THE
ELKHART, IN 46516	04-3683350	20103	13,000.	0.			ORGANIZATION
THE CROSSING NATIONAL INC							TO FURTHER THE EXEMPT
515 S MAIN STREET							PURPOSE OF THE
ELKHART, IN 46516	26-0588186	501C3	12,500.	0.			ORGANIZATION
I LOVE LK							TO FURTHER THE EXEMPT
554 BEACHVIEW CIRCLE							PURPOSE OF THE
HOT SPRINGS, AR 71913-8596	47-2934885	501C3	12,500.	0.			ORGANIZATION

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Part II Continuation of Grants and Other			and Domestic Go	vernments (Sch	edule I (Form 990), Pa		91-1233886 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GARY SINISE FOUNDATION							TO FURTHER THE EXEMPT
PO BOX 40726							PURPOSE OF THE
NASHVILLE, TN 37204	80-0587086	501C3	12,500.	0.			ORGANIZATION
OAKLAWN PSYCHIATRIC CENTER INC							TO FURTHER THE EXEMPT
PO BOX 809							PURPOSE OF THE
GOSHEN, IN 46527-0809	35-1070041	501C3	12,000.	٥.			ORGANIZATION
STAN & HANEY DRAFT FUND							TO FURTHER THE EXEMPT
20125 S TAMIAMI TRL							PURPOSE OF THE
ESTERO, FL 33928-2117	20-0942579	501C3	12,000.	0.			ORGANIZATION
NOTES NEED A MERCEN							
YOUTH WITH A MISSION ATTN: ACCOUNTING PO BOX 3000							TO FURTHER THE EXEMPT PURPOSE OF THE
GARDEN VALLEY, TX 75771-3000	23-7136015	50103	12,000.	0.			ORGANIZATION
GARDEN VALLEI, IX /5//1-5000	25-7150015	50105	12,000.	0.			ORGANIZATION
FIVE STAR LIFE							TO FURTHER THE EXEMPT
2204 CALIFORNIA ROAD							PURPOSE OF THE
ELKHART, IN 46514	46-3463430	501C3	11,900.	0.			ORGANIZATION
MIDDLEBURY CHAMBER OF COMMERCE INC							TO FURTHER THE EXEMPT
PO BOX 243							PURPOSE OF THE
MIDDLEBURY, IN 46540-0243	35-2046028	501C6	11,785.	٥.			ORGANIZATION
PURDUE FOUNDATION OF ELKHART							TO FURTHER THE EXEMPT
COUNTY - PO BOX 382 - GOSHEN, IN							PURPOSE OF THE
46527-0382	20-2362058	501C3	11,220.	0.			ORGANIZATION
ST. VINCENT DE PAUL CATHOLIC							TO FURTHER THE EXEMPT
CHURCH - 1108 S MAIN STREET -							PURPOSE OF THE
ELKHART, IN 46516	38-3808231	501C3	11,113.	0.			ORGANIZATION
MENNONITE ECONOMIC DEVELOPMENT			, 				
ASSOCIATES - 33 N MARKET STREET							TO FURTHER THE EXEMPT
SUITE 400 - LANCASTER, PA							PURPOSE OF THE
17603-3805	23-7398678	501C3	11,000.	٥.			ORGANIZATION

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ELKHART CIVIC THEATRE INC							TO FURTHER THE EXEMPT
PO BOX 252							PURPOSE OF THE
BRISTOL, IN 46507-0252	35-1179573	501C3	11,000.	0.			ORGANIZATION
NAPPANEE AREA CHAMBER OF COMMERCE							TO FURTHER THE EXEMPT
INC - 302 W MARKET STREET -							PURPOSE OF THE
NAPPANEE, IN 46550	35-1177470	501C6	10,935.	0.			ORGANIZATION
STABLE GROUNDS INC							TO FURTHER THE EXEMPT
56853 NORTHRIDGE DRIVE							PURPOSE OF THE
MIDDLEBURY, IN 46540	83-3855858	501C3	10,700.	0.			ORGANIZATION
GREATER GOSHEN ASSOCIATION INC							TO FURTHER THE EXEMPT
232 S MAIN STREET							PURPOSE OF THE
GOSHEN, IN 46526	35-6063689	50106	10,650.	0.			ORGANIZATION
GOSHEN, IN 40520	33-0003003	50100	10,050.	0.			ORGANIZATION
CAMP ALEXANDER MACK INC							TO FURTHER THE EXEMPT
PO BOX 158							PURPOSE OF THE
MILFORD, IN 46542-0158	35-1076829	501C3	10,290.	0.			ORGANIZATION
MAKE-A-WISH FOUNDATION OF OHIO							
KENTUCKY & INDIANA - 6201							TO FURTHER THE EXEMPT
CORPORATE DRIVE SUITE 100 -							PURPOSE OF THE
INDIANAPOLIS, IN 46278	34-1471131	501C3	10,250.	0.			ORGANIZATION
JAXSON WILLIAM AUGUSTUS SWANK							
FOUNDATION - 3900 EDISON LAKES							TO FURTHER THE EXEMPT
PKWY SUITE 201 - MISHAWAKA, IN							PURPOSE OF THE
46545	30-6072980	501C3	10,200.	0.			ORGANIZATION
FRIENDS OF WVPE INC							TO FURTHER THE EXEMPT
2424 CALIFORNIA ROAD							PURPOSE OF THE
ELKHART, IN 46514	35-2086960	501C3	10,090.	0.			ORGANIZATION
NEW LIFE CHRISTIAN CENTER							TO FURTHER THE EXEMPT
15685 STATE ROUTE 120				_			PURPOSE OF THE
BRISTOL, IN 46507	38-3454282	501C3	10,000.	0.		1	ORGANIZATION

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SPECIAL OPERATIONS WARRIOR FOUNDATION - PO BOX 89367 - TAMPA, FL 33689	52-1183585	501C3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DISABLED AMERICAN VETERANS CHARITABLE SERVICE – 860 DOLWICK DR – ERLANGER, KY 41018–2774	52-1521276	501C3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE RVDA EDUCATION FOUNDATION 3930 UNIVERSITY DRIVE FAIRFAX, VA 22030-2515	54-1664245	501C3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DOWNTOWN GOSHEN INC 324 SOUTH 5TH STREET GOSHEN, IN 46528	35-1848884	501C3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FORT LEWIS COLLEGE FOUNDATION 1000 RIM DRIVE DURANGO, CO 81301-3999	23-7122114	501C3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TREY WHITFIELD SCHOOL PO BOX 384 BROOKLYN, NY 11208	11-3577637	501C3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CARE UNIVERSITY 2607 TURNBERRY DRIVE APT 2A ELKHART, IN 46514	83-1519755	501C3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WYCLIFFE ASSOCIATES INC PO BOX 620143 ORLANDO, FL 32862	95-2584324	501C3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JR MEMORIAL CRUISE FOR A CURE 10928 PARK STREET LAKEVIEW, OH 43331	47-4123590	501C3	10,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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NYC AUTISM CHARTER SCHOOLS							TO FURTHER THE EXEMPT
433 E 100TH ST							PURPOSE OF THE
NEW YORK, NY 10029-6606	81-2958000	501C3	10,000.	0.			ORGANIZATION
CHANCES OF STONE COUNTY INC							TO FURTHER THE EXEMPT
PO BOX 2015							PURPOSE OF THE
BRANSON WEST, MO 65737	27-1589319	501C3	10,000.	0.			ORGANIZATION
TEAM TELOMERE							TO FURTHER THE EXEMPT
1801 N. 3RD ST #7	06.0006100	501.00	10.000				PURPOSE OF THE
COEUR D ALENE, ID 83814	26-3776187	50103	10,000.	0.			ORGANIZATION
VALIANT COLLEGE PREPARATORY							TO FURTHER THE EXEMPT
3024 E FILLMORE STREET							PURPOSE OF THE
PHOENIX, AZ 85008	46-3885233	501C3	10,000.	0.			ORGANIZATION
				•			
FAMILY OF CHRIST USA INC							TO FURTHER THE EXEMPT
10800 LYNDALE AVENUE S. #100							PURPOSE OF THE
BLOOMINGTON, MN 55420	88-2646961	501C3	10,000.	0.			ORGANIZATION
PURDUE RESEARCH FOUNDATION							TO FURTHER THE EXEMPT
1281 WIN HENTSCHEL BLVD							PURPOSE OF THE
WEST LAFAYETTE, IN 47906	35-1052049	501C3	9,800.	0.			ORGANIZATION
LORAS COLLEGE							TO FURTHER THE EXEMPT
1450 ALTA VISTA ST							PURPOSE OF THE
DUBUQUE, IA 52001-4327	42-0680412	50103	9,350.	0.			ORGANIZATION
	12 0000412		5,330.	0.			
STREAMS OF MERCY INC							TO FURTHER THE EXEMPT
PO BOX 3220							PURPOSE OF THE
MCKINNEY, TX 75070-3220	47-0930787	501C3	9,000.	0.			ORGANIZATION
GOSHEN ARTS AND EVENTS INC							
GOSHEN ARTS AND EVENTS INC 612 S 5TH STREET							TO FURTHER THE EXEMPT
	94 4605600	50102		0			PURPOSE OF THE
GOSHEN, IN 46526	84-4625692	20103	9,000.	0.			ORGANIZATION

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CENTRAL TEXAS WATER COALITION INC PO BOX 328 SPICEWOOD, TX 78669-0328	45-2605843	50104	9,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY SUSTAINABILITY PROJECT PO BOX 1031 GOSHEN, IN 46527-1031	35-2031033		8,700.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIGHT MINISTRIES INC 20 BOX 9454 VINTER HAVEN, FL 33883	46-1856500	501C3	8,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS OF THE PUMPKINVINE NATURE TRAIL INC – PO BOX 392 – GOSHEN, IN 46527-0392	35-1871609	501C3	8,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JOES KIDS INC 902 PROVIDENT DRIVE SUITE C WARSAW, IN 46580	46-4095781	501C3	8,100.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHAMBER OF COMMERCE OF ST. JOSEPH COUNTY – 101 N MICHIGAN ST STE 300 – SOUTH BEND, IN 46601–1642	35-0153330	501C6	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HESSTON COLLEGE PO BOX 3000 HESSTON, KS 67062	48-0548361	501C3	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
1 2 3 COME PLAY WITH ME INC 508 EUGENE DR MIDDLEBURY, IN 46540-8410	87-1618405	501C3	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DIOCESAN DEVELOPMENT FUND INC PO BOX 11029 SAN BERNARDINO, CA 92423-1029	57-1164758	501C3	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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RAFIKI FOUNDATION INCORPORATED							TO FURTHER THE EXEMPT
PO BOX 1988							PURPOSE OF THE
EUSTIS, FL 32727-1988	74-2477089	501C3	7,960.	0.			ORGANIZATION
NATURE CONSERVANCY							TO FURTHER THE EXEMPT
1245 N FAIRFAX DRIVE, SUITE 100							PURPOSE OF THE
ARLINGTON, VA 22203-1606	53-0242652	501C3	7,760.	0.			ORGANIZATION
DESTINY RESCUE							TO FURTHER THE EXEMPT
L0339 DAWSONS CREEK BLVD SUITE C							PURPOSE OF THE
FORT WAYNE, IN 46825	47-2864435	501C3	7,500.	0.			ORGANIZATION
THEFTER DRA HEADGADE CONNECTION							
GIVEHEAR DBA HEARCARE CONNECTION							TO FURTHER THE EXEMPT
INC - 130 W MAIN STREET SUITE 150 - FORT WAYNE, IN 46802	45-2803181	50102	7,500.	0.			PURPOSE OF THE ORGANIZATION
FORT WRINE, IN 40002	45-2005101	50105	7,500.	0.			ORGANIZATION
LIFE ACTION MINISTRIES							TO FURTHER THE EXEMPT
PO BOX 31							PURPOSE OF THE
BUCHANAN, MI 49107-0031	38-2157686	501C3	7,500.	0.			ORGANIZATION
COVENANT CHURCH OF NAPLES							TO FURTHER THE EXEMPT
5926 TRAIL BLVD							PURPOSE OF THE
NAPLES, FL 34108	59-1098689	501C3	7,500.	0.			ORGANIZATION
A POSADA IMMIGRANT AID INC							TO FURTHER THE EXEMPT
23786 SUNNYSIDE AVE							PURPOSE OF THE
ELKHART, IN 46516-6193	86-1297852	501C3	7,000.	0.			ORGANIZATION
SPA INC							TO FURTHER THE EXEMPT
3404 TOLEDO ROAD							PURPOSE OF THE
ELKHART, IN 46516	43-1998891	501C3	6,880.	0.			ORGANIZATION
FOOD FOR THE POOR INC							TO FURTHER THE EXEMPT
5401 LYONS ROAD							PURPOSE OF THE
COCONUT CREEK, FL 33073-3602	59-2174510	50103	6,864.	0.			ORGANIZATION

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MIDDLEBURY THEN AND NOW INC 20 BOX 207	22 422266	E 01 02	C 950	0			TO FURTHER THE EXEMPT PURPOSE OF THE
MIDDLEBURY, IN 46540-0207	82-4382686	50103	6,850.	0.			ORGANIZATION
ELKHART ALANO INC 949 MIDDLEBURY STREET ELKHART, IN 46516	31-1039430	501C3	6,610.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PRINCE OF PEACE LUTHERAN CHURCH 18548 COUNTY ROAD 18 GOSHEN, IN 46528	35-1539368	501C3	6,600.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. JOHN THE EVANGELIST CATHOLIC SCHOOL – 117 W MONROE STREET – GOSHEN, IN 46526	31-1906189	501C3	6,310.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION - OFFICE OF RESEARCH ADMINISTRATION - BLOOMINGTON, IN 47401-3654	35-6001673	501C3	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
EAST GOSHEN MENNONITE CHURCH 2019 EAST LINCOLN AVENUE GOSHEN, IN 46528	35-6045797	501C3	6,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BEULAH MISSIONARY CHURCH 57595 COUNTY ROAD 17 GOSHEN, IN 46528-8439	35-1480613	501C3	5,700.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MONGER ELEMENTARY PTO 1100 E HIVELY AVE ELKHART, IN 46517	32-0331312	501C3	5,600.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN COMMUNITY SCHOOLS 613 E PURL STREET GOSHEN, IN 46526-4044	35-1099157	501C3	5,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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JIMTOWN HISTORICAL MUSEUM INC 59710 COUNTY ROAD 3 ELKHART, IN 46517-8530	35-1791442	501C3	5,480.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RIENDS OF THE NEW YORK CENTRAL RAILROAD MUSEUM INC - 721 S MAIN STREET - ELKHART, IN 46516	46-1125372	501C3	5,400.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAMERATA SINGERS OF ELKHART INC PO BOX 102 GOSHEN, IN 46527-0102	31-0901857	501C3	5,360.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BLVD - STATEN ISLAND, NY 10306	02-0554654	501C3	5,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GRACE COMMUNITY CHURCH OF GOSHEN INDIANA INC - 20076 COUNTY ROAD 36 - GOSHEN, IN 46526	35-1400188	501C3	5,200.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN BIBLE SOCIETY 101 N INDEPENDENCE MALL EAST, PLOOR 8 - PHILADELPHIA, PA 19106-2155	13-1623885	501C3	5,127.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AFRICA UNIVERSITY - DEVELOPMENT DFFICE - PO BOX 340007 - NASHVILLE, TN 37203-0007	62-1356848	501C3	5,127.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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OF ELKHART COUNTY, INC.

31-1255886

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	910	1,877,965.	0.		
ARDSHIP ASSISTANCE	38	195,612.	0.		
Part IV Supplemental Information. Provide the informatio	n required in Part I, lin	e 2; Part III, column	(b); and any other ac	l dditional information.	
PART I, LINE 2:					
RANTS FROM THE ORGANIZATION'S U	JNRESTRICTED	FUND ARE	FOCUSED ON	THREE AREAS	
CAREER PATHWAYS, KIDS & FAMILY			EACH FOCUS		
RANT COMMITTEE THAT REVIEWS GRA	-				

AFTER REVIEWING GRANT APPLICATIONS. THE GRANT RECOMMENDATIONS GO BEFORE

THE BOARD OF DIRECTORS FOR FINAL APPROVAL. GRANTEES TYPICALLY HAVE A YEAR

TO REPORT BACK ON THE USE OF THE GRANT DOLLARS. THE CAREER PATHWAYS

COMMITTEE IS ALSO RESPONSIBLE FOR REVIEWING AND RECOMMENDING SCHOLARSHIP

AWARDS TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. OTHER UNRESTRICTED

Schedule I (Form 990) Part IV Supplemental Info	COMMUNITY FOUNDATION OF ELKHART COUNTY, INC. rmation	31-1255886 Page 2
GRANTS, INCLUDING F	OCUS AREA GRANTS UNDER \$25,000, MAY H	BE APPROVED BY
MANAGEMENT AND SUBM	ITTED TO THE BOARD OF DIRECTORS FOR I	FINAL APPROVAL.
GRANT RECOMMENDATIO	NS FROM DESIGNATED AND DONOR ADVISED	FUNDS ARE APPROVED
BY MANAGEMENT AND S	UBSEQUENTLY APPROVED BY THE BOARD OF	DIRECTORS AT THE
FOLLOWING QUARTERLY	MEEETING. ANY RESTRICTIONS ON THE U	USE OF THE DOLLARS
ARE COMMUNICATED TO	THE GRANTEE AT THE TIME OF ISSUANCE	; HOWEVER, THE
MAJORITY OF THE GRA	NT DOLLARS ARE ISSUED WITHOUT RESTRIC	CTIONS.
		Schedule I (Form 990)
232291 04-01-22		Schedule I (Form 990)

SC	HEDULE J		OMB No.	1545-004	47						
(Fo	SCHEDULE J (Form 990) Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		ľ	ົງ)						
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				2022						
Dono	tmont of the Treesury		Open to Public								
	tment of the Treasury al Revenue Service	Inspection									
Nam	e of the organizatio	COMMUNITY FOUNDATION		identification		nber					
	OF ELKHART COUNTY, INC. 31-1255										
Pa	rt I Question	s Regarding Compensation			-						
					Yes	No					
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,								
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.									
	First-class or d	charter travel Housing allowance or residence for perso	nal use								
	X Travel for com	sidence									
	Tax indemnific	ation and gross-up payments X Health or social club dues or initiation fee	s								
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)								
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or									
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		X					
2	Did the organization										
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		X					
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	;								
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to								
	establish compensation of the CEO/Executive Director, but explain in Part III.										
	X Compensation										
	Independent of										
	Form 990 of o	ommittee									
4	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:										
а	a Receive a severance payment or change-of-control payment?										
b	Participate in or rec		4b		X						
с	Participate in or rec		4c		X						
	If "Yes" to any of lir										
	Only section 501(c	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.									
5	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:										
а	a The organization?										
b	b Any related organization?										
		or 5b, describe in Part III.									
6	6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation										
	contingent on the net earnings of:										
	a The organization?										
	b Any related organization?										
	If "Yes" on line 6a or 6b, describe in Part III.										
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments									
		nes 5 and 6? If "Yes," describe in Part III		7		X					
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne								
				8		X					
9		id the organization also follow the rebuttable presumption procedure described in									
		n 53.4958-6(c)?				Ĺ					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n 990)	2022					

232111 10-18-22

OF ELKHART COUNTY, INC.

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) PETER L. MCCOWN	(i)	213,265.	0.	50,000.	41,518.	12,812.	317,595.	50,000.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) COLE PATUZZI	(i)	132,836.	3,012.	0.	6,913.	9,256.	152,017.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Page 2

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Schedule J (Form 990) 2022

Part III Supplemental Information

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

PART I, LINE 1A:

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

RELATIONSHIP BUILDING TRIPS AND DINNERS.

SCHEDULE L	SCHEDULE L Transactions With Interested Persons								OMB No. 1545-0047						
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.								2022						
Department of the Treasury	Attach to Form 990 or Form 990-EZ.								Open To Public						
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.										Inspection				
Name of the organizatio												r identification number			
Part I Excess	OF ELKHART COUNTY, INC. 31-12 ess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only												50		
			-						Form 990-EZ, Pa			•			
1			tionship bet										(d)	Corre	cted?
(a) Name of disqua	person and organization				(c) Description of transact				Sactio	n		Y	es	No	
													+	\rightarrow	
													+		
2 Enter the amount of		•		U U		•	•	•							
3 Enter the amount of	or tax, ir any, on ii	ne 2, abo	ive, reimburs	eu by	the or	janizai		•••••			Φ				
Part II Loans to	o and/or Fron	n Intere	ested Pers	sons.											
Complete	if the organizatior	n answere	ed "Yes" on I	Form 9	90-EZ	, Part \	/, line 38a or I	Form	n 990, Part IV, line	e 26; o	or if th	e orgai	nizatio	n	
	n amount on For			1								(h) Ani	proved	(1) 14	
(a) Name of (b) Relation (b) Relation (b) Relation (b) Relation (b) Relation (c)						(e) Original (f) Balance due orincipal amount			by			a) Approved by board or committee? (i) Written agreement?			
	Ű			To From					-		No	Yes	No	Yes	
										Yes		100			
								-							<u> </u>
								\vdash							
Total	or Assistance	Benef	itina Inter	ester	l Per	sons	\$								
	if the organizatior		-												
(a) Name of intere					(c) Amount of (d) Type			e of			(e) Purpose of				
					assistance		assistance			assistance					
		_	the organiza	allon											
		-									-+				
											-+				
											-+				
LHA For Paperwork R	eduction Act No	otice, see	the Instruc	tions f	or For	m 990	or 990-EZ.				Sche	dule L	(Forr	n 990) 2022

232131 11-01-22

COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (b) Relationship between interested (a) Name of interested person (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No DAVID WEAVER BOARD MEMBER AND 0.DAVID WEAVE PA х THOMAS PLETCHER BOARD MEMBER AND PA 0. THOMAS PLET х DAN MORRISON BOARD MEMBER AND 0.DAN MORRISO Х PA Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions)

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

(A) NAME OF PERSON: DAVID WEAVER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER AND PARTIAL OWNER OF LANDLORD

(D) DESCRIPTION OF TRANSACTION: DAVID WEAVER, A BOARD MEMBER, IS PARTIAL

OWNER OF EOZ BUSINESS, LLC WHICH IS THE LANDLORD FOR THE COMMUNITY

FOUNDATION. TOTAL RENT PAID TO EOZ BUSINESS, LLC IN THE YEAR WAS

\$102,127.

Schedule L (Form 990) 2022

(A) NAME OF PERSON: THOMAS PLETCHER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER AND PARTIAL OWNER OF LANDLORD

(D) DESCRIPTION OF TRANSACTION: THOMAS PLETCHER A BOARD MEMBER, IS

PARTIAL OWNER OF EOZ BUSINESS, LLC WHICH IS THE LANDLORD FOR THE

COMMUNITY FOUNDATION. TOTAL RENT PAID TO EOZ BUSINESS, LLC IN THE YEAR

<u>WAS \$102,127.</u>

(A) NAME OF PERSON: DAN MORRISON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER AND PARTIAL OWNER OF LANDLORD

Schedi Part		Su	pple	ment				IART	COUI	NTY,	INC.	tions on S	Schedu	le L (se	e instruct		-1255886	Page 2
(D)	DE	SCI	RIPI	rior		F TRA	NSACT	ION	: DAN	I MOR	RISON	IAB	OARD	MEN	BER.	IS	PARTIAL	
						NESS,												
FOU	NDA	TIC	DN.	TO'	L'AL	RENT	PAID	TO	EOZ	BUSI	NESS,	LLC	IN	THE	YEAR	WAS	5	
<u>\$102</u>	2,1	27	•															
232461 (22								74	4	0 0					Schedule L (F	orm 990)

10530507 310879 21230000

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

(Forr	n 990)							20	22)
		Complete if the org	anizations			rt IV, lines 2	9 or 30.			
	ent of the Treasury evenue Service	Go to www.irs	s.gov/Form	Attach to Form 9 990 for instructior		Open te Inspe	ection	C		
Name o	of the organization	COMMUNITY FO	UNDATI	ON			Emplo	yer identificati	ion nun	nber
		OF ELKHART C	OUNTY,	INC.				31-1255	886	
Part	I Types of	Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash con amounts rep Form 990, Part	orted on		(d) hod of determir n contribution a	•	3
1 A	Art - Works of art									
		sures								
		erests								
		tions								
		ehold goods								
		nicles								
		ty								
		y traded	X	54	6 72	1,393.	FMV			
				<u> </u>	0,72	<u>, , , , , , , , , , , , , , , , , , , </u>		-		
		/ held stock								
	Securities - Partne		x	2	15	6 112				
				4	45	6,142.	Г M V			
		laneous								
		tion contribution -								
		tion contribution - Other								
15 F	Real estate - Resid	lential								
		mercial								
		l supplies								
		ns								
		acts								
)								
	Other ()								
	Other ()								
	Other ()	l							
		8283 received by the organiz							1	
fo	or which the orgai	nization completed Form 82	83, Part V, L	Donee Acknowledge	ement	29				<u> </u>
									Yes	No
		d the organization receive by								
		ast 3 years from the date of		ntribution, and whi	ch isn't required	to be used	for			
е	exempt purposes f	for the entire holding period?	?					<u>30a</u>		X
	b If "Yes," describe the arrangement in Part II.									
31 🛛	Does the organizat	tion have a gift acceptance p	policy that re	equires the review o	of any nonstanda	ard contribu	tions?		X	
		tion hire or use third parties		-				32a	x	
	f "Yes," describe i									
		didn't report an amount in c	olumn (c) fo	r a type of property	for which colum	nn (a) is cho	cked			
	lescribe in Part II.	a.a.r.troport un amount in o			.s. mion coult					
LHA		Reduction Act Notice, see	the Instruc	tions for Form 990)_		5	hedule M (For	m 990)	2022
	uper work		and mound		•		30		550)	

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31-1255886 Page 2

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

SCHEDULE M, LINE 32B:

Schedule M (Form 990) 2022

A THIRD-PARTY INSTITUTION IS TYPICALLY USED TO LIQUIDATE NON-CASH

CONTRIBUTIONS. STOCKS ARE PROCESSED AND SOLD BY A BROKERAGE FIRM, REAL

ESTATE IS MARKETED AND SOLD BY A REAL ESTATE FIRM, AND SO FORTH. IN

THE CASE OF AN INTEREST IN A PRIVATELY HELD ORGANIZATION BEING GIFTED

TO THE COMMUNITY FOUNDATION, THE INTEREST IS TYPICALLY SOLD THROUGH A

PRIVATE TRANSACTION OCCURRING AS A RESULT OF THE DONOR NOTIFYING THE

COMMUNITY FOUNDATION OF A PARTY INTERESTED IN PURCHASING THE OWNERSHIP

INTEREST.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. COMMUNITY FOUNDATION

INC.



31-1255886

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

OF

ELKHART COUNTY,

AS PART OF ITS KIDS AND FAMILIES FOCUS AREA, THE COMMUNITY FOUNDATION ELKHART COUNTY LAUNCHED BUILDING STRONG BRAINS, ELKHART COUNTY'S OF THE BUILDING STRONG BRAINS INITIATIVE IS EARLY CHILDHOOD INITIATIVE. BUILDING A COALITION OF EARLY CHILDHOOD COMMUNITY PARTNERS TO SHIFT THE EARLY CHILDHOOD SYSTEM FOR BETTER OUTCOMES FOR YOUNG CHILDREN (PRENATAL-5 YEARS) AND THEIR FAMILIES IN THE AREAS OF MATERNAL AND CHILD HEALTH, QUALITY CHILDCARE AND EARLY LEARNING ENVIRONMENTS, AND COMMUNITY AND FAMILY SUPPORTS. IN JUNE 2023, A COALITION DIRECTOR FOR BUILDING STRONG BRAINS WAS HIRED TO LEAD THE INITIATIVE, WHICH WILL BE COLLECTIVE COMMUNITY COALITION OF PARTNERS, INCLUDING CROSS-SECTOR HEALTH, NONPROFIT, CHILDCARE AND EDUCATION, BUSINESS, AND COMMUNITY THE COMMUNITY FOUNDATION OF ELKHART COUNTY BELIEVES THAT COLLABORATORS. COLLECTIVE COMMUNITY EFFORT, FOCUSED ON YOUNG CHILDREN AND THEIR WILL IMPROVE EARLY CHILDHOOD OUTCOMES IN ELKHART COUNTY. FAMILIES,

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

INSTITUTIONS, AND SCHOLARSHIPS.

CFEC ALSO MAINTAINS AN UNRESTRICTED FUND. THE BOARD PRIMARILY USES THE UNRESTRICTED FUND TO SUPPORT ITS THREE FOCUS AREAS IN SERVICE TO THE COUNTY: CAREER PATHWAYS, KIDS & FAMILY, AND PLACEMAKING. INITIATIVE WORK IS TAKING PLACE, OR HAS BEEN STARTED, WITHIN EACH FOCUS AREA.

CAREER PATHWAYS: INITIATIVE WORK IS STILL BEING CONCEPTUALIZED. AS

 PART OF ITS WORK, THIS GROUP ALSO SERVES AS THE LOCAL ADMINISTRATOR FOR

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

232211 10-28-22

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

THE LILLY ENDOWMENT COMMUNITY SCHOLARSHIP.

KIDS & FAMILY: THE INITIATIVE WORK, KNOWN AS BUILDING STRONG BRAINS, ELKHART COUNTY'S EARLY CHILDHOOD INITIATIVE, INVOLVES WORKING WITH A COALITION OF PARTNERS TO SHIFT THE EARLY CHILDHOOD SYSTEM TOWARDS BETTER OUTCOMES FOR YOUNG CHILDREN AND THEIR FAMILIES IN THE AREAS OF MATERNAL & CHILD HEALTH, QUALITY CHILDCARE & EARLY LEARNING ENVIRONMENTS, AND COMMUNITY & FAMILY SUPPORTS. PARTNERS IN THE INITIATIVE WORK INCLUDE A CROSS SECTION OF HEALTH, NONPROFIT, CHILDCARE & EDUCATION PROVIDERS, BUSINESS, AND COMMUNITY COLLABORATORS.

PLACEMAKING: THIS INITIATIVE IS FOCUSED ON INCREASING THE COUNTY'S TRAIL NETWORK FROM ITS CURRENT 68 MILES TO 130 MILES OVER THE NEXT 10 YEARS, DRIVEN BY THE BELIEF THAT TRAILS PROVIDE AN INFRASTRUCTURE FOR RECREATION AND EVERYDAY NEEDS, BUILD BETTER CONNECTED COMMUNITIES, AND ENHANCE THE OVERALL QUALITY OF LIFE WITHIN THE COUNTY. THE INITIATIVE INVOLVES COLLABORATIVE WORK WITH ELECTED OFFICIALS, MUNICIPAL & COUNTY STAFF, ENTHUSIASTS, CORPORATE CITIZENS, AND COMMUNITY MEMBERS.

ADDITIONAL ONGOING SERVICES CFEC OFFERS TO THE COMMUNITY INCLUDE: ACTS OF SERVICE: THIS IS A COMMUNITY SERVICE HUB THAT HELPS MATCH THE NEEDS OF NONPROFIT ORGANIZATIONS WITH THE WILLING HANDS OF INDIVIDUAL VOLUNTEERS AND COMMUNITY PARTNERS, WHICH INCLUDES WORKING WITH LOCAL BUSINESSES ON ESTABLISHING/MAINTAINING EMPLOYEE VOLUNTEER PROGRAMS.

THE LEARNING CENTER: AN INITIATIVE DEDICATED TO PROVIDING QUALITY

LEARNING OPPORTUNITIES FOR NONPROFIT LEADERS IN CFEC'S SERVICE AREA.

THESE LEARNING OPPORTUNITIES ARE FOCUSED ON PLANNING, FUNDRAISING,

Schedule O (Form 990) 2022

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2022.05090 COMMUNITY FOUNDATION OF E 21230001

Schedule O (Form 990) 2022	Page 2
Name of the organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.	Employer identification number 31-1255886
STRATEGIC PLANNING, BOARD DEVELOPMENT, AND FINANCIAL MANAGE	EMENT. THESE

LEARNING OPPORTUNITIES ARE GEARED SPECIFICALLY TO NONPROFIT LEADERS TO

ASSIST THEM IN ADVANCING THEIR MISSIONS.

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

TO HELP EXPEDITE THE BUSINESS OF THE COMMUNITY FOUNDATION OF ELKHART

COUNTY, THE EXECUTIVE COMMITEE IS EMPOWERED TO ACT ON BEHALF OF THE FULL BOARD.

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

THE BOARD OF DIRECTORS INCLUDES INDIVIDUALS WHO MAINTAIN NORMAL BUSINESS

RELATIONSHIPS WITH ONE ANOTHER.

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

THE FINANCE COMMITTEE REVIEWS A DRAFT OF THE TAX RETURN WITH THE TAX

PREPARARERS. THE RETURN THEN GOES TO THE BOARD OF DIRECTORS FOR APPROVAL.

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

ALL BOARD MEMBERS, COMMITTEE MEMBERS AND EMPLOYEES COMPLETE AN ANNUAL

CONFLICT OF INTEREST QUESTIONNAIRE. THE ORGANIZATION'S PRESIDENT REVIEWS

THE COMPLETED QUESTIONNAIRES TO DETERMINE IF ANY POTENTIAL OR ACTUAL

CONFLICTS OF INTEREST EXIST. IF THERE IS A CONFLICT, THE COMMITTEE HEAD

WILL ADDRESS IT WITH THE PERSON AND POSSIBLY ASK THEM TO REMOVE THEMSELVES

FROM SAID COMMITTEE.

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

THE COUNCIL ON FOUNDATIONS' ANNUAL SURVEY IS UTILIZED WHEN EVALUATING

 COMPENSATION LEVELS.
 THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES

 232212 10-28-22
 Schedule O (Form 990) 2022

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 79

10530507 310879 21230000

2022.05090 COMMUNITY FOUNDATION OF E 21230001

10530507 310879 21230000

THE FINANCE COMMITTEE IS TASKED WITH OVERSEEING THE AUDIT PROCESS.

ANNUALLY, THE FINANCE COMMITTEE REVIEWS THE AUDIT REPORT WITH THE

AUDITOR BEFORE SENDING THE REPORT TO THE BOARD OF DIRECTORS. THE BOARD

OF DIRECTORS THEN REVIEWS THE AUDIT REPORT WITH THE AUDITORS BEFORE THE

AUDIT REPORT IS FINALIZED.

FORM 990, PART XII, LINE 2C

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

COMPENSATION FOR THE PRESIDENT. THE PRESIDENT REVIEWS STAFF COMPENSATION

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

SFAS 136 ADJUSTMENT 5,033,338. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -73,406. 6,434. CHANGE IN VALUE OF LIFE INSURANCE TOTAL TO FORM 990, PART XI, LINE 9 4,966,366.

LEVELS WITH THE FINANCE COMMITTEE CHAIRPERSON.

OF ELKHART COUNTY, INC.

Schedule O (Form 990) 2022 Name of the organization COMMUNITY FOUNDATION

Employer identification number 31-1255886

Schedule O (Form 990) 2022

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.												
			ich to Form 990.	,,,	,			Open to P					
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 f	Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the organization	COMMUNITY FOU	NDATION				En	nployer ident	ification n	umber				
	OF ELKHART CO	UNTY, INC.					31-125	5886					
Part I Identification	of Disregarded Entities. Comp	lete if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.									
	(a)	(b)	(c)	(d)	(e))		(f)					
Name, address, and EIN (if applicable) of disregarded entity		Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-yea	r assets	Direc	t controllin entity	g				
		_											
		_											
		_											
	of Related Tax-Exempt Organiz during the tax year.	zations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34, l	because it had one	or more	related tax-e	xempt					
	(a)	(b)	(c)	(d)	(e)		(f)	(g) 512(b)(13)				
Name, a	address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Dire	ct controlling	ing Section 51					
	ted organization		foreign country)	section	status (if section		entity		tity?				
					501(c)(3))			Yes	No				
ECCF HOLDINGS, INC.	- 20-3670120					COMMUN	IITY						
P.O. BOX 2932						FOUNDA	TION OF						
ELKHART, IN 46516		COMMUNITY DEVELOPMENT	INDIANA	501(C)3	LINE 12A, I	ELKHAR	T COUNTY	X					
ELKHART HEALTH FITNE	ESS AND AQUATICS INC -	PROMOTE HEALTH AND				COMMUN	IITY						
38-4018882, 615 N M	ICHIGAN ST, SOUTH BEND,	WELLNESS AND ENHANCE THE				FOUNDA	TION OF						
IN 46601		COMMUNITY	INDIANA	501(C)3	LINE 7	ELKHAR	T COUNTY	X					
		_											
		_											
		_											
		_											
		 					0.1.1.1						
For Paperwork Reductio	n Act Notice, see the Instruction	DIIS IUF FORM 990.					Scheanle	R (Form 9	90) 202				

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OMB No. 1545-0047

COMMUNITY FOUNDATION

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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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportiona allocations?		Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
										-		
	{											
	{											
	{											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(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	Sec 512(t contr ent	i) b)(13) rolled tity?
		country)				400010		Yes	No

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

Not	te: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	1
	Gift, grant, or capital contribution from related organization(s)	1c	X	1
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g		1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
S	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ELKHART HEALTH FITNESS AND AQUATICS INC	В	664,817.	CASH AMOUNT
(2) ELKHART HEALTH FITNESS AND AQUATICS INC	с	225,937.	CASH AMOUNT
(3)			
(4)			
(5)			
_(6)			

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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.

	<u> </u>	[()			(0)				<i>(</i>)	(1)	(1)	
(a)	(b)	(c)	(d)	(e) Are al		(f)	(g)		h)	(i)	(j)	(k)	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners 501(c)(orgs.	sec.	Share of	Share of	Dispi tio	ropor- nate tions?	Code V-UBI	General o managin	Percentage	
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs.		total	end-of-year		tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownership	
		country)	sections 512-514)	Yes N	No	income	assets	Yes	No	(Form 1065)	Yes No)	
												-	
												-	
									-			+	

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Part VII Supplemental Information

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

SCHEDULE R, PART V, LINE 1B

THE COMMUNITY FOUNDATION OF ELKHART COUNTY, INC. IS CONTRACTED TO

ANNUALLY CONTRIBUTE TO ELKHART HEALTH, FITNESS, AND AQUATICS, INC. TO

HELP UNDERWRITE THE PROGRAMMING THAT TAKES PLACE AT THE FACILITY.

SCHEDULE R, PART V, LINE 1C

ELKHART HEALTH, FITNESS, AND AQUATICS, INC. PLACED MONEY IN A

NON-ENDOWED AGENCY DESIGNATED FUND AT THE COMMUNITY FOUNDATION OF

ELKHART COUNTY, INC.

SCHEDULE R, PART V, LINE 1L

THE COMMUNITY FOUNDATION OF ELKHART COUNTY, INC. WAS INVOLVED WITH THE

INITIAL FUNDRAISING FOR THE ELKHART HEALTH, FITNESS, AND AQUATICS, INC.

FACILITY. DOLLARS CONTINUE TO BE RECEIVED.

SCHEDULE R, PART V, LINE 1N

THE COMMUNITY FOUNDATION OF ELKHART COUNTY, INC. REGULARLY MAKES USE OF

THE COMMUNITY ROOMS AT ELKHART HEALTH, FITNESS, AND AQUATICS, INC.

SCHEDULE R, PART V, LINE 10

COMMUNITY FOUNDATION OF ELKHART COUNTY, INC. STAFF HELP WITH BOARD

ACTIVITY AND GENERAL PROMOTION FOR ELKHART HEALTH, FITNESS, AND

AQUATICS, INC.

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