# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning UL 1, 2023 and ending	g <u>J</u> U1	N 30, 2024	1							
В	Check if	C Name of organization	D	Employer identi	fication number							
а	pplicable	COMMUNITY FOUNDATION										
	Addres change	S OF ELKHART COUNTY, INC.										
	Name change	Doing business as 31-1255886										
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/	suite <b>E</b>	E Telephone number								
	Final return/	240 EAST JACKSON BLVD 104		574-295-8761								
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	144,083,459.							
	Ameno return	ELKHART, IN 46516	Н	(a) Is this a group	return							
	Application	F Name and address of principal officer: FEIER MCCOWN		for subordinate	es? Yes X No							
	pendin	SAME AS C ABOVE	Н	(b) Are all subordinates	included? Yes No							
1 7	Гах-ехе	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) ( ) (insert no.) $\overline{}$ 4947(a)(1) or $\overline{}$	527	If "No," attach	a list. See instructions							
_	<b>Nebsit</b>		H	(c) Group exempti	on number							
		organization: X Corporation Trust Association Other L	Year of fo	ormation: 1988	M State of legal domicile: IN							
Pa	art I	Summary										
•		Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t IMPRO}$	OVE I	THE QUALIT	Y OF LIFE							
ű		IN ELKHART COUNTY BY INSPIRING GENEROSITY										
r	2	Check this box if the organization discontinued its operations or disposed of r	more tha	an 25% of its net as								
ove	3	Number of voting members of the governing body (Part VI, line 1a)										
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)										
Ş	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)										
ξį	6	Total number of volunteers (estimate if necessary)		6								
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		78								
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11										
				Prior Year	Current Year							
Revenue	8	Contributions and grants (Part VIII, line 1h)	25	5,614,340.								
	9	Program service revenue (Part VIII, line 2g)		34,684.								
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	0,002,654.								
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,651,678								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	36	5,085,420.								
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.								
98	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,187,252.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
ď	b	Total fundraising expenses (Part IX, column (D), line 25) 695,997.		2 24 2 5 4 5	0.500.010							
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,018,545								
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4	1,291,217.	32,696,199.							
	19	Revenue less expenses. Subtract line 18 from line 12		5,639,539								
SOF				ning of Current Year								
Sset	20	Total assets (Part X, line 16)		05,087,193. 461,316,930								
Net Assets or	21	Total liabilities (Part X, line 26)		5,530,751.								
2,- D:	22 art II	Net assets or fund balances. Subtract line 21 from line 20	330	3,556,442.	412,491,695.							
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atamante	and to the best of m	ay knowledge and helief it is							
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre			ly knowledge and belief, it is							
uuc,	, correc	t, and complete. Decial ation of preparer (other than officer) is based on an information of which pre-	parti ilas	any knowledge.								
Sigi	n	Signature of officer		Date								
Her		PETER MCCOWN, PRESIDENT/CEO										
пеі	e	Type or print name and title										
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN							
Paid		EMILIE M. KNIERIEM, CPA EMILIE M. KNIERIEM,		/22/25 if self-empl								
	arer	Firm's name BLUE & CO., LLC	<del>    -  </del>		35-1178661							
	Only	Firm's address 813 WEST SECOND STREET		THIII 3 LIIV								
	J <b>,</b>	SEYMOUR, IN 47274		Phone no 8	12-522-8416							
Max	the IF	S discuss this return with the preparer shown above? See instructions		11 110110 110.0	X Yes No							

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO IMPROVE THE QUALITY OF LIFE IN ELKHART COUNTY BY INSPIRING
	GENEROSITY
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 30,393,815. including grants of \$ 27,633,433.) (Revenue \$ 27,881.)
	THE COMMUNITY FOUNDATION OF ELKHART COUNTY (CFEC) WAS ESTABLISHED IN
	1988 TO INSPIRE PEOPLE TO MAKE CHARITABLE GIFTS THAT IMPROVE THE
	QUALITY OF LIFE IN ELKHART COUNTY. AS A 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 \$)
	/ (a.ya.iaa) / (a.ya.iaa) / (i.ya.iaa) / (i.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
	(Code
	Other are were serviced (Deceribe on Caberlula O.)
4d	24
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 30,393,815.

### Part IV | Checklist of Required Schedules

2 Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> ? See instructions 2 Job the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "yes," complete Schedule C, Part II 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "yes," complete Schedule C, Part II II 5 Is the organization as section 501(h)(4) offic)(h) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X II 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X II 11 Did the organization report an amount for other assets in Part X, line 16, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Sched		
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or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	$\dashv$	
		v
17 Did the erganization report a total of more than \$15,000 of expenses for professional fundraising convices on Dart IV	$\rightarrow$	<u> </u>
		37
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	$\longrightarrow$	<u> </u>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77
1c and 8a? If "Yes," complete Schedule G, Part II	$\dashv$	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	$\dashv$	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	$\longrightarrow$	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	Х	

Page 4

Part IV Checklist of Required Schedules (continued)

22 X  23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 "Yes," complete Schedule I, Part IX and III Schedule A, Part IX, line 5 or 22, for receivable from report and former of butter, grant at the transaction has not been reported on any of the organization are port of the organization are port of any of these persons? If "Yes," complete Schedule I. Part IV.  25 Did the organization nave at ax-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," are swer lines 24b through 24d and complete Schedule IX. If "No 19 to line 25s.  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  27 Edd Did the organization are an "on behalf of" issuer for bonds outstanding at any time during the year?  28 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?  28 In the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  29 In the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  29 In the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  29 In the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction may be a prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part IV.  29 In the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former office, direc	
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  23 X  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26 Did the organization invest and on behalf of issuer for bonds outstanding at any time during the year?  27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  28 Section 501c(3), 501c(14), and 501c(129) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  28 Did 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-E2? If "Yes," complete Schedule L, Part II  28 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 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  29 Did the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part III  29 Was the organization or party to a business transaction with one of the following parties? (See the Schedule L, Part III  29 Did the organization receive more than \$25,000 in noncash contribut	
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32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b 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  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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	$\frac{x}{x}$
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a X  35a 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 X  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 Jid the organization conduct more than 5% of its activities through an entity that is not a related organization	Х
Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a 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 X  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 Jid the organization conduct more than 5% of its activities through an entity that is not a related organization	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b X  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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b X  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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b X  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 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	
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  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	
If "Yes," complete Schedule R, Part V, line 2	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	X_
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	X_
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	
Note: All Form 990 filers are required to complete Schedule O	
Part V Statements Regarding Other IRS Filings and Tax Compliance	
Check if Schedule O contains a response or note to any line in this Part V	
Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 11	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X	
(gambling) winnings to prize winners?  (gambling) winnings to prize winners?  (gambling) winnings to prize winners?  Form 990	)U33)

Page 5

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

332005 12-21-23

If "Yes," complete Form 6069.

OF ELKHART COUNTY. INC.

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

Form **990** (2023)

IN

46516

ELKHART

240 EAST JACKSON BLVD, 104,

# Part VIII 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.

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

- 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.

(A)  Name and title	(B) Average hours per		not c	Pos heck	more	than o		(D)  Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	tee or director				Highest compensated highest compensated employee	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) PETER L. MCCOWN	40.00			,,				220 100	_	FF F20
PRESIDENT	40.00			Х				229,109.	0.	55,530.
(2) COLE PATUZZI CFO	40.00			х				160,333.	0.	17,616.
(3) CANDACE YODER	40.00							100/3331	•	17,010.
EMPLOYEE	1000	1				x		130,105.	0.	8,347.
(4) BRIAN COOK	40.00									
EMPLOYEE						Х		114,008.	0.	11,425.
(5) BECKY BONTREGER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) GALEN MILLER	1.00									
DIRECTOR		Х						0.	0.	0.
(7) ISAAC TORRES	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JAN FARRON	1.00	1						_	_	_
DIRECTOR		Х						0.	0.	0.
(9) JOHN LIECHTY	1.00	l								
DIRECTOR		Х						0.	0.	0.
(10) KEN JULIAN	1.00	l								
DIRECTOR		Х						0.	0.	0.
(11) KERRI RITCHIE	1.00	ļ								_
DIRECTOR	1 00	Х						0.	0.	0.
(12) OLA YODER	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(13) RAQUEL ESPINOSA	1.00	.,								•
DIRECTOR	1 00	Х						0.	0.	0.
(14) DERALD BONTRAGER	1.00	<b>.</b> ,							_	0
DIRECTOR	1 00	Х						0.	0.	0.
(15) AMY BROWN	1.00	Х						0.	0.	0
DIRECTOR  (16) MUEDECA CUNDEN	1.00	Λ						0.	0.	0.
(16) THERESA GUNDEN DIRECTOR	1.00	Х						0.	0.	0.
(17) BJ THOMPSON	1.00	Λ	$\vdash$		$\vdash$			0.	<b>.</b>	<b>.</b>
DIRECTOR	1.00	Х						0.	0.	0.
	l .	77		<u> </u>				. 0.	<u> </u>	Form <b>990</b> (2022)

332007 12-21-23 Form **990** (2023)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) (C) (D) (E) (F)											
(A)	(B)		(D)	(D) (E)							
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(18) ANGIE EGGERING	1.00										
DIRECTOR		Х						0.	0.	0.	
(19) ERIC IVORY DIRECTOR	1.00	Х						0.	0.	0.	
(20) KURT JANOWSKY	1.00								<u> </u>	<u> </u>	
DIRECTOR		Х						0.	0.	0.	
(21) DAN MORRISON	1.00										
DIRECTOR		Х						0.	0.	0.	
(22) CIEN ASOERA CHAIRPERSON	1.00	Х		Х				0.	0.	0.	
(23) DAVID WEAVER	1.00										
VICE CHAIR		Х		Х				0.	0.	0.	
(24) DEB BEAVERSON SECRETARY	1.00	Х		Х				0.	0.	0.	
(25) TODD CLEVELAND	1.00										
TREASURER		Х		Х				0.	0.	0.	
								622 555		00.010	
1b Subtotal								633,555.	0.	92,918.	
c Total from continuation sheets to Part VI								0.	0.	0.	
d Total (add lines 1b and 1c)								633,555.	_	92,918.	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable		

compensation from the organization

Yes

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
MERCER, 701 MARKET ST, SUITE 1100, ST	INVESTMENT	
LOUIS, MO 63101	MANAGEMENT FEES	698,654.
STIFEL	INVESTMENT	
200 NIBCO PARKWAY, ELKHART, IN 46516	MANAGEMENT FEES	181,531.

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

Form 990 (2023)

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to anv lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
S S	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
يَّجُ وَ							
fts, Ar		3	300,000.				
ig ig		• • • • • • • • • • • • • • • • • • • •	300,000.				
ns, Sim		e Government grants (contributions) 1e		1			
e ti	1	f All other contributions, gifts, grants, and	20 200 422				
들됨		similar amounts not included above 1f	38,289,423.	1			
ont Od		g Noncash contributions included in lines 1a-1f	11,124,568.	20 500 402			
<u>0</u> 8		h Total. Add lines 1a-1f	T	38,589,423.			
			Business Code				
Se	2 8	a PROGRAM SERVICE REVENUE	900099	27,881.	27,881.		
ē Ķ	ı	b	_				
Sen	•	c	_				
ev ev	•	d					
Program Service Revenue	•	e					
4	1	f All other program service revenue					
		g Total. Add lines 2a-2f		27,881.			
	3	Investment income (including dividends, int	erest, and				
		other similar amounts)		9,293,313.		-324,792.	9618105.
	4	Income from investment of tax-exempt bon	d proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 8	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	•				
		a Gross amount from sales of (i) Securities	es (ii) Other				
	- '	assets other than inventory <b>7a</b> 96,172,70		1			
		b Less: cost or other basis					
ø		and sales expenses <b>7b</b> 85,235,19	0.				
nue		c Gain or (loss) 7c 10,937,50	17. 140.				
her Revenue		d Net gain or (loss)		10,937,647.			10937647.
×		a Gross income from fundraising events (not		20,201,0211			2030,017.
Othe	0 (	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a				
	ı		8b				
		c Net income or (loss) from fundraising event	s				
		a Gross income from gaming activities. See					
		Part IV, line 19	9a				
	1		9b				
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		• •	10a				
			10b	1			
		c Net income or (loss) from sales of inventory	•				
		The moone of hose, non-case of inversely	Business Code				
ns	11 .	2					
neo Tue		a b	_				
Miscellaneous Revenue	'	с	_				
Sce	,	d All other revenue	_				
Ξ	,	e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		58,848,264.	27,881.	-324,792.	20555752.
	12	Total revenue. See mstructions		30,040,204.	27,001.	324,732.	20333732.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 25,393,090. 25,393,090. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2,240,343. 2,240,343. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 506,490. 217,556. 216,968. 71,966. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,590,352. 683,113. 681,269. 225,970. Other salaries and wages 7 Pension plan accruals and contributions (include 76,533. 32,874. 32,785. 10,874. section 401(k) and 403(b) employer contributions) 159,184. 68,375. 68,191. 22,618. Other employee benefits 9 141,889. 61,012. 61,012. 19,865. 10 Payroll taxes Fees for services (nonemployees): Management 1,125. 1,840. 434. 281. Legal 11,529. 48,846. 29,864. 7,453. Accounting Lobbying Professional fundraising services. See Part IV, line 17 991,767. 991,767. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 14,714. column (A), amount, list line 11g expenses on Sch O.) 24,067. 5,681. 3,672. 79,592. 79,592. 265,307. 106,123. Advertising and promotion 12 81,806. 35,034. 34,080. 12,692. Office expenses 13 212,711. 50,206. 130,048. 32,457. Information technology 14 Royalties 15 93,713. 93,712. 30,511. 217,936. 16 Occupancy 83,154. 24,221. 24,221. 34,712. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 10,248. 28,231. 41,816. 3,337. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 56,606. 131,641. 56,606. 18,429. Depreciation, depletion, and amortization 22 38,399. 16,512. 16,512. 5,375. 23 Other expenses. Itemize expenses not covered 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 O.) 327,752. 310,239. 17,513. PROGRAMS AND EVENTS DONOR DEVELOPMENT 87,046. 4,038. 83,008. 10,624. SCHOLARSHIP ADMIN EXPEN 10,624. С d 23,606. 1.047. 6,887. 15,672. All other expenses 32,696,199. 30,393,815. 1,606,387. 695,997. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Form 990 (2023)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			134.	1	143
	2	Savings and temporary cash investments			9,200,604.	2	10,766,111
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	0.	4	3,445		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net	0.	7	882,093		
Assets	8	Inventories for sale or use		8			
Ř	9	B			82,910.	9	87,025
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,280,631.			
	b	Less: accumulated depreciation	10b	424,407.	911,920.	10c	856,224
	11	Investments - publicly traded securities	236,827,093.	11	281,758,237		
	12	Investments - other securities. See Part IV, line 1	156,029,953.	12	164,851,633		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2,034,579.	15	2,112,019		
	16	Total assets. Add lines 1 through 15 (must equa	405,087,193.	16	461,316,930		
	17	Accounts payable and accrued expenses	351,246.	17	425,466		
	18	Grants payable	3,906,391.	18	2,751,765		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	40.040.005	20	40.040.006		
	21	Escrow or custodial account liability. Complete I	40,343,896.	21	43,842,226		
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
ja de		controlled entity or family member of any of thes	-			22	
_	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	17-24)	. Complete Part X	1 000 010		1 005 770
		of Schedule D			1,929,218.		1,805,778
	26	Total liabilities. Add lines 17 through 25	-1- 1	e X	46,530,751.	26	48,825,235
Ś		Organizations that follow FASB ASC 958, che	ck ner	e <u>A</u>			
nce	07	and complete lines 27, 28, 32, and 33.			4,523,544.	07	4,686,540
<u>a</u>	27	Net assets without donor restrictions	354,032,898.	27	407,805,155		
р В	28	Net assets with donor restrictions	334,032,030.	28	407,003,133		
Ē		Organizations that do not follow FASB ASC 9					
P T	000	and complete lines 29 through 33.				00	
sts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			358,556,442.	31	412,491,695
ž	32	Total net assets or fund balances			405,087,193.	32 33	461,316,930
	33	Total liabilities and net assets/fund balances			±00,007,133.	33	Form <b>990</b> (202

	·	_				
Part XI	Reconciliation	of N	et Assets			
Form 990 (			ELKHART	COUNTY,	INC.	31-1255
		COI	MUNITY F	OUNDATI	NC	

	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,84					
2	Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1	3	26	,15	2,0	65.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,55					
5	Net unrealized gains (losses) on investments	5	31	,17	5,4	23.			
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	-3	,39	2,2	35.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))								
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
					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 O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a								
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?								
	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	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,								
	review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
За	<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

QUZ3
Open to Public

OMB No. 1545-0047

Inspection

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

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

· u		ricusori for i ubilo c	onanty Otatas.	(All organizations must d	ompiete ti	iis part.) S	ee instructions.					
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)						
1		A church, convention of chu	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	า 990).)							
3		A hospital or a cooperative	i).									
4		A medical research organiza						the hospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that normal	-					oublic described in				
		section 170(b)(1)(A)(vi). (C	•		Ü							
8				(1)(A)(vi). (Complete Par	t II.)							
9	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant of the section 170(b)(1)(A)(ix) operated in conjunction with a land-grant of the section 170(b)(1)(A)(ix) operated in conjunction with a land-grant of the section 170(b)(1)(A)(ix) operated in conjunction with a land-grant of the section 170(b)(1)(A)(ix) operated in conjunction with a land-grant of the section 170(b)(1)(A)(ix) operated in conjunction with a land-grant of the section 170(b)(1)(A)(ix) operated in conjunction with a land-grant of the section 170(b)(1)(A)(ix) operated in conjunction with a land-grant of the section 170(b)(1)(A)(ix) operated in conjunction with a land-grant of the section 170(b)(1)(A)(ix) operated in conjunction with a land-grant of the section 170(b)(1)(A)(ix) operated in conjunction with a land-grant of the section 170(b)(1)(A)(ix) operated in conjunction with a land-grant of the section 170(b)(1)(A)(ix) operated in conjunction with a land-grant of the section 170(b)(1)(A)(ix) operated in conjunction with a land-grant of the section 170(b)(1)(A)(ix) operated in conjunction with a land-grant of the section 170(b)(1)(A)(ix) operated in conjunction with a land-grant of the section 170(b)(1)(A)(ix) operated in conjunction with a land-grant of the section 170(b)(1)(A)(ix) operated in conjunction of the section 170(b)(A)(ix) operated in conjunction of the section 170(b)(A)(ix) operated in conjunction of the section 170(b)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)							college				
_		or university or a non-land-g				-	-	-				
		university:	rant concess of agrice	artaro (000 mondono).	21101 110 1	iarrio, orty	, and state of the conege	, 01				
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membership fees and	d aross receipts from				
		activities related to its exem										
		income and unrelated busin		•	` '		• •	•				
		See section 509(a)(2). (Cor		(1000 000 tion of the taxy in o	an baomoc	ooo aoqai	iod by the organization t	artor ourio oo, 1070.				
11		An organization organized a	-	vely to test for public sat	fety See	section 50	)9(a)(4).					
12	一		•	•	•			purposes of one or				
		-	•	sperated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or sations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on								
		lines 12a through 12d that	-					SHOOK WIE BOX OIT				
а		¬	* *		pervised, or controlled by its supported organization(s), typically by giving							
ŭ		the supported organization		•	•	-						
		organization. You must c			majority o	ino direc	toro or tradiced or the de	аррогинд				
h		¬ ~	-		ion with its	s sunnorte	nd organization(s) by hav	vina				
b	<b>b Type II.</b> A supporting organization supervised or controlled in connection with its supported organization(s), by he control or management of the supporting organization vested in the same persons that control or manage the supporting organization vested in the same persons that control or manage the supporting organization vested in the same persons that control or manage the supporting organization vested in the same persons that control or manage the supporting organization vested in the same persons that control or manage the supporting organization vested in the same persons that control or management of the supporting organization vested in the same persons that control or management of the supporting organization vested in the same persons that control or management of the supporting organization vested in the same persons that control or management of the supporting organization vested in the same persons that control or management of the supporting organization vested in the same persons that control or management of the supporting organization vested in the same persons that control or management of the supporting organization vested in the same persons that control or management of the supporting organization vested in the same persons that control or management of the supporting organization vested in the same persons the support of the suppo							-				
		organization(s). You mus			arrie persor	iis triat co	into of manage the supp					
С		Type III functionally inte			in connect	ion with	and functionally integrate					
·		its supported organization					• •					
d		Type III non-functionally		·				zation(s)				
u		that is not functionally into	=				• • • • • •					
		•	-	•	•		•	7611655				
_		requirement (see instructi	•	-								
е		☐ Check this box if the orga					Type I, Type II, Type III					
£	Ente	functionally integrated, or	* *	nally integrated supporting	ig organiz	ation.						
'		er the number of supported o vide the following information		d organization(s)								
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga		(v) Amount of monetary	(vi) Amount of other				
	•	organization		(described on lines 1-10	in your governi <b>Yes</b>	ng document?	support (see instructions)	support (see instructions)				
				above (see instructions))	162	INO						

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	35994449.	25730139.	41793736.	25614340.	38589423.	167722087
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	35994449.	25730139.	41793736.	25614340.	38589423.	167722087
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						31976974.
6	Public support. Subtract line 5 from line 4.						135745113
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	35994449.	25730139.	41793736.	25614340.	38589423.	167722087
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6161066.	7376449.	13543730.	8688609.	9293313.	45063167.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	0.	156,531.	448,748.	0.	0.	605,279.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						213390533
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	103,508.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi					т т	
	Public support percentage for 2023 (			column (f))		14	63.61 %
	Public support percentage from 2022	•				15	64.24 %
16a	33 1/3% support test - 2023. If the				14 is 33 1/3% or m	ore, check this bo	
	<b>stop here.</b> The organization qualifies		•				
b	33 1/3% support test - 2022. If the				line 15 is 33 1/3%	or more, check th	is box
	and <b>stop here.</b> The organization qua	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact				•	_	
	meets the facts-and-circumstances to	-		• • •			
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the		·		•		
10	organization meets the facts-and-circ						H
ΙÖ	<b>Private foundation.</b> If the organization	on did not check a	box on line 13, 16	a, 100, 1/a, 0r 1/k	o, check this box a		(Form 990) 2023

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#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Pul	olic Support	elow, please comp	nete i art ii.j				
Calendar year (or fis	cal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants,	contributions, and fees received. (Do not						
include any "i	unusual grants.")						
merchandise formed, or fac any activity th	s from admissions, sold or services per- cilities furnished in nat is related to the s tax-exempt purpose						
are not an un	s from activities that related trade or bus-						
iness under s							
	levied for the organ- efit and either paid to on its behalf						
5 The value of s	services or facilities a governmental unit to						
6 Total. Add lin	es 1 through 5						
	uded on lines 1, 2, and om disqualified persons						
from other than dis exceed the greater	on lines 2 and 3 received squalified persons that r of \$5,000 or 1% of the for the year						
c Add lines 7a	and 7b						
8 Public suppo Section B. Tot	ort. (Subtract line 7c from line 6.)						
Calendar year (or fis	scal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts fron	n line 6						
securities loa	e from interest, yments received on ns, rents, royalties, rom similar sources						
	ness taxable income						
(less section 5 acquired after c	11 taxes) from businesses June 30, 1975						
c Add lines 10a	and 10b						
activities not	om unrelated business included on line 10b, of the business is						
12 Other income or loss from t	e. Do not include gain he sale of capital in in Part VI.)						
	(Add lines 9, 10c, 11, and 12.)						
14 First 5 years.	. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	x and stop here						
Section C. Co	mputation of Publi	c Support Per	centage				
	rt percentage for 2023 (I		-	column (f))		15	%
	rt percentage from 2022					16	%
	mputation of Inves					т т	
	come percentage for 20					17	%
	come percentage from					18	%
	port tests - 2023. If the						7 is not
b 33 1/3% supp	1/3%, check this box ar port tests - 2022. If the	organization did n	ot check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ind
line 18 is not	more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20 Private found	dation. If the organization	n did not check a	box on line 14 19	a or 19b check th	his box and see ins	structions	

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#### 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.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
10a		
134		
10b		

332024 12-21-23

Pa	rt IV Supporting Organizations (continued)			
			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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
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		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or 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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		Щ_
360	tion b. All Type in 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	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).			
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 <b>Part VI</b> the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Sc

Oart V	Typo II	Mon E	unotionally	, Intograted	500(a)(3) C	unnorting	ī
chedule A	(Form 990	2023	OF	ELKHART	COUNTY	, INC.	

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of		•	
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	nization (see
	instructions).	•		•

OF ELKHART COUNTY, INC.

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued	d)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in 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.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023		Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
<u>b</u>	From 2019				
c	From 2020				
d	From 2021				
<u>e</u>	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2023 distributable amount				
<u>_i</u>	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2023 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

### Schedule B

Schedule of Contributors

COMMUNITY FOUNDATION

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2023

**Employer identification number** 

OF ELKHART COUNTY, 31-1255886 Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Name of organization

COMMUNITY FOUNDATION

OF ELKHART COUNTY, INC.

Employer identification number

31-1255886

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1		\$5,890,615.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$ <u>4,214,582</u> .	Person X Payroll  Noncash X  (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4	\$ 3,840,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No. 4	Name, address, and ZIP + 4	* 2,068,272.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$ 2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	Haine, duuless, diiu Zir + 4	\$ 1,760,110.	Person Payroll Noncash  (Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2023) Page 2

Name of organization

COMMUNITY FOUNDATION

OF ELKHART COUNTY, INC.

Employer identification number

31-1255886

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,090,557. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZiF + 4	- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

COMMUNITY FOUNDATION

OF ELKHART COUNTY, INC.

Employer identification number

31-1255886

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	PUBLICLY TRADED SECURITIES	_			
2		_			
		\$\$_4,214,382.	03/28/24		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	PUBLICLY TRADED SECURITIES	_			
6		_			
			03/14/24		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	PUBLICLY TRADED SECURITIES	_			
7		_			
			_03/07/24_		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
		_			
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
(-)					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
		-			

Name of organization **Employer identification number** COMMUNITY FOUNDATION OF ELKHART COUNTY, 31-1255886 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

COMMUNITY FOUNDATION

OF ELKHART COUNTY, INC.

**Employer identification number** 31-1255886

Pa	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ilar Funds or Ac	counts. Complete if the
	organization answered Tes Off Offi 990, Fart IV, inte	(a) Donor advised fu	unds (	(b) Funds and other accounts
1	Total number at end of year	(,	200	
2	Aggregate value of contributions to (during year)	17.77	2,686.	
3	Aggregate value of grants from (during year)	13,82	4,003.	
4	Aggregate value at end of year	78,79	1,326.	
5	Did the organization inform all donors and donor advisors in w	•		ds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			•
				Yes X No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" o	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) P	reservation of a histo	orically important land area
	Protection of natural habitat	P	reservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution	n in the form of a cor	
	day of the tax year.			Held at the End of the Tax Year
а				2a
b	-			2b
С	Number of conservation easements on a certified historic stru			2c
d	· · · · · · · · · · · · · · · · · · ·			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or term	ninated by the organia	zation during the tax
	year			
4	Number of states where property subject to conservation eas	•	la a sa all'a a sa a f	
5	Does the organization have a written policy regarding the peri			□ v □ v.
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h		nforcing concernation	
6	Stall and volunteer hours devoted to monitoring, inspecting, i	ianuling of violations, and e	inorcing conservatio	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforce	cina conservation eas	sements during the vear
		,		g ,
8	Does each conservation easement reported on line 2d above	satisfy the requirements of	section 170(h)(4)(B)(i)	)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue	and expense statem	ent and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's fina	ancial statements tha	at describes the
<u> </u>	organization's accounting for conservation easements.	A.I. Illiana da al Tarres	0110	· · · · · · · · · · · · · · · · · · ·
Ра	rt III Organizations Maintaining Collections of		ures, or Other S	imilar Assets.
_	Complete if the organization answered "Yes" on Form			
Та	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for pub	·		ice of public
	service, provide in Part XIII the text of the footnote to its finan-			ala a de consultar a f
b	, ,			
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	search in furtherance	e of public service,
	provide the following amounts relating to these items.			Φ.
	(i) Revenue included on Form 990, Part VIII, line 1			
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical trea	scures or other similar asset		
2	the following amounts required to be reported under FASB AS			STOVIGE
а	D			\$
а	• · · · · · · · · · · · · · · · · · · ·			•

332051 09-28-23

Schedule D (Form 990) 2023

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

OF	ELKHART	COUNTY.	INC

Par	rt III   Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or Othe	er Simi	lar Assets	(continue	d)
3	Using the organization's acquisition, accessic	on, and other records	s, check any of the f	ollowing that make	significa	nt use of its		
	collection items (check all that apply).		•	_				
а	Public exhibition	d	Loan or excl	nange program				
b	Scholarly research	e		iai.go program				
c	Preservation for future generations	J						_
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ev	amnt nur	nosa in Part	YIII	
5	During the year, did the organization solicit or					pose iii ait	AIII.	
3	to be sold to raise funds rather than to be ma				a assets		Yes	No
Par	rt IV Escrow and Custodial Arrang				Form O	00 Part IV li		INO
	reported an amount on Form 990, Part		te ii tile organization	answered res or	11 01111 3	50, 1 ait iv, ii	116 3, 01	
1a	Is the organization an agent, trustee, custodia	· ·	liary for contribution	s or other assets no	nt include	-d		
··u	on Form 990, Part X?	•	•				Yes	X No
h	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:				_ 103 [	140
	ii 163, explain the arrangement iiii art XIII a	and complete the following	owing table.			T	Amount	
•	Beginning balance				10	,	,	
	Additions during the year							-
_	Distributions during the year							
f	Ending balance				<u>1</u>		Yes	<del></del>
	Did the organization include an amount on Fo				ollity?	[▲		No
Par	If "Yes," explain the arrangement in Part XIII.				10			X
rai	T V Endowment Funds Complete if					no vooro book	(a) Four you	are book
		(a) Current year	(b) Prior year	(c) Two years back	+	ee years back	(e) Four yea	
	Beginning of year balance	346,602,164.	335,509,997.	363,822,251.		,590,770.	269,20	
b	Contributions	19,963,390.	12,161,294.	20,883,718.	_	,442,701.		5,712.
С	Net investment earnings, gains, and losses	43,704,111.	24,357,320.		+	,893,713.		7,477.
d	Grants or scholarships	15,223,544.	22,860,555.	15,891,996.	10	,628,289.	29,32	6,176.
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	2,639,621.	2,565,892.	2,878,368.	2	,476,644.	2,17	6,593.
g	End of year balance	392,406,500.	346,602,164.	335,509,997.	363	,822,251.	275,59	0,770.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)	) held as:				
а	Board designated or quasi-endowment	.7500	_%					
b	Permanent endowment	%						
С	Term endowment 99.2500	%						
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.						
За	Are there endowment funds not in the posses		tion that are held an	d administered for	the			
	organization by:	· ·					Ye	s No
	(i) Unrelated organizations?						3a(i)	X
							3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organizat						3b	
4	Describe in Part XIII the intended uses of the							
Par	rt VI Land, Buildings, and Equipme							
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part >	(, line 10			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumu	ated	(d) Book va	alue
		basis (investm		1 ' '	epreciati			
1a	Land							
	Buildings	<b>I</b>						
	Leasehold improvements		80	0,765.	124,	438.	676.	327.
	Equipment			9,866.	299,			897.
	Other		1,	-,000				
	I. Add lines 1a through 1e. (Column (d) must ed	rual Form 000 Port	X line 10c column	(R))			856.	224.

chedule D (Form 990) 2023	OF	ELKHART	COUNTY,	1

Schedule D (Form 990) 2023 OF ELKHAR'I'	COUNTY, INC.		31-1255886 Page 3
Part VII Investments - Other Securities	on Form 000 Port IV line 1	1h Can Form 000 Part V line	10
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
(D) 51 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(b) Dook value	(C) Welliod of Valuation. Of	ost of end-of-year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A) HEDGE FUNDS	12,068,666.	END-OF-YEAR MA	RKET VALUE
(B) PRIVATE EQUITY	152,782,967.	END-OF-YEAR MA	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	1.1.1.1.1.1.1.1		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	164,851,633.		
Part VIII Investments - Program Related.	E 000 D 1 N/ I' 4	4 0 5 000 B 1 V I	10
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of Valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line	15.
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	J (R))		
Part X Other Liabilities	II. (D))		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part 3	X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ANNUITIES PAYABLE			387,100.
(3) RIGHT OF USE LIABILITY			1,418,678.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			1 005 550
Total. (Column (b) must equal Form 990, Part X, line 25, co	ol. (B))		1,805,778 <b>.</b>

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

OF ELKHART COUNTY, INC.

Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts Wit	th Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	82,218,993.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1			
	Net unrealized gains (losses) on investments		31,175,423.	-	
	Donated services and use of facilities	2b		-	
	Recoveries of prior year grants	2c	2 7/15 716	-	
	Other (Describe in Part XIII.)	2d	2,745,716.	-	22 021 120
_	Add lines 2a through 2d			2e 3	33,921,139. 48,297,854.
3 4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	40,231,034.
-	Investment expenses not included on Form 990, Part VIII, line 7b	42	991,767.		
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	10,550,410.
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	58,848,264.
Pai	t XII   Reconciliation of Expenses per Audited Financial Statemer	าts W	ith Expenses per F	Retur	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	28,283,740.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c		_	
	Other (Describe in Part XIII.)		2,639,621.		
е	Add lines 2a through 2d			2e	2,639,621.
3	Subtract line 2e from line 1			3	25,644,119.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	001 767		
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)	4b			7 052 000
	Add lines 4a and 4b			4c 5	7,052,080.
Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)  † XIII   Supplemental Information			5	32,090,199.
	de 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
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			, , , ,	7, 1110 <u>2, 1 are 71, </u>
PAF	RT IV, LINE 2B:				
COI	TRIBUTIONS HELD FOR OTHERS REPRESENTS FUNDS	S PL	ACED WITH TH	E C	OMMUNITY
		. ~			
FOU	JNDATION BY OTHER 501(C)(3) ORGANIZATIONS BA	ASED	ON THEIR IN	DIV	IDUAL
DO 7	ADD DEGOLUETONG				
BOF	ARD RESOLUTIONS.				
PAF	RT V, LINE 4:				
THE	PRIMARY INTENDED USE OF THE ORGANIZATION'S	S EN	DOWMENT FUND	SI	S TO
PRO	OVIDE SUPPORT TO NOT-FOR-PROFIT ORGANIZATION	IS S	ERVING THE R	ESI	DENTS OF
ELF	CHART COUNTY. GRANTS FROM RESTRICTED ENDOWME	ENT	FUNDS ARE IS	SUE	D IN
_ ~ ~				~-	
ACC	CORDANCE WITH THE RESPECTIVE UNDERLYING FUNI	) AG	KEEMENTS AND	GR.	ANTS FROM
TINTE	RESTRICTED ENDOWMENT FUNDS ARE GRANTED BASEI	ואר) ר	тин сомминт Т	пν	
OME	TECHE CITY COURT LOUDS AND GUNITED BASEL	OI	THE COMMONI	11	
FOI	INDATION'S FOCIIS AREAS AND OPERATIONAL GOALS	3.			

Part XIII | Supplemental Information (continued)

PART X, LINE 2:

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

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND

RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN

POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION

BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED

THE TAX POSITIONS TAKEN BY THE FOUNDATION, AND HAS CONCLUDED THAT AS OF

JUNE 30, 2024 AND 2023, 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 -15,622.

CHANGE IN VALUE OF LIFE INSURANCE 121,717.

ADMINISTRATIVE FEES 2,639,621.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 2,745,716.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2023 OF ELKHART COUNTY, INC.	31-1255886 Page 5
Part XIII   Supplemental Information (continued)	
SFAS 136 ADJUSTMENT	9,558,643.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
ADMINISTRATIVE FEES	2,639,621.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SFAS 136 ADJUSTMENT	6,060,313.
	, ,
FORM 990, SCHEDULE D, PART I, LINE 5	
GIFT RECEIPT LETTERS NOTIFY DONORS THAT THEIR GIFTS ARE PAR	T OF A
COMPONENT FUND AND "SUBJECT TO THE FOUNDATION'S AUTHORITY T	O REDIRECT THE
ASSETS OF THE FUND TO ANOTHER BENEFICIARY WITHOUT PRIOR APP	ROVAL IF
DISTRIBUTION OTHERWISE BECOMES UNNECESSARY, IMPOSSIBLE OR I	NCONSISTENT
WITH THE NEEDS OF THE COMMUNITY." ADDITIONALLY, FUND AGREE	MENTS, WHICH
ARE VIEWED AND SIGNED BY THE INITIAL DONORS, PROVIDE FURTHE	R 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 BENEFIT	S AND THE GRANT
WILL NOT BE USED TO FULFILL A PRE-EXISTING PLEDGE."	

### SCHEDULE F (Form 990)

#### **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

OF ELKHART COUNTY,

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

Name of the organization

COMMUNITY FOUNDATION

INC.

**Employer identification number** 

31-1255886

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?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 United States.								
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)				
	(a) Region	<b>(b)</b> Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region			

		in the region			I III tille region
CENTRAL AMERICA AND					
THE CARIBBEAN			INVESTMENTS		15,291,000.
					,,
3 a Subtotal	0	0			15,291,000.
<b>b</b> Total from continuation					<u> </u>
sheets to Part I	0	0			0.
c Totals (add lines 3a					<u> </u>
c iotais (aud intes sa					1.5

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

Schedule F (Form 990) 2023

15,291,000.

and 3b)

31-1255886

Schedule F (Form 990) 2023

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.

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2023
(h) Description of noncash assistance						Schedi
(g) Amount of noncash assistance						
(f) Manner of cash disbursement					ecognized as a tax ivalency letter	
(e) Amount of cash grant					oreign country, r ion 501(c)(3) equ	
(d) Purpose of grant					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 Enter total number of other organizations or entities	
(c) Region					Enter total number of recipient organizations listed above that are recog exempt 501(c)(3) organization by the IRS, or for which the grantee or coenter total number of other organizations or entities	
(b) IRS code section and EIN (if applicable)					recipient organization nization by the IRS, or other organizations or	
1 (a) Name of organization					<ul> <li>2 Enter total number of recipient organizations listed a</li> <li>exempt 501(c)(3) organization by the IRS, or for which</li> <li>3 Enter total number of other organizations or entities</li> </ul>	

31-1255886

OF ELKHART COUNTY, INC.

Schedule F (Form 990) 2023 OF ELKHART

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.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2023
(g) Description of noncash assistance					Sched
(f) Amount of noncash assistance					-
(e) Manner of cash disbursement					
(d) Amount of cash grant					-
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

## Schedule F (Form 990) 2023 (Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the 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 the 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 the Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
FOR DONOR-ADVISED FUND GRANTS THE ELIGIBILITY OF THE GRANTEE IS
DETERMINED BEFORE DOLLARS ARE AWARDED. NO SUBSEQUENT MONITORING TAKES
PLACE ON DONOR-ADVISED FUND GRANTS. THE TERMS OF THE GRANT, INCLUDING ANY
SUBSEQUENT REPORTING REQUIREMENTS, ARE DETAILED IN THE GRANT AWARD LETTER
FOR GRANTS FROM NON-DONOR ADVISED FUNDS.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

2023 Open to Public

Inspection

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

2 | 272. **Employer identification number** 31-1255886 EXEMPT EXEMPT EXEMPT EXEMPT EXEMPT EXEMPT (h) Purpose of grant or assistance X Yes TO FURTHER THE TO FURTHER THE TO FURTHER THE TO FURTHER THE IO FURTHER THE TO FURTHER THE PURPOSE OF THE URPOSE OF THE URPOSE OF THE PURPOSE OF THE PURPOSE OF THE PURPOSE OF THE Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 。 。 ं 0 。 (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 2,033,232. (d) Amount of 697,500 607,388, 1,363,121 697,292 665,330 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) OVERNMENT 501(C)3 501(C)3 501(C)3 35-0996134 501(C)3 35-1033735 501(C)3 INC. ENTILL Enter total number of other organizations listed in the line 1 table COMMUNITY FOUNDATION 85-3459631 35-1111021 35-1685313 35-1123802 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization COUNTY INC - 54687 COUNTY ROAD 19 COUNTY INC - PO BOX 614 - GOSHEN DBA LIFELINE MINISTRIES - PO BOX BOX 950 - GOSHEN, IN ELKHART COUNTY YOUTH FOR CHRIST HABITAT FOR HUMANITY OF ELKHART THE HUMANE SOCIETY OF ELKHART BOYS & GIRLS CLUBS OF ELKHART - ELKHART, IN 46515-0073 ELKHART COMMUNITY SCHOOLS or government 2720 CALIFORNIA ROAD Name of the organization IN 46507 1320 BENHAM AVENUE ELKHART, IN 46516 ELKHART, IN 46514 TOLSON CENTER INC COUNTY - PO 46527-0950 - BRISTOL IN 46527 Part I Part II N

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

Schedule I (Form 990) 2023

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# COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.

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OF ELKHART COU	of Grants and Other As
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(a) Name and address of organization or government	(a)	(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
MAPLE CITY HEALTH CARE CENTER INC 213 MIDDLEBURY STREET GOSHEN, IN 46528	35-1749398	501(C)3	583,747.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NAPLES CHILDREN & EDUCATION FOUNDATION INC - 2590 GOODLETTE FRANK ROAD NORTH - NAPLES, FL 34103	65-1001650	501(C)3	550,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OAKLAWN FOUNDATION FOR MENTAL HEALTH INC - PO BOX 809 - GOSHEN, IN 46527	35-6060037	501(C)3	538,783.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
AMERICAN RECREATION COALITION 1203 K STREET NW SUITE 350 WASHINGTON, DC 20005	52-1167602	501(C)3	520,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NATIONAL FOREST FOUNDATION BLDG 27 STE 3 FORT MISSOULA RD MISSOULA, MT 59804-0000	52-1786332	501(C)3	500,009.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SOUTH BEND ELKHART REGIONAL PARTNERSHIP FOUNDATION - 635 S LAFAYETTE BLVD SUITE 123 - SOUTH BEND, IN 46601	35-1893288	501(C)3	500,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART HEALTH FITNESS AND AQUATICS INC - 615 N MICHIGAN STREET - SOUTH BEND, IN 46601	38-4018882	501(C)3	500,000.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WELLFIELD BOTANIC GARDENS INC 1011 N MAIN STREET ELKHART, IN 46514	20-1642142	501(C)3	490,956.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WOMEN'S CARE CENTER INC 229 W MARION STREET ELKHART, IN 46516	35-1609945	501(C)3	457,350.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
							Schedule I (Form 990)

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Pag	

COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.

	t II.)
	Schedule I (Form 990), Par
	vernments
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INC.	stic Organizations
OF ELKHART COUNTY, INC	ssistance to Domes
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(a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD AND PARENT SERVICES INC 1000 W HIVELY AVENUE ELKHART, IN 46517	35-0888765	501(C)3	438,794.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RUTHMERE FOUNDATION INC 302 E BEARDSLEY AVENUE ELKHART, IN 46514	32-0037914	501(C)3	427,402.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CULTIVATE FOOD RESCUE 1403 PRAIRIE AVENUE SOUTH BEND, IN 46613-1605	81-3306113	501(C)3	418,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ADEC INC 1671 WEST VISTULA STREET BRISTOL, IN 46507	35-1060633	501(C)3	407,125.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HORIZON EDUCATION ALLIANCE INC 124 E WASHINGTON STREET GOSHEN, IN 46528	46-0803293 501(C)3	501(C)3	391,378.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREATER ELKHART CHAMBER OF COMMERCE INC - 418 S MAIN STREET - ELKHART, IN 46516	35-0290590	501(C)6	378,180.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ULEAD INC 212 S MAIN STREET SUITE 2 GOSHEN, IN 46526	35-2049624 501(C)3	501(C)3	359,750.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LIFE ACTION MINISTRIES PO BOX 31 BUCHANAN, MI 49107-0031	38-2157686	501(C)3	335,000.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LACASA OF GOSHEN INC 202 N COTTAGE AVENUE GOSHEN, IN 46528	35-1554538	501(C)3	332,866.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION Schedule I (Form 990)
							Schedule I (Form 990)

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COMMUNITY FOUNDATION

Schedule I (Form 990) OF ELKHART COUNTY, INC.

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

(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
GREATER GOSHEN ASSOCIATION INC 232 S MAIN STREET GOSHEN, IN 46526	35-6063689	501(C)6	300,650.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HUBBARD HILL ESTATES INC 28070 COUNTY ROAD 24 WEST ELKHART, IN 46517	35-1362157	501(C)3	275,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ETHOS INC 1025 N MICHIGAN STREET ELKHART, IN 46514-2215	91-2094413	501(C)3	254,544.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNITED THEOLOGICAL SEMINARY 4501 DENLINGER ROAD DAYTON, OH 45426	31-0568239	501(C)3	250,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRINITY UNITED METHODIST CHURCH OF ELKHART INDIANA - 2715 E JACKSON BOULEVARD - ELKHART, IN 46516	35-0874265	501(C)3	247,824.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN COLLEGE INC 1700 S MAIN STREET GOSHEN, IN 46526-4724	35-2158366	501(C)3	247,648.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HISTORIC ELKHART RIVER QUEEN INC 722 MIDDLETON RUN ROAD ELKHART, IN 46516	47-4735316 501(C)3	501(C)3	238,672.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BETHANY CHRISTIAN SCHOOLS INC 2904 S MAIN STREET GOSHEN, IN 46526-5499	35-0941106	501(C)3	220,515.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN INTERFAITH HOSPITALITY NETWORK INC DBA FIRST LIGHT MISSION - 801 W WILKINSON STREET - GOSHEN, IN 46528	35-1969470 501(C)3	501(C)3	207,863.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE 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
FAITH MISSION OF ELKHART INC 801 BENHAM AVENUE ELKHART, IN 46515-0162	35-6033504	501(C)3	204,444.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. THOMAS THE APOSTLE CATHOLIC SCHOOL - 1405 N MAIN STREET - ELKHART, IN 46514	35-0876373	501(C)3	202,748.	Ö			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47402-0500	35-6018940	501(C)3	181,897.	°			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
WA-NEE COMMUNITY SCHOOLS 1300 N MAIN STREET NAPPANEE, IN 46550	35-1074003	GOVERNMENT ENTIT	176,393.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY CHAPLAINCY CORPORATION OF ELKHART COUNTY - 26861 COUNTY ROAD 26 - ELKHART, IN 46517	31-1144451 501(C)3	501(C)3	172,077.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTHERN INDIANA HISPANIC HEALTH COALITION INC - 444 N NAPPANEE STREET - ELKHART, IN 46514	32-0039221	501(C)3	171,600.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN HEALTH FOUNDATION INC PO BOX 139 GOSHEN, IN 46527-0139	46-2565300 501(C)3	501(C)3	160,445.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SALVATION ARMY NATIONAL CORP. 300 N. MAIN STREET ELKHART, IN 46516-3033	22-2406433	501(C)3	151,117.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BUTLER UNIVERSITY 4600 SUNSET AVENUE INDIANAPOLIS, IN 46208	35-0867977 501(C)3	501(C)3	151,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION Schedule   (Form 990)
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COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.

chedule I (Form 990) OF ELKHART COUNTY, INC.  Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Government	ents (Schedule I (Form 990), Part II.)
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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
BOILERMAKER ALLIANCE INC 9105 EAST 56TH STREET INDIANAPOLIS, IN 46216	88-2394578	501(C)3	150,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF NOTRE DAME DU LAC 400 MAIN BUILDING NOTRE DAME, IN 46556	35-0868188	501(C)3	148,791.	.0			TO FURTHER THE EXEMPT FURPOSE OF THE ORGANIZATION
FIRST CONGREGATIONAL CHURCH PO BOX 2991 ELKHART, IN 46515-2991	35-1013395	501(C)3	141,789.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PREMIER ARTS INC 410 S MAIN STREET ELKHART, IN 46516	35-1837569	501(C)3	140,153.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDWEST MUSEUM OF AMERICAN ART FOUNDATION - 429 S MAIN STREET - ELKHART, IN 46516	31-0937828 501(C)3	501(C)3	134,666.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOLY CROSS COLLEGE INC PO BOX 308 NOTRE DAME, IN 46556-0308	35-1148835	501(C)3	125,376.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MISSIONARY CHURCH NORTH CENTRAL REGION - 3301 BENHAM AVENUE - ELKHART, IN 46517	35-0911946	501(C)3	125,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)3	125,000.	.0			TO FURTHER THE EXEMPT FURPOSE OF THE ORGANIZATION
CROSSROADS UNITED WAY PO BOX 3048 ELKHART, IN 46515-3048	35-0953433	501(C)3	124,100.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION Schedule I (Form 990)
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17746 COUNTY ROAD 34 SUITE D -AGRICULTURAL EXPOSITION INC

GOSHEN, IN 46528-9202

117 N SECOND STREET

ELKHART COUNTY

GOSHEN, IN 46526

TO FURTHER THE EXEMPT

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93-1505812 501(C)3

PHOENIX PERFORMING ARTS

GOSHEN, IN 46527

PO BOX 319

31-1255886

COMMUNITY FOUNDATION

OF ELKHART COUNTY, INC.

Schedule I (Form 990) <b>OF</b>	OF ELKHART COUNTY,	, INC.				31	31-1255886
Part II   Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	and Other Assistance to D	omestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	ri II.)	
(a) Name and address of organization or government	of (b) EIN ent	(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 4-H FAIR &							

CITY OF ELKHART 229 S 2ND STREET ELKHART, IN 46516	35-6001016	35-6001016 GOVERNMENT ENTIT	104,318.	.0	TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BASHOR HOME OF THE UNITED  METHODIST CHURCH INC - PO BOX 843  - GOSHEN, IN 46527-0843	35-0933555	501(C)3	103,319.	.0	TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY CONVENTION & VISITORS BUREAU INC - 3421 CASSOPOLIS STREET SUITE 100 - ELKHART, IN 46514	35-1755629	501(C)6	100,250.	.0	TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SUNSHINE WORKSHOP INC 6255 W 1300 NORTH NAPPANEE, IN 46550	45-4333590	501(C)3	100,000.	.0	TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GIRL SCOUTS OF THE UNITED STATES OF AMERICA - 420 5TH AVE - NEW YORK, NY 10018	13-1624016 501(C)3	501(c)3	100,000.	0.	TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MILFORD CHAPEL PO BOX 147 MILFORD, IN 46542-0147	35-1841289 501(C)3	501(c)3	.93,956.	.0	TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
					Schedule I (Form 990)

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

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Schedule I (Form 990) OF ELKHART COUNTY,

TO FURTHER THE EXEMPT EXEMPT EXEMPT EXEMPT EXEMPT EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT (h) Purpose of grant or assistance O FURTHER THE O FURTHER THE O FURTHER THE TO FURTHER THE TO FURTHER THE PURPOSE OF THE PURPOSE OF THE PURPOSE OF THE URPOSE OF THE URPOSE OF THE URPOSE OF THE URPOSE OF THE PURPOSE OF THE PURPOSE OF THE RGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 。 。 . 0 Ö Ö Ö (e) Amount of , noncash assistance 83,850. (d) Amount of cash grant 95,750. 94,750. 93,000 90,048. 97,385, 000 06 89,500 85,052, (c) IRC section if applicable 35-1093073 501(C)3 35-1155594 501(C)3 35-1288674 501(C)3 501(C)3 501(C)3 35-1326709 501(C)3 501(C)3 501(C)3 35-1091429 501(C)3 35-1831691 46-4796898 28-0660607 51-0181701 (b) EIN INC - PO BOX 3846 - SOUTH BEND, IN RONALD MCDONALD HOUSE CHARITIES OF INC - 311 W HIGH STREET - ELKHART, INDIANA-MICHIANA - 610 N MICHIGAN STREET SUITE 310 - SOUTH BEND, IN WNIT-MICHIANA PUBLIC BROADCASTING CORPORATION - PO BOX 7034 - SOUTH COUNTY INC - 23971 US HIGHWAY 33 SAMARITAN HEALTH & LIVING CENTER GOODWILL INDUSTRIES OF MICHIANA THE SALVATION ARMY USA SOUTHERN CANCER RESOURCES FOR ELKHART GENAI EXCELLENCE ACADEMY INC (a) Name and address of organization or government TERRITORY - 1424 NORTHEAST ASSOCIATION - PO BOX 144 EXPRESSWAY - ATLANTA, GA ELKHART COUNTY SYMPHONY ELKHART, IN 46515-0144 MIDDLEBURY, IN 46540 54151 COUNTY ROAD 33 LOVEWAY INCORPORATED BEND, IN 46634-7034 ELKHART, IN 46517 ELKHART, IN 46514 2201 TOLEDO ROAD 46619-3846 30329-2088 IN 46516 46601

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# COMMUNITY FOUNDATION

Schedule I (Form 990) OF ELKHART COUNTY, INC.

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

(a) Name and address of conganization or government or government (b) EIN (c) IRC section (d) Amount of cash grant noncash (f) Method of (f) M	(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
COUNCIL ON AGING OF ELKHART COUNTY INC - 131 W TYLER STREET SUITE 1A - ELKHART, IN 46516	51-0178910 501(C)3	501(C)3	81,319.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MARIAN HIGH SCHOOL 1311 S LOGAN STREET MISHAWAKA, IN 46544-4701	35-1101600 501(C)3	501(C)3	79,332.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GREENCROFT COMMUNITIES FOUNDATION INC - PO BOX 819 - GOSHEN, IN 46527-0819	23-7126990 501(C)3	501(C)3	76,500.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIRST PRESBYTERIAN CHURCH ELKHART 200 E BEARDSLEY AVENUE ELKHART, IN 46514	35-0868002	501(C)3	75,864.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YWCA NORTH CENTRAL INDIANA INC 1102 S FELLOWS STREET SOUTH BEND, IN 46601	35-0868226	501(C)3	75,753.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTER FOR COMMUNITY JUSTICE INCORPORATED - 121 S 3RD STREET - ELKHART, IN 46516-3135	35-1620204	501(C)3	70,500.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART FESTIVALS INC. 124 MARSHALL BLVD ELKHART, IN 46516	47-5394067	501(C)3	70,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CITY OF NAPPANEE PO BOX 29 NAPPANEE, IN 46550-0029	35-6001129	GOVERNMENT ENTIT	67,916.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE FOUNDATION FOR THE CENTER FOR HOSPICE & PALLIATIVE CARE INC - 501 COMFORT PLACE - MISHAWAKA, IN 46545	30-0433147	501(C)3	67,059.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
							Schedule I (Form 990)

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(a) Name and address of crash grant or government or government (b) EIN (c) IRC section or ganization or government (d) EIN (e) IRC section (d) Amount of cash grant or assistance (book, FMV, appraisal, other)	( <b>a)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOSHEN THEATER INC 216 S MAIN STREET GOSHEN, IN 46526	90-0964247	501(C)3	66,610.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRINITY FOUNDATION, INC. 2715 E JACKSON BOULEVARD ELKHART, IN 46516	47-1589616	501(C)3	64,108.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RYAN'S PLACE INC PO BOX 73 GOSHEN, IN 46527-0073	35-2136542	501(C)3	62,711.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HUNTINGTON UNIVERSITY INC 2303 COLLEGE AVENUE HUNTINGTON, IN 46750	35-0868101	501(C)3	60,589.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SAINT MARY OF THE ANNUNCIATION PO BOX 245 BRISTOL, IN 46507-0245	35-1204442	501(C)3	.000,09	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHURCH WOMEN UNITED DBA THE WINDOW 223 S MAIN STREET GOSHEN, IN 46526	35-1427937	501(C)3	59,565.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BOY SCOUTS OF AMERICA LASALLE COUNCIL - 1340 SOUTH BEND AVENUE - SOUTH BEND, IN 46617-1424	35-0867966 501(C)3	501(C)3	59,359.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHURCH COMMUNITY SERVICES INC PO BOX 2346 ELKHART, IN 46515-2346	35-1155054	501(C)3	58,247.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTHRIDGE HS DOLLARS FOR SCHOLARS 3608 EAST JACKSON BLVD ELKHART, IN 46516	04-2296967	501(C)3	57,496.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
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Schedule I (Form 990) OF ELKHART COUNTY, INC.

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

(a) Name and address of conganization or government or government (b) EIN (c) IRC section or government (d) Amount of cash grant noncash (b) EIN (f) Method of (f) Method	(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
FIRST BAPTIST CHURCH OF ELKHART 53953 COUNTY ROAD 17 BRISTOL, IN 46507	35-0953436 501(C)3	501(C)3	.000,	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DEPAUW UNIVERSITY PO BOX 37 GREENCASTLE, IN 46135-0037	35-0869045	501(C)3	.000,	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BIG BROTHERS BIG SISTERS SOUTHERN LAKE MICHIGAN REGION INC - 3320 ELKHART ROAD - GOSHEN, IN 46526	35-1172510 501(C)3	501(C)3	54,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JUNIOR ACHIEVEMENT OF NORTHERN INDIANA - 1025 N MICHIGAN STREET - ELKHART, IN 46514	35-0922731	501(C)3	52,750.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CENTER FOR HEALING AND HOPE PO BOX 195 GOSHEN, IN 46527-0195	02-0560511	501(C)3	52,459.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART HIGH SCHOOL DOLLARS FOR SCHOLARS CHAPTER - PO BOX 1243 - ELKHART, IN 46515-1243	04-2296967	501(C)3	. 52, 299.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAITH LUTHERAN CHURCH OF GOSHEN INC - 202 S GREENE ROAD - GOSHEN, IN 46526	46-5581288	501(C)3	52,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BELMONT MENNONITE CHURCH 925 OXFORD STREET ELKHART, IN 46514	35-1137593	501(C)3	50,950.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BEULAH MISSIONARY CHURCH 57595 COUNTY ROAD 17 GOSHEN, IN 46528-8439	35-1480613	501(C)3	50,100.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
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Schedule I (Form 990) OF ELKHART COUNTY, INC

TO FURTHER THE EXEMPT EXEMPT EXEMPT EXEMPT EXEMPT EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT (h) Purpose of grant or assistance O FURTHER THE O FURTHER THE O FURTHER THE TO FURTHER THE TO FURTHER THE PURPOSE OF THE PURPOSE OF THE PURPOSE OF THE URPOSE OF THE URPOSE OF THE URPOSE OF THE URPOSE OF THE PURPOSE OF THE PURPOSE OF THE RGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 。 。 . 0 Ö Ö Ö (e) Amount of noncash assistance (d) Amount of cash grant 50,000. 50,000 50,000 44,314. 48,971, 45,000, 43,750, 50,054 46,391 (c) IRC section if applicable 04-2296967 501(C)3 23-7122114 501(C)3 35-1043199 501(C)3 38-6004447 501(C)3 501(C)3 92-2702985 501(C)3 501(C)3 35-2118856 501(C)3 26-4731843 501(C)3 46-2350819 35-0935587 (p) EIN CHAPTER - 113 ISLAND VIEW DRIVE GOSHEN HS DOLLARS FOR SCHOLARS FORT LEWIS COLLEGE FOUNDATION SACRED HEART CATHOLIC CHURCH (a) Name and address of organization or government CENTRAL MICHIGAN UNIVERSITY COLORADO SPRINGS, CO 80919 MOUNT PLEASANT, MI 48859 5230 BECK DRIVE SUITE 2B 5945 CHOKECHERRY DRIVE 2715 EAST JACKSON BLVD 1200 S FRANKLIN STREET DURANGO, CO 81301-3999 125 N. HARRISON STREET ANAM CARA MINISTRIES RICHARDSON, TX 75083 MISHAWAKA, IN 46545 1001 BETHEL CIRCLE RIBBON OF HOPE INC ELKHART, IN 46516 ELKHART, IN 46516 BETHEL UNIVERSITY IN 46580 GOSHEN, IN 46526 A TIME TO REVIVE 1000 RIM DRIVE PO BOX 835943 OWLS CLUB INC WARSAW,

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OF ELKHART COUNTY,

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TO FURTHER THE EXEMPT EXEMPT EXEMPT EXEMPT EXEMPT EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT (h) Purpose of grant or assistance O FURTHER THE O FURTHER THE O FURTHER THE TO FURTHER THE TO FURTHER THE PURPOSE OF THE PURPOSE OF THE PURPOSE OF THE URPOSE OF THE URPOSE OF THE URPOSE OF THE URPOSE OF THE PURPOSE OF THE PURPOSE OF THE RGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 。 。 . 0 Ö Ö Ö (e) Amount of noncash assistance (d) Amount of cash grant 41,886. 40,000 40,000 43,500, 39,137, 35,000, 34,800, 32,800, 32,767 (c) IRC section if applicable 35-1436546 501(C)3 83-1619499 501(C)3 43-3512510 501(C)3 13-3433452 501(C)3 501(C)3 37-1521154 501(C)3 83-3855858 501(C)3 501(C)3 35-1771277 501(C)3 86-0691641 31-1124610 (p) EIN MIDDLEBURY UNITED METHODIST CHURCH ATTN: ELIZABETH BORGER - ELKHART, 闰 3709 CASSOPOLIS STREET SUITE 200 NIBCO PARKWAY, SUITE 306, (a) Name and address of organization or government DOCTORS WITHOUT BORDERS USA 40 RECTOR STREET 16TH FLOOR ELKHART PARK FOUNDATION INC RIVER OAKS COMMUNITY CHURCH KERN ROAD MENNONITE CHURCH HELLO GORGEOUS OF HOPE INC NEW YORK, NY 10006-1705 56853 NORTHRIDGE DRIVE E3 ROBOTICS CENTER INC 58020 COUNTY ROAD 115 CARE CAMPS FOUNDATION 720 SOUTH MAIN STREET MIDDLEBURY, IN 46540 MIDDLEBURY, IN 46540 SOUTH BEND, IN 46614 MISHAWAKA, IN 46544 922 S BEIGER STREET BILLINGS, MT 59102 STABLE GROUNDS INC ELKHART, IN 46514 GOSHEN, IN 46528 GRAND AVE 18211 KERN ROAD IN 46516 1440

Schedule I (Form 990)

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COMMUNITY FOUNDATION

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COUNTY,	
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF GOSHEN 202 S 5TH STREET SUITE 2 GOSHEN, IN 46528-3714	35-6001045	GOVERNMENT ENTIT	31,420.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDDLEBURY FOOD PANTRY 13307 COUNTY ROAD 16 MIDDLEBURY, IN 46540	85-1600254	501(C)3	30,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS OF THE LERNER INC 410 S MAIN STREET ELKHART, IN 46516-3209	46-5409942	501(C)3	30,250.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA BARN FOUNDATION INCORPORATED - 1201 CENTRAL AVE - INDIANAPOLIS, IN 46202-2656	47-5125047	501(C)3	30,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN FIRST CHURCH 214 SOUTH FIFTH STREET GOSHEN, IN 46526	88-1516956	501(C)3	29,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INTERNATIONAL ASSOCIATION OF LIONS CLUBS DBA ELKHART LIONS CLUB - PO BOX 81 - ELKHART, IN 46515-0081	23-7154815	501(C)4	28,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNITY OF MICHIANA INC 52248 LAUREL ROAD SOUTH BEND, IN 46637	31-0989295	501(C)3	27,555.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA BLACK EXPO - ELKHART CHAPTER - PO BOX 2719 - ELKHART, IN 46515-2719	35-2333120	501(C)3	26,950.	°			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BEACON HEALTH FOUNDATION INC 615 N MICHIGAN STREET SOUTH BEND, IN 46601	35-1536129	501(C)3	26,372.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATHWAY ASSEMBLY OF GOD INC 13805 US HIGHWAY 20 MIDDLEBURY, IN 46540-9402	35-2118917	501(C)3	25,472.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE NEW HORIZONS FOUNDATION INC 731 CHAPEL HILLS DR. COLORADO SPRINGS, CO 80920	84-1123082	501(C)3	25,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE EXODUS ROAD PO BOX 64063 COLORADO SPRINGS, CO 80962	46-1384815 501(C)3	501(C)3	25,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE CHILDREN'S THERAPLAY FOUNDATION INC - 9919 TOWNE ROAD - CARMEL, IN 46032	35-2121568 501(C)3	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SOUL CARE INSTITUTE PO BOX 88 GREEN MOUNTAIN FALLS, CO 80819	85-1329480 501(C)3	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
OPERATION WARRIOR RESOLUTION INC 242 S WASHINGTON BLVD #130 SARASOTA, FL 34236-6943	82-3982294	501(C)3	25,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTHERN INDIANA WORKFORCE BOARD, INC 220 W. COLFAX AVENUE - SOUTH BEND, IN 46601	20-5089846	501(C)3	25,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MENTAL HEALTH AWARENESS OF MICHIANA INC - PO BOX 692 - SOUTH BEND, IN 46624	82-4359500	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MADONNA UNIVERSITY 36600 SCHOOLCRAFT ROAD LIVONIA, MI 48150	38-1498763 501(C)3	501(C)3	25,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
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Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) OF ELKHART COUNTY, Schedule I (Form 990)

TO FURTHER THE EXEMPT EXEMPT EXEMPT EXEMPT EXEMPT EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT (h) Purpose of grant or assistance O FURTHER THE TO FURTHER THE O FURTHER THE TO FURTHER THE TO FURTHER THE PURPOSE OF THE PURPOSE OF THE PURPOSE OF THE URPOSE OF THE URPOSE OF THE URPOSE OF THE URPOSE OF THE PURPOSE OF THE PURPOSE OF THE RGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 。 。 . 0 Ö Ö Ö (e) Amount of noncash assistance (d) Amount of cash grant 25,000. 25,000. 25,000. 25,000, 24,371, 24,120, 24,105, 23,580, 23,357 (c) IRC section if applicable 46-3429545 501(C)3 84-4229672 501(C)3 45-5638209 501(C)3 35-1605987 501(C)3 501(C)3 87-0873939 501(C)3 35-1268431 501(C)3 501(C)3 501(C)3 35-1501096 83-2507676 38-3651599 (p) EIN ROSE GARDEN RECOVERY COMMUNITY INC WOMEN'S CARE CENTER FOUNDATION INC INTERNATIONAL SOCCER ACADEMY OF AMERICA CO. - 205 W EDISON RD -635 S LAFAYETTE BLVD SUITE 105 CHURCH - 61115 STATE ROAD 15 -BRENNEMAN MEMORIAL MISSIONARY ELKHART EDUCATION FOUNDATION (a) Name and address of organization or government CLINTON FRAME CHURCH INC BETHEL MISSIONARY CHURCH BLOOMINGTON, IN 47401 63846 COUNTY ROAD 35 1021 S WALNUT STREET SOUTH BEND, IN 46601 63473 COUNTY ROAD 7 MISHAWAKA, IN 46545 200 W LUSHER AVENUE IN 46546 LIL BUB'S BIG FUND SYRACUSE, IN 46567 ELKHART, IN 46517 GOSHEN, IN 46528 GOSHEN, IN 46526 IN 46528 ENFOCUS INC MISHAWAKA, PO BOX 571 PO BOX 6 GOSHEN,

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ST. THOMAS THE APOSTLE CATHOLIC CHURCH - 1405 N MAIN STREET - ELKHART, IN 46514	35-0876373	501(C)3	20,263.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
VILLAGE TO VILLAGE INTERNATIONAL INC - 1110 PORTAGE AVENUE - SOUTH BEND, IN 46616-1516	27-3982540	501(C)3	20,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KINDNESS TO PREVENT BLINDNESS 3112 LEXINGTON PARK DRIVE ELKHART, IN 46514	87-3137037	501(C)3	20,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BIBLICAL CONCEPTS GROUP HOME 131 N TRIGG AVE GALLATIN, TN 37066	26-3053313	501(C)3	20,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ANABAPTIST MENNONITE BIBLICAL SEMINARY INC - 3003 BENHAM AVENUE - ELKHART, IN 46517	35-1902148	501(C)3	19,941.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)3	18,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DIOCESE OF FT WAYNE SOUTH BEND INC PO BOX 390 FORT WAYNE, IN 46801-0390	35-0876373	501(C)3	18,500.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GRANGER COMMUNITY CHURCH INC 630 E UNIVERSITY DRIVE GRANGER, IN 46530	31-1208191	501(C)3	17,500.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTHWOOD SCHOLARSHIP FOUNDATION 2101 N MAIN STREET NAPPANEE, IN 46550	04-2296967	501(C)3	17,432.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
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COMMUNITY FOUNDATION

Schedule I (Form 990) OF ELKHART COUNTY, INC.

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

(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	<b>(h)</b> Purpose of grant or assistance
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BLVD - STATEN ISLAND, NY 10306	02-0554654	501(C)3	.000,71	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
TRANSFORMATION MINISTRIES INC 1519 PORTAGE AVENUE SOUTH BEND, IN 46616	82-3641234	501(C)3	.000,71	•0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
INDIANA PHILANTHROPY ALLIANCE FOUNDATION INC - 115 W. WASHIGTON STREET, SUITE 950 - INDIANAPOLIS, IN 46204-3583	35-1868240	501(C)3	17,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NAPPANEE MISSIONARY CHURCH PO BOX 110 NAPPANEE, IN 46550-0110	31-0994913	501(C)3	.000,71	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BLESSINGS IN A BACKPACK, INC 4121 SHELBYVILLE RD LOUISVILLE, KY 40207	26-1964620	501(C)3	.000,	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
KIWANIS INTERNATIONAL INC AKA THE KIWANIS CLUB OF ELKHART - PO BOX 802 - ELKHART, IN 46515-0802	35-6030744	501(C)4	16,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HESSTON COLLEGE PO BOX 3000 HESSTON, KS 67062	48-0548361	501(C)3	16,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE FISCHOFF NATIONAL CHAMBER MUSIC ASSOCIATION INC - 119 HAGGAR HALL - NOTRE DAME, IN 46556	35-1650154	501(C)3	15,415.	•0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS OF WVPE INC 2424 CALIFORNIA ROAD ELKHART, IN 46514	35-2086960	501(C)3	15,351.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION

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

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

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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
RIVERVIEW ADULT DAY CENTER INC 2715 E JACKSON BLVD ELKHART, IN 46516	35-1829321	501(C)3	12,857.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LEXINGTON HOUSE OF ELKHART INC 311 W HIVELY AVENUE ELKHART, IN 46517	85-4045691	501(C)3	12,850.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FIVE STAR LIFE 2204 CALIFORNIA ROAD ELKHART, IN 46514-1230	46-3463430 501(C)3	501(C)3	12,750.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
UNIVERSITY OF INDIANAPOLIS 1400 E HANNA AVENUE INDIANAPOLIS, IN 46227	35-0868107 501(C)3	501(C)3	12,165.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CAMP ALEXANDER MACK INC PO BOX 158 MILFORD, IN 46542-0158	35-1076829 501(C)3	501(C)3	12,043.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
YOUTH WITH A MISSION ATTN: ACCOUNTING PO BOX 3000 GARDEN VALLEY, TX 75771-3000	23-7136015	501(C)3	12,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STAN & HANEY DRAFT FUND 20125 S TAMIAMI TRL ESTERO, FL 33928-2117	20-0942579	501(C)3	12,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LITTLE LEAGUE BASEBALL INC DBA OSOLO LITTLE LEAGUE - PO BOX 64 - ELKHART, IN 46515-0064	31-1032709	501(C)3	12,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DIOCESAN DEVELOPMENT FUND INC PO BOX 11029 SAN BERNARDINO, CA 92423-1029	57-1164758 501(C)3	501(C)3	12,000.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
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Schedule I (Form 990) OF ELKHART COUNTY, INC.

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

(a) Name and address of organization or government	(a)	(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
CRU / CAMPUS CRUSADE FOR CHRIST INC - PO BOX 628222 - ORLANDO, FL 32862-8222	95-6006173	501(C)3	12,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CATHOLIC CHURCH EXTENSION SOCIETY OF USA - 150 S WACKER DRIVE SUITE 2000 - CHICAGO, IL 60606	36-6000520	501(C)3	12,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PURDUE FOUNDATION OF ELKHART COUNTY - PO BOX 382 - GOSHEN, IN 46527-0382	20-2362058	501(C)3	11,957.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDDLEBURY CHAMBER OF COMMERCE INC PO BOX 243 MIDDLEBURY, IN 46540-0243	35-2046028	501(C)4	11,785.	°			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MENNONITE ECONOMIC DEVELOPMENT ASSOCIATES - 33 N MARKET STREET SUITE 400 - LANCASTER, PA 17603-3805	23-7398678	501(C)3	11,250.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MAKE-A-WISH FOUNDATION OF OHIO KENTUCKY AND INDIANA INC - 6201 CORPORATE DRIVE SUITE 100 - INDIANAPOLIS, IN 46278	34-1471131	501(C)3	11,250.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MENNONITE CENTRAL COMMITTEE U S PO BOX 500 AKRON, PA 17501-0500	23-6002702 501(C)3	501(C)3	11,086.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NAPPANEE AREA CHAMBER OF COMMERCE INC - 302 W MARKET STREET - NAPPANEE, IN 46550	35-1177470	501(C)6	10,965.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NAPPANEE UNITED METHODIST CHURCH 301 E MARKET STREET NAPPANEE, IN 46550	35-1162127	501(C)3	10,780.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION Schedule I (Form 990)
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Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) Schedule I (Form 990)

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Schedule I (Form 990)

TO FURTHER THE EXEMPT EXEMPT EXEMPT EXEMPT EXEMPT EXEMPT TO FURTHER THE EXEMPT TO FURTHER THE EXEMPT (h) Purpose of grant or assistance O FURTHER THE TO FURTHER THE O FURTHER THE TO FURTHER THE TO FURTHER THE PURPOSE OF THE PURPOSE OF THE PURPOSE OF THE URPOSE OF THE URPOSE OF THE URPOSE OF THE URPOSE OF THE PURPOSE OF THE RGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 。 . 0 Ö Ö Ö (e) Amount of noncash assistance (d) Amount of cash grant 10,000. 10,000 10,000. 10,000 10,000, 10,000, 10,000, 10,000 (c) IRC section if applicable 95-2584324 501(C)3 84-0385934 501(C)3 11-3577637 501(C)3 23-7232618 501(C)3 501(C)3 80-0587086 501(C)3 501(C)3 20-1473560 501(C)3 20-2370934 20-2474691 (p) EIN FOUNDATION INC. - 1155 UNION CIR # AMERICA EDUCATIONAL FOUNDATION NFP - 8401 73RD AVENUE NORTH SUITE 71 MARINE RETAILERS ASSOCIATION OF (a) Name and address of organization or government WOUNDED WARRIOR PROJECT INC QUILTS OF VALOR FOUNDATION UNIVERSITY OF NORTH TEXAS TX 76203 - MINNEAPOLIS, MN 55428 WYCLIFFE ASSOCIATES INC GARY SINISE FOUNDATION TOPEKA, KS 66675-8516 HARLAN, IA 51593-0684 TREY WHITFIELD SCHOOL WINTERSET, IA 50273 NASHVILLE, TN 37204 BROOKLYN, NY 11208 ORLANDO, FL 32862 311250 - DENTON, PO BOX 620143 PO BOX 758516 P.O. BOX 5184 PO BOX 40726 YOUNG LIFE PO BOX 384 PO BOX 191

Schedule I (Form 990)

TO FURTHER THE EXEMPT

PURPOSE OF THE

ORGANIZATION

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CARING HANDS SPECIAL NEEDS CARE INC - 1605 S 900 W - SHIPSHEWANA

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COMMUNITY FOUNDATION

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(a) Name and address of organization or government	(a) 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
NEW LIFE CHRISTIAN CENTER 15685 STATE ROUTE 120 BRISTOL, IN 46507	38-3454282	501(C)3	10,000.	.0			TO FURTHER THE EXEMPT FURPOSE OF THE ORGANIZATION
CLINTON CHRISTIAN SCHOOL ASSOCIATION INC - 61763 COUNTY ROAD 35 - GOSHEN, IN 46528	35-1278604	501(C)3	10,000.	°			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DISABLED AMERICAN VETERANS CHARITABLE SERVICE TRUST - 860 DOLWICK DR - ERLANGER, KY 41018-2774	52-1521276	501(C)3	10,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CALVARY COMMUNITY CHURCH 2311 TOWER PLACE HAMPTON, VA 23666	54-6117202	501(C)3	10,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART CIVIC THEATRE INC PO BOX 252 BRISTOL, IN 46507-0252	35-1179573	501(C)3	10,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GIRL SCOUTS OF NORTHERN INDIANA MICHIANA INC - 10008 DUPONT CIRCLE DRIVE EAST - FORT WAYNE, IN 46825	35-0868091	501(C)3	10,000.	°			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
DOWNTOWN GOSHEN INC 324 S. FIFTH STREET GOSHEN, IN 46528	35-1848884	501(C)3	10,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN HISTORICAL SOCIETY INC 124 S MAIN STREET GOSHEN, IN 46526	35-1513879	501(C)3	9,782.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RETA INC 116 WEST JACKSON BLVD ELKHART, IN 46516	35-1609946	501(C)3	9,500.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
							Schedule I (Form 990)

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COMMUNITY FOUNDATION

Schedule I (Form 990) OF ELKHART COUNTY, INC.

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

(a) Name and address of organization or government	(a)	(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
VISUALLY IMPAIRED PRESCHOOL SERVICES INC - 1212 SOUTHEASTERN AVENUE - INDIANAPOLIS, IN 46225	61-1061973	501(C)3	.000,6	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STREAMS OF MERCY INC PO BOX 3220 MCKINNEY, TX 75070-3220	47-0930787	501(C)3	.000,6	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GENERAL COUNCIL OF THE ASSEMBLIES OF GOD - 1445 N BOONVILLE AVENUE - SPRINGFIELD, MO 65802-1894	44-0577787	501(C)3	9,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
THE CROSSING NATIONAL INC 515 S MAIN STREET ELKHART, IN 46516	26-0588186	501(C)3	8,853.	.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 501(C)3	501(C)3	8,800.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COMMUNITY SUSTAINABILITY PROJECT PO BOX 1031 GOSHEN, IN 46527-1031	35-2031033	501(C)3	8,700.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDDLEBURY COMMUNITY SCHOOLS 56853 NORTHRIDGE DRIVE MIDDLEBURY, IN 46540	35-1097817 GOVERNMENT	GOVERNMENT ENTIT	8,614.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HOPE COLLEGE PO BOX 9000 HOLLAND, MI 49422-9000	38-1381271	501(C)3	8,500.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BETHANY BEACH TABERNACLE 12684 OAK PARK AVENUE SAWYER, MI 49125-9151	36-4484012 501(C)3	501(C)3	8,500.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION Schedule I (Form 990)
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COMMUNITY FOUNDATION

OF ELKHART COUNTY, INC.

Grants and Other Assistance to Domestic Or Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMERATA SINGERS OF ELKHART INC DBA CAMERATA SINGERS - PO BOX 102 - GOSHEN, IN 46527-0102	31-0901857	501(C)3	8,498.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HALL OF HEROES SUPER HERO MUSEUM 1915 CASSOPOLIS STREET ELKHART, IN 46514-3120	30-0569966	501(C)3	8,275.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART MUNICIPAL BAND FOUNDATION INC - 204 APPLE TREE LANE - WAKARUSA, IN 46573	27-0479261	501(C)3	8,152.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RAFIKI FOUNDATION INCORPORATED PO BOX 1988 EUSTIS, FL 32727-1988	74-2477089	501(C)3	8,030.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MERCY SHIPS FOUNDATION PO BOX 1930 LINDALE, TX 75771-1930	75-2641151	501(C)3	8,000.	.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	501(C)6	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CARE UNIVERSITY PO BOX 695 ELKHART, IN 46515	83-1519755	501(C)3	8,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART CONSERVATION CLUB INC 55515 RIVIERA DRIVE ELKHART, IN 46515	35-6041762	501(C)3	7,800.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NATURE CONSERVANCY 4245 N FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203-1606	53-0242652	501(C)3	7,760.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
							Schedule I (Form 990)

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COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.

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	(Schedule I (Form 990). Part II.)
INC.	mestic Organizations and Domestic Governments
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I (Form 990) <b>OF</b>	Continuation of Grai
Schedule	Part II

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY ALUMNI ASSOCIATION - 1000 E 17TH ST BLOOMINGTON, IN 47408	23-7056162	501(C)3	7,500.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
HONOR FLIGHT NORTHEAST INDIANA INC PO BOX 5 HUNTERTOWN, IN 46748	26-2115082	501(C)3	7,500.	· o			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CROSSROADS COMMUNITY CHURCH OF THE NAZARENE - 57415 ALPHA DR - GOSHEN, IN 46528-7840	35-0992108	501(C)3	7,110.	°			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MONGER ELEMENTARY PTO 1100 E HIVELY AVE ELKHART, IN 46517	32-0331312	501(C)3	7,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
PRINCE OF PEACE LUTHERAN CHURCH 18548 COUNTY ROAD 18 GOSHEN, IN 46528	35-1539368	501(C)3	6,800.	· o			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FRIENDS OF THE NEW YORK CENTRAL RAILROAD MUSEUM INC - 721 S MAIN STREET - ELKHART, IN 46516	46-1125372	501(C)3	6,750.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MIDDLEBURY THEN AND NOW INC PO BOX 207 MIDDLEBURY, IN 46540-0207	82-4382686	501(C)3	.009,8	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CORNERSTONE CHRISTIAN MONTESSORI 23830 COUNTY ROAD 106 ELKHART, IN 46514	27-0751474	501(C)3	.009'9	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ST. JOHN THE EVANGELIST CATHOLIC SCHOOL - 117 W MONROE STREET - GOSHEN, IN 46526	31-1906189	501(C)3	6,470.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION Schoolid (Form 000)
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COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.

31-1255886	
	(Schedule I (Form 990), Part II.)
INC.	nestic Organizations and Domestic Governments
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e I (Form 990)	Part II   Continuation of Grants and Other A
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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
FRIENDS OF THE PUMPKINVINE NATURE TRAIL INC - PO BOX 392 - GOSHEN, IN 46527-0392	35-1871609	501(C)3	6,416.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
SPA WOMEN'S MINISTRY HOMES 3404 TOLEDO ROAD ELKHART, IN 46516	43-1998891	501(C)3	6,250.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
LAKE DEATON UNITED METHODIST CHURCH - 6500 WESLEYAN WAY - WILDWOOD, FL 34785	85-1347824	501(C)3	6,040.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COVENANT HOUSE INTERNATIONAL PO BOX 758636 TOPEKA, KS 66675-9986	13-2725416	501(C)3	6,000.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
STANDING STONE MINISTRY 2340 SOUTH EL CAMINO REAL SUITE 3 SAN CLEMENTE, CA 92672-3257	45-5319818	501(C)3	.000,3	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MOMS IN PRAYER INTERNATIONAL PO BOX 1120 POWAY, CA 92074-1120	33-0417450	501(C)3	6,000.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
MISSION OF OUR LADY OF MERCY DBA MERCY HOME FOR BOYS & GIRLS - 1140 W JACKSON BLVD - CHICAGO, IL 60607	36-2171726	501(C)3	6,000,	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CONCORD EAST SIDE PTO 57156 CR 13 ELKHART, IN 46516	35-1860953	501(C)3	.000,3	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
COACHELLA VALLEY VOLUNTEERS IN MEDICINE - PO BOX 10090 - INDIO, CA 92202-2508	26-3312826	501(C)3	6,000.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
							Schedule I (Form 990)

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COMMUNITY FOUNDATION

Schedule I (Form 990) OF ELKHART COUNTY, INC.

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

(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
IGIVE GLOBAL 146 EAST KING STREET, UNIT #1099 LANCASTER, PA 17602	47-2908129	501(C)3	.000,9	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
ELKHART COUNTY CLUBHOUSE INC DBA CORA DALE HOUSE - 114 S FIFTH STREET - GOSHEN, IN 46528	27-1151738	501(C)3	5,900.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
U-TURN MINISTRIES OF GOSHEN INC PO BOX 124 GOSHEN, IN 46527-0124	37-1416520	501(C)3	5,865.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
RILEY CHILDREN'S FOUNDATION PO BOX 3356 INDIANAPOLIS, IN 46206	35-0868147	501(C)3	5,749.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
JIMTOWN HISTORICAL MUSEUM INC 59710 COUNTY ROAD 3 ELKHART, IN 46517-8530	35-1791442	501(C)3	5,601.	°°			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
NORTHERN MICHIGAN EQUINE THERAPY AKA NMET - 5025 CHURCH RD - BOYNE CITY, MI 49712	30-0838013	501(C)3	5,577.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
REGALITY INC 56683 VIA PISA ELKHART, IN 46516	87-2071338	501(C)3	5,500.	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
GOSHEN ART HOUSE INC 216 S MAIN STREET GOSHEN, IN 46526	35-2222627	501(C)3	.002,2	.0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
FAMILY CHRISTIAN DEVELOPMENT CENTER INC - PO BOX 227 - NAPPANEE, IN 46550-0227	35-1979463	501(C)3	5,500.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
							Schedule I (Form 990)

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COMMUNITY FOUNDATION

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

Schedule I (Form 990) TO FURTHER THE EXEMPT (h) Purpose of grant or assistance PURPOSE OF THE PURPOSE OF THE PURPOSE OF THE URPOSE OF THE URPOSE OF THE ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 。 . Ö Ö (e) Amount of noncash assistance (d) Amount of cash grant 5,249. 5,249. 5,100 5,100. 5,500, (c) IRC section if applicable 13-1623829 501(C)3 86-2412310 501(C)3 13-1623885 501(C)3 62-1356848 501(C)3 81-1081516 501(C)3 (p) EIN CENTER - WASHINGTON, DC 20077-7127 PREVENTION OF CRUELTY TO ANIMALS 101 N INDEPENDENCE MALL EAST, PO BOX 96929 GIFT PROCESSING (a) Name and address of organization or government COMMUNITY PRO-EDUCATION INC ΡA AMERICAN SOCIETY FOR THE NASHVILLE, TN 37203-0007 10305 PLEASANT VALLEY CT FLOOR 8 - PHILADELPHIA, ANGELS IN THE ATTIC INC OSCEOLA, IN 46561-9336 AMERICAN BIBLE SOCIETY GOSHEN, IN 46526-1940 AFRICA UNIVERSITY 1716 ELKHART RD PO BOX 340007 19106-2155

Schedule I (Form 990) 2023 OF ELKHART COUNTY, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

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(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	1066	1,892,794.	·°		
HARDSHIP ASSISTANCE	55	347,549.	.0		
Part IV   Supplemental Information. Provide the information required in		e 2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information.	ditional information.	
PART I, LINE 2:					
GRANTS FROM THE ORGANIZATION'S UNRE	UNRESTRICTED	FUND ARE	FOCUSED ON	THREE AREAS	
- CAREER PATHWAYS, KIDS & FAMILY, A	AND PLACE	PLACEMAKING. E	EACH FOCUS	AREA HAS A	
GRANT COMMITTEE THAT REVIEWS GRANT REQUESTS	REQUESTS		GRANT REC	AND MAKES GRANT RECOMMENDATIONS	
AFTER REVIEWING GRANT APPLICATIONS.		THE GRANT RECOMMENDATIONS		GO BEFORE	
THE BOARD OF DIRECTORS FOR FINAL AF	APPROVAL.	GRANTEES	TYPICALLY HAVE	HAVE A YEAR	
TO REPORT BACK ON THE USE OF THE GR	GRANT DOLLARS	THE	CAREER PAT	PATHWAYS	
COMMITTEE IS ALSO RESPONSIBLE FOR R	REVIEWING	REVIEWING AND RECOMMENDING		SCHOLARSHIP	
AWARDS TO THE BOARD OF DIRECTORS FC	FOR FINAL	APPROVAL.	OTHER UNRESTRICTED	ESTRICTED	
332102 11-01-23					Schedule I (Form 990) 2023

Part IV   Supplemental Information
GRANTS, INCLUDING FOCUS AREA GRANTS UNDER \$25,000, MAY BE APPROVED BY
MANAGEMENT AND SUBMITTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL.
GRANT RECOMMENDATIONS FROM DESIGNATED AND DONOR ADVISED FUNDS ARE APPROVED
BY MANAGEMENT AND SUBSEQUENTLY APPROVED BY THE BOARD OF DIRECTORS AT THE
FOLLOWING QUARTERLY MEEETING. ANY RESTRICTIONS ON THE USE OF THE DOLLARS
ARE COMMUNICATED TO THE GRANTEE AT THE TIME OF ISSUANCE; HOWEVER, THE
MAJORITY OF THE GRANT DOLLARS ARE ISSUED WITHOUT RESTRICTIONS.

### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF ELKHART COUNTY

**Employer identification number** 31-1255886

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		Х
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		Х
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant  X  Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

## OF ELKHART COUNTY, II

Schedule J (Form 990) 2023

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-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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	(E)	227,909.	0	1,200.	12,375.	43,155.	284,639.	0
PRESIDENT (2) COLE PAUTIZI	Ξ €	145 392	13 241	1 700	0 8 162	9 454	177 949	
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Schedule J (Form 990) 2023

Part III Supplemental Information

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rmation, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a,

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. THE PRESIDENT AND CFO ARE MEMBERS
OF SERVICE CLUBS (ROTARY) AND THE COMMUNITY FOUNDATION PAYS THEIR DUES.
THIS IS NOT TAXABLE COMPENSATION TO THE PRESIDENT AND CFO.
PART I, LINE 7
THE BOARD OF DIRECTORS OR PRESIDENT MAY AT TIMES AWARD COMPENSATION ON
A DISCRETIONARY BASIS AS A MEANS OF RECOGNIZING AN EMPLOYEES WORK.
Schedule J (Form 990) 202:

#### SCHEDULE L

(Form 990)

## **Transactions With Interested Persons**

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.

Employer identification number 31-1255886

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No (1) (2)(3) (4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	<b>(b)</b> Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa		( <b>h)</b> App by boo comm	ard or	(i) Wi	ritten ment?
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
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Tota						\$							

#### Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (e) Purpose of (b) Relationship between (d) Type of assistance assistance assistance interested person and the organization SUBSTANTIAL CONTRISUBSTANTIAL CONT 329,699.CASH HARDSHIP FUND (2) SUBSTANTIAL CONTRISUBSTANTIAL CONT 1,000.CASH SCHOLARSHIP (3) (4) (5) (6) (7) (8) (9)

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

## Schedule L (Form 990) 2023 OF ELKHART COUNTY, IN Part IV Business Transactions Involving Interested Persons

Complete if the organization answered	1		3b, or 28c.	Т	(a) Sh	aring of				
(a) Name of interested person	(b) Relationship between person and the org		(c) Amount of transaction	(d) Description of transaction		zation's				
TOT DUSTNINGS II G	DOLDD MEMBER	DATTER	107 002	OPPIGE GDAG	Yes	No				
(1)EOZ BUSINESS, LLC	BOARD MEMBER			OFFICE SPAC		X				
(2) EOZ BUSINESS, LLC	BOARD MEMBER	DAN MO	197,083.	OFFICE SPAC		X				
(3)										
(4)										
_(5) _(6)										
(7)										
(8)										
(9)										
(10)										
Part V Supplemental Information	Part V Supplemental Information  Provide additional information for responses to questions on Schedule L. See instructions.									
Provide additional information for responses to questions on Schedule L. See instructions.  CH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:										
COLL I DADE TIT CDANES OD	3.00T.0M3310H F		THE THEFT	med bedaona						
SCH L, PART III, GRANTS OR	ASSISTANCE E	SENET T'I'I	ING INTERES	TED PERSONS	:					
(A) NAME OF PERSON: SUBSTA	МФТАТ. СОМФВТЕ	RIITI∩P								
(A) NAME OF TERROOM. BODDING	WITHE CONTRIL	OTOR								
(B) RELATIONSHIP BETWEEN I	NTERESTED PER	SON AND	ORGANIZATI	ON:						
. ,										
SUBSTANTIAL CONTRIBUTOR										
(E) PURPOSE OF ASSISTANCE:	HARDSHIP FUN	ID FOR E	MPLOYEES							
(A) NAME OF PERSON: SUBSTA	МТТАТ. СОМТВТЕ	RIIT∩R								
(A) NAME OF TERROOM. BODDIA	WITHE CONTRIL	OTOR								
(B) RELATIONSHIP BETWEEN I	NTERESTED PER	RSON AND	ORGANIZATI	ON:						
SUBSTANTIAL CONTRIBUTOR										
(E) PURPOSE OF ASSISTANCE:	SCHOLARSHIP	FUND FO	R DEPENDENT	S OF EMPLOY	EES					
CCU I DADM TH DHCTNECC M	DANCACMTONC T	· NTV 7 ( T NT NT	C TNMEDECME	D DEDCOMC.						
SCH L, PART IV, BUSINESS T	KANSACIIONS I	ти лоп лти	G INTERESTE	D PERSONS:						
(A) NAME OF PERSON: EOZ BU	SINESS. LLC									
(II) IIIIII OI IIIIDOIN IOI BO	21112227 220									
(B) RELATIONSHIP BETWEEN I	NTERESTED PER	SON AND	ORGANIZATI	ON:						
BOARD MEMBER DAVID WEAVER	AND ANOTHER E	BOARD ME	MBER JOINLY	OWN MORE T	HAN	35%				
(-)										
(D) DESCRIPTION OF TRANSAC	TION: OFFICE	SPACE R	ENT							
(A) NAME OF PERSON: EOZ BU	STNESS T.T.C									
(A) NAME OF FERBON: EOU BU	отивов, ппс									
(B) RELATIONSHIP BETWEEN I	NTERESTED PER	RSON AND	ORGANIZATI	ON:						

BOARD MEMBER DAN MORRISON AND ANOTHER BOARD MEMBER JOINLY OWN MORE THAN 35%

Schedule L (Form 990) 2023

332461 04-01-23 Schedule L (Form 990)

## SCHEDULE M (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.

Employer identification number 31-1255886

Pai	rti   Typeson	Property							
			(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu	etermin		s
				items contributed	Form 990, Part VIII, line 1				
1	Art - Works of art								
2	Art - Historical trea	asures							
3		erests							
4		ations							
5		sehold goods							
6		hicles							
7									
8	Intellectual proper								
9		ly traded	Х	71	11,124,568	. FMV			
10		y held stock							
11	Securities - Partne								
12		laneous							
13	Qualified conserva								
	Historic structures	3							
14	Qualified conserva	ation contribution - Other							
15	Real estate - Resid	dential							
16		mercial							
17		r							
18									
19									
20		l supplies							
21	Taxidermy								
22	Historical artifacts								
23	Scientific specime	ns							
24	Archeological artif	acts							
25	Other (	)							
26	Other (	)							
27	Other (	)							
28	Other (	)							
29		8283 received by the organiz		•				_	
	for which the orga	nization completed Form 828	83, Part V, D	onee Acknowledge	ement <b>29</b>			1	
								Yes	No
30a		id the organization receive by							
		ast 3 years from the date of							
		for the entire holding period?	?				30a		X
b		the arrangement in Part II.							
31		tion have a gift acceptance p					31	X	
32a	-	tion hire or use third parties		~	· · ·			\ <sub>\7</sub>	
							32a	Х	
	If "Yes," describe								
33	If the organization	didn't report an amount in c	olumn (c) fo	r a type of property	tor which column (a) is ch	ecked,			

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

Schedule M (Form 990) 2023

is reporting in	<b>ntal Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete my additional information.
SCHEDULE M, LI	INE 32B:
A THIRD-PARTY	INSTITUTION IS TYPICALLY USED TO LIQUIDATE NON-CASH
CONTRIBUTIONS.	STOCKS ARE PROCESSED AND SOLD BY A BROKERAGE FIRM, REAL
ESTATE IS MARK	KETED AND SOLD BY A REAL ESTATE FIRM, AND SO FORTH.

Schedule M (Form 990) 2023

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

COMMUNITY FOUNDATION ELKHART COUNTY INC.

**Employer identification number** 31-1255886

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 OR HAS BEEN STARTED, WITHIN EACH FOCUS AREA. WORK IS TAKING PLACE, CAREER PATHWAYS: INITIATIVE WORK IS STILL BEING CONCEPTUALIZED AS PART OF ITS WORK, THIS GROUP ALSO SERVES AS THE LOCAL ADMINISTRATOR FOR THE LILLY ENDOWMENT COMMUNITY SCHOLARSHIP. KNOWN AS BUILDING STRONG BRAINS, KIDS & FAMILY: THE INITIATIVE WORK, 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 AND COMMUNITY & FAMILY SUPPORTS. PARTNERS IN THE ENVIRONMENTS, 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 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

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

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

Employer identification number 31-1255886

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,

STRATEGIC PLANNING, BOARD DEVELOPMENT, AND FINANCIAL MANAGEMENT. 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. DAVID WEAVER AND DAN MORRISON - BUSINESS

RELATIONSHIP.

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

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

Schedule O (Form 990) 2023 Page **2** 

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

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

COMPENSATION FOR THE PRESIDENT. THE PRESIDENT REVIEWS STAFF COMPENSATION

LEVELS WITH THE FINANCE COMMITTEE CHAIRPERSON. THIS PROCESS IS COMPLETED

ANNUALLY.

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:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS

CHANGE IN VALUE OF LIFE INSURANCE

SFAS 136 ADJUSTMENT

TOTAL TO FORM 990, PART XI, LINE 9

-3,392,235.

FORM 990, PART XII, LINE 2C

Schedule O (Form 990) 2023	Page 2
Name of the organization COMMUNITY FOUNDATION OF ELKHART COUNTY, INC.	Employer identification number 31-1255886
THE FINANCE COMMITTEE IS TASKED WITH OVERSEEING THE AUDIT	PROCESS.
ANNUALLY, THE FINANCE COMMITTEE REVIEWS THE AUDIT REPORT W	ITH THE
AUDITOR BEFORE SENDING THE REPORT TO THE BOARD OF DIRECTOR	S. THE BOARD
OF DIRECTORS THEN REVIEWS THE AUDIT REPORT WITH THE AUDITO	RS BEFORE THE
AUDIT REPORT IS FINALIZED.	
THE AUDIT OVERSIGHT PROCEDURES DID NOT CHANGE IN THE CURRE	NT YEAR.

# SCHEDULE R (Form 990)

Name of the organization

Part I

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2023

OMB No. 1545-0047

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

Open to Public Inspection

 $\begin{array}{l} \text{Employer identification number} \\ 31-1255886 \end{array}$ OF ELKHART COUNTY, INC. COMMUNITY FOUNDATION

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

Direct controlling End-of-year assets Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

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

o gametaco camig the tax year.							
(a)	(9)	(0)	(p)	(e)	(f)	(ē)	ļ (
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	section 5 12(b)(13) controlled	(13)
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	No
ECCF HOLDINGS, INC 20-3670120				O	COMMUNITY		
P.O. BOX 2932				ш.	FOUNDATION OF		
ELKHART, IN 46516	COMMUNITY DEVELOPMENT	INDIANA	501(C)3	LINE 12A, I	ELKHART COUNTY	×	
ELKHART HEALTH FITNESS AND AQUATICS INC -	PROMOTE HEALTH AND			O	COMMUNITY		
38-4018882, 615 N MICHIGAN ST, SOUTH BEND,	WELLNESS AND ENHANCE THE			щ	FOUNDATION OF		
IN 46601	COMMUNITY	INDIANA	501(C)3	LINE 7	ELKHART COUNTY	×	

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

Schedule R (Form 990) 2023

COMMUNITY FOUNDATION

INC. OF ELKHART COUNTY, Schedule R (Form 990) 2023

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. Part III

Page 2

31-1255886

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

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. Part IV

General organizations treated as a corporation or trust during the tax year.	allig tile tan yeal.								
(a)	(q)	(0)	(p)	(e)		(6)	æ	(1)	l
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	age Jip	Section 512(b)(13) controlled entity?	
		country)		or trust)		assets		Yes No	اہ ا
CHARITABLE LEAD UNITRUST	TRUST	IN		TRUST				×	
CHARITABLE REMAINDER TRUST	TRUST	IN		TRUST				×	ı
									l

332162 09-28-23

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023

# 31-1255886

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			l	<b>×</b>	Yes No	او
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?	s with one or more rel	ated organizations listed	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			•	1a	_	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b   3	×	
c Gift, grant, or capital contribution from related organization(s)				10 2	×	
d Loans or loan guarantees to or for related organization(s)				1d	^	M
:				1e	ζ	×
f Dividends from related organization(s)				#	^	×
g Sale of assets to related organization(s)				19	^	M
h Purchase of assets from related organization(s)				4	^	м.
				<b>=</b>	^	×
j Lease of facilities, equipment, or other assets to related organization(s)				1j	^	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	^	×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			1 7	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m	ζ	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n	×	
o Sharing of paid employees with related organization(s)				10   3	X	
p Reimbursement paid to related organization(s) for expenses				1p	^	×
q Reimbursement paid by related organization(s) for expenses				19	^	×
r Other transfer of cash or property to related organization(s)				11	۲	×
s Other transfer of cash or property from related organization(s)				18	_	×
2 If the answer to any of the above is "Yes," see the instructions for information on when the answer to any of the above is "Yes," see the instructions for information on when the answer to any of the above is "Yes," see the instructions for information on when the answer to any of the above is "Yes," see the instructions for information on when the answer to any of the above is "Yes," see the instructions for information on when the answer to any of the above is "Yes," see the instructions for information on the angle of the above is "Yes," see the instructions for information on the angle of t	ho must complete thi	s line, including covered r	mation on who must complete this line, including covered relationships and transaction thresholds.			
<b>(a)</b> Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	ved		
(1) ELKHART HEALTH FITNESS AND AQUATICS INC	В	500,000.	CASH AMOUNT			
(2) ELKHART HEALTH FITNESS AND AQUATICS INC	υ	300,000	CASH AMOUNT			
(3)						
(4)						
(5)						

Schedule R (Form 990) 2023

(**6**) 332163 09-28-23

OF ELKHART COUNTY, INC.

Schedule R (Form 990) 2023

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.

(k) rcentage vnership				
General or Permanaging ov Permanaging Ov Yes No				
Gene Gene 1 part Yes				
Code V-UBI General or Percentage amount in box 20 managing ownership (Form 1065)				
(h) Disproportionate allocations?				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) orgs.? Yes No				
Predominant income (related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

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Schedule R (Form 990) 2023

## 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.