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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

WE INSPIRE GIVING AND ENGAGE OUR COMMUNITY TO IMPROVE LIVES IN PORTER COUNTY NOW AND FOREVER

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?

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 \$ 2,112,535 including grants of \$ 1,928,407) (Revenue \$)

THE ORGANIZATION DISBURSES GRANTS TO CHARITABLE ORGANIZATIONS FOR PROJECTS THAT PROMOTE THE COMMUNITY AND HELP MEET THE CHANGING NEEDS OF THE COMMUNITY THE ORGANIZATION ALSO DISBURSES GRANTS TO PORTER COUNTY RESIDENTS IN ACCORDANCE WITH THE REQUESTS OF DONORS WHO ESTABLISH SCHOLARSHIP FUNDS

4b

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

4c

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

4d

Other program services (Describe in Schedule O)



















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶ 2,112,535

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		No
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	BRENDA SHEETZ 57 S FRANKLIN STREET SUITE 207 VALPARAISO, IN (219) 465-0294

Check if Schedule O contains a response to any question in this Part VII ☐

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 compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

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

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							195,206	0	23,605	

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

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,256,708			
	g	Noncash contributions included in lines 1a-1f \$		30,629			
	h	Total. Add lines 1a-1f			1,256,708		
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		589,318		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		-195,607			-195,607
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	85,498			
b		Less direct expenses	b	66,548			
c		Net income or (loss) from fundraising events . .		18,950			18,950
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory . .					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			1,669,369	0	0	412,661

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 to any question in this Part IX

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	1,914,407	1,914,407		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	14,000	14,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	218,811	54,703	54,703	109,405
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	107,023	26,756	26,756	53,511
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,671	668	668	1,335
9	Other employee benefits.	3,875	969	969	1,937
10	Payroll taxes.	22,601	5,650	5,650	11,301
11	Fees for services (non-employees):				
a	Management.	10	10		
b	Legal.	4,803	1,633	1,585	1,585
c	Accounting.	30,525	10,379	10,073	10,073
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	87,595		87,595	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	4,015		4,015	
12	Advertising and promotion.	61,206			61,206
13	Office expenses.	52,732	17,930	17,401	17,401
14	Information technology.	24,936	8,478	8,229	8,229
15	Royalties.				
16	Occupancy.	42,843		2,142	40,701
17	Travel.	5,960	1,967	2,026	1,967
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	806	242	564	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	3,927	1,335	1,296	1,296
23	Insurance.	4,360		4,360	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	RESOURCE DEVELOPMENT	53,408	53,408		
b	DUES AND SUBSCRIPTIONS	3,028		1,817	1,211
c	MISC	1,575		1,575	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	2,665,117	2,112,535	231,424	321,158
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			3,371,992	2	1,999,574
	3	Pledges and grants receivable, net			327,063	3	335,943
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			120,000	7	120,000
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,394	9	2,394
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	153,588	6,978	10c	3,052
	b	Less accumulated depreciation	10b	150,536			
	11	Investments—publicly traded securities			25,104,434	11	27,717,327
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,237,714	15	1,278,354
	16	Total assets. Add lines 1 through 15 (must equal line 34)			30,170,575	16	31,456,644
Liabilities	17	Accounts payable and accrued expenses			439	17	
	18	Grants payable			137,048	18	144,145
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			6,200,741	21	6,345,814
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			84,104	25	91,808
	26	Total liabilities. Add lines 17 through 25			6,422,332	26	6,581,767
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,646,682	27	1,797,667
	28	Temporarily restricted net assets			22,101,561	28	23,077,210
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			23,748,243	33	24,874,877
	34	Total liabilities and net assets/fund balances			30,170,575	34	31,456,644

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,669,369
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,665,117
3	Revenue less expenses Subtract line 2 from line 1	3	-995,748
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,748,243
5	Net unrealized gains (losses) on investments	5	2,251,433
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-129,051
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,874,877

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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 in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 35-2000788

Name: PORTER COUNTY COMMUNITY FOUNDATION INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM P MAAR BOARD MEMBER	1 00	X						0	0	0
DEBORA BUTTERFIELD BOARD MEMBER	1 00	X						0	0	0
MARK MAASSEL CHAIR	1 00	X		X				0	0	0
LAURA CAMPBELL SECRETARY	1 00	X		X				0	0	0
JANE MAXWELL BOARD MEMBER	1 00	X						0	0	0
JONATHAN NALLI BOARD MEMBER	1 00	X						0	0	0
STEPHANIE GERDES BOARD MEMBER	1 00	X						0	0	0
RALPH NEFF BOARD MEMBER	1 00	X						0	0	0
TRICIA GENO BOARD MEMBER	1 00	X						0	0	0
DOUGLAS OLSON BOARD MEMBER	1 00	X						0	0	0
MINAKSHI GHUMAN BOARD MEMBER	1 00	X						0	0	0
JOHN HANNON BOARD MEMBER	1 00	X						0	0	0
HEATHER HARRIGAN BOARD MEMBER	1 00	X						0	0	0
PAUL REISEN TREASURER	1 00	X		X				0	0	0
BILL HIGBIE BOARD MEMBER	1 00	X						0	0	0
DAVID A KELLY BOARD MEMBER	1 00	X						0	0	0
GREGORY SOBKOWSKI VICE CHAIR	1 00	X		X				0	0	0
SUSAN KELLY-JOHNSON BOARD MEMBER	1 00	X						0	0	0
SPERO VALAVANIS BOARD MEMBER	1 00	X						0	0	0
SHARON KISH BOARD MEMBER	1 00	X						0	0	0
KATHARINE WEHLING BOARD MEMBER	1 00	X						0	0	0
JON LEETZ BOARD MEMBER	1 00	X						0	0	0
JAN BARSOPHY BOARD MEMBER	1 00	X						0	0	0
RICK CALINSKI BOARD MEMBER	1 00	X						0	0	0
SHAUNNA FINLEY BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL HALL BOARD MEMBER	1 00	X						0	0	0
KENT MISHLER BOARD MEMBER	1 00	X						0	0	0
GEOFF LACIAK BOARD MEMBER	1 00	X						0	0	0
LINDA WOLOSHANSKY PAST CHAIR	1 00	X		X				0	0	0
BARBARA YOUNG PRESIDENT/EXECUTIVE DIRECT	40 00			X				122,013	0	15,084
BRENDA SHEETZ ASST SECRETARY/ASST TREASU	40 00			X				73,193	0	8,521

SCHEDULE A
(Form 990 or 990EZ)

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. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization PORTER COUNTY COMMUNITY FOUNDATION INC	Employer identification number 35-2000788
--	--

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☒

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,923,411	4,911,238	2,149,125	1,427,291	1,256,708	12,667,773
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,923,411	4,911,238	2,149,125	1,427,291	1,256,708	12,667,773
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)						3,316,353
6 Public support. Subtract line 5 from line 4						9,351,420

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	2,923,411	4,911,238	2,149,125	1,427,291	1,256,708	12,667,773
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	685,405	568,718	462,765	832,325	589,318	3,138,531
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						15,806,304
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here▶						

Section C. Computation of Public Support Percentage				
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<table><tr><td>14</td><td>59 160 %</td></tr></table>	14	59 160 %
14	59 160 %			
15	Public support percentage for 2011 Schedule A, Part II, line 14	<table><tr><td>15</td><td>55 400 %</td></tr></table>	15	55 400 %
15	55 400 %			
16a	33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b	33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
PORTER COUNTY COMMUNITY FOUNDATION INC

Employer identification number
35-2000788

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	34	
2 Aggregate contributions to (during year)	387,795	
3 Aggregate grants from (during year)	1,221,642	
4 Aggregate value at end of year	4,908,964	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	21,696,863	23,824,851	21,319,204	18,231,076	24,480,904
b Contributions	653,062	1,179,613	1,145,724	1,908,886	1,316,629
c Net investment earnings, gains, and losses	2,134,983	-1,646,938	3,174,779	2,526,288	-5,490,184
d Grants or scholarships	1,492,135	1,473,046	1,613,318	1,172,310	1,452,385
e Other expenditures for facilities and programs					460,792
f Administrative expenses	213,375	187,617	201,538	174,736	163,096
g End of year balance	22,779,398	21,696,863	23,824,851	21,319,204	18,231,076

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

5 000 %

b

Permanent endowment

c

Temporarily restricted endowment

95 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		61,570	61,569	1
d Equipment		92,018	88,967	3,051
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,052

Schedule D (Form 990) 2012

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

1	Total revenue, gains, and other support per audited financial statements	1	3,713,539
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,251,433
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	348,540
e	Add lines 2a through 2d	2e	2,599,973
3	Subtract line 2e from line 1	3	1,113,566
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	87,595
b	Other (Describe in Part XIII)	4b	468,208
c	Add lines 4a and 4b	4c	555,803
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,669,369

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

1	Total expenses and losses per audited financial statements	1	2,586,905
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	332,518
e	Add lines 2a through 2d	2e	332,518
3	Subtract line 2e from line 1	3	2,254,387
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	87,595
b	Other (Describe in Part XIII)	4b	323,135
c	Add lines 4a and 4b	4c	410,730
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,665,117

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE COMMUNITY FOUNDATION HOLDS AND ADMINISTERS THE ENDOWMENT FUND, AND ALL CONTRIBUTIONS AND ASSETS ALLOCABLE TO THE FUND, SUBJECT TO THE PROVISIONS OF APPLICABLE LAW AND THE COMMUNITY FOUNDATION'S ARTICLES OF INCORPORATION AND BYLAWS, AS AMENDED FROM TIME TO TIME. THE BOARD OVERSEE'S AND DISTRIBUTES FROM THE FUND AND HAS ALL POWERS OF MODIFICATION AND REMOVAL SPECIFIED IN THE UNITED STATES TREASURY REGULATION.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	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 DECEMBER 31, 2012 AND 2011, 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.
PART XI, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN SPLIT INTEREST AGREEMENT 16,022 ADMINISTRATIVE FEES 265,970 SPECIAL EVENTS 66,548
PART XI, LINE 4B - OTHER ADJUSTMENTS		SFAS 136 ADJUSTMENT 468,208
PART XII, LINE 2D - OTHER ADJUSTMENTS		ADMINISTRATIVE FEES 265,970 SPECIAL EVENTS 66,548
PART XII, LINE 4B - OTHER ADJUSTMENTS		SFAS 136 ADJUSTMENT 323,135

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
PORTER COUNTY COMMUNITY FOUNDATION INC

Employer identification number
35-2000788

Part I Fundraising Activities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		VALPO MAYORS BALL (event type)	PORTAGE MAYORS BALL (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . .	40,761	44,737	85,498
	2	Less Contributions . .			
	3	Gross income (line 1 minus line 2) . . .	40,761	44,737	85,498
Direct Expenses	4	Cash prizes . . .			
	5	Noncash prizes . .			
	6	Rent/facility costs . .	5,585	2,316	7,901
	7	Food and beverages .			
	8	Entertainment . . .			
	9	Other direct expenses .	14,987	43,660	58,647
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(66,548)
	11	Net income summary Combine line 3, column (d), and line 10 ▶			18,950

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes . . .			
	4	Rent/facility costs . . .			
	5	Other direct expenses . .			
	6	Volunteer labor . . .	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in



a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name 

Address 

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization  \$ _____ and the amount of gaming revenue retained by the third party  \$ _____


c If "Yes," enter name and address of the third party

Name 

Address 

16 Gaming manager information

Name 


Gaming manager compensation  \$

Description of services provided 

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990

Name of the organization
PORTER COUNTY COMMUNITY FOUNDATION INC

Employer identification number

35-2000788

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

No

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

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

[illegible]

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **83**

3 Enter total number of other organizations listed in the line 1 table **0**

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	14	14,000			

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANT APPLICATIONS ARE ACCEPTED AND REVIEWED BY THE FOUNDATION TWO TIMES EACH YEAR THE GRANT COMMITTEE MEETS TO MAKE RECOMMENDATIONS TO THE BOARD ON THE GRANTS TO BE APPROVED ONCE REVIEWED AND APPROVED BY THE BOARD, NOTIFICATION LETTERS AND GRANT AGREEMENTS ARE MAILED TO EACH RECIPIENT RECIPIENTS ARE REQUIRED TO SIGN THE GRANT AGREEMENT AND RETURN IT TO THE FOUNDATION ANNUAL REPORTS ON THE USE OF THE FUNDS MUST BE FILED WITH THE FOUNDATION UNTIL ALL GRANT FUNDS ARE EXPENDED

Additional Data

Return to Form

Software ID:

Software Version:

EIN: 35-2000788

Name: PORTER COUNTY COMMUNITY FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALICE'S INCP O BOX 124 VALPARAISO,IN 46384	35-2115434	501(C)(3)	6,874				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
ALL FAITHS FOOD BANK 8171 BLAIKIE COURT SARASOTA,FL 342408321	65-0481674	501(C)(3)	10,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
AMERICAN CHRISTIAN COLLEGE SUMMIT MINISTRIESP O BOX 207 MANITOU SPRINGS,CO 80829	73-0792333	501(C)(3)	9,100				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
AOPA FOUNDATION421 AVIATION WAY FREDERICK,MD 21701	20-8817225	501(C)(3)	5,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
ASSOCIATION OF BIBLICAL COUNSELORSP O BOX 126555 FORT WORTH,TX 76126	20-2388778	501(C)(3)	30,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
BEAR CREEK ELEMENTARY SCHOOL2500 TABLE MESA DRIVE BOULDER,CO 80305	84-0772664	GOVERNMENT	10,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
BOULDER COMMUNITY HOSPITAL FOUNDATIONP O BOX 9019 BOULDER,CO 803019019		501(C)(3)	10,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
BOYS & GIRLS CLUBS OF PORTER COUNTY354 JEFFERSON STREET P O BOX 254 VALPARAISO,IN 46384	35-1262439	501(C)(3)	53,850				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
CATHOLIC CHARITIES OF THE DIOCESE OF GARY IN 940 BROADWAY GARY,IN 46402	35-1122204	501(C)(3)	6,034				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
CENTER FOR WORKFORCE INNOVATIONS2804 BOILERMAKER COURT STE E VALPARAISO,IN 46383	35-2099782	501(C)(3)	10,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
CHALLENGER LEARNING CENTER OF NORTHWEST INDIANA INC CO PURDUE UNIVERSITY2300 173RD STREET HAMMOND,IN 46323	35-1995603	501(C)(3)	7,618				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
CHESTERTON FIRST UNITED METHODIST CHURCH434 SOUTH SECOND STREET CHESTERTON,IN 46304	35-2002052	CHURCH	36,721				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
COLLEGE MENTORS FOR KIDS212 WEST 10TH STREET B26 INDIANAPOLIS,IN 46202		501(C)(3)	7,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
COMMUNITY COALITION ON HOMELESSNESS701 17TH AVE W BRADENTON,FL 34205	59-3340921	501(C)(3)	35,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
COMMUNITY FOUNDATION OF SARASOTA COUNTYP O BOX 49587 SARASOTA,FL 34230	59-1956886	501(C)(3)	10,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
COMMUNITY THEATRE GUILD INC154 W CHICAGO STREET PO BOX 167 VALPARAISO,IN 46384	35-1007679	501(C)(3)	5,179				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
CORNERSTONE CHURCH OF BOULDER VALLEY1190 S LASHLEY LN BOULDER,CO 80305	65-0617139	CHURCH	9,500				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
CORNERSTONE COMMUNITY CHURCH7043 EAST 112TH AVE CROWN POINT,IN 46307		CHURCH	9,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
CORNERSTONE OF LAKEWOOD RANCH14306 COVENANT WAY BRADENTON,FL 34202		CHURCH	33,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
CRISIS CENTER INC101 N MONTGOMERY STREET GARY,IN 46403	35-1324480	501(C)(3)	54,854				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
CRU100 LAKE HEART DRIVE MAIL CODE 2400 2400 ORLANDO,FL 32832	95-6006173	501(C)(3)	18,200				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
DENTON BIBLE CHURCH 2300 E UNIVERSITY DRIVE DENTON,TX 76209	75-1607582	CHURCH	6,600				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
DUNEBROOK INC7451 W JOHNSON ROAD MICHIGAN CITY,IN 46360	35-1781854	501(C)(3)	10,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
EARTH EXPLORERS INC900 BASELINE ROAD BOULDER,CO 80302	45-1620528	501(C)(3)	5,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
ELEVATE VENTURES INC ONE NORTH CAPITOL AVE SUITE 900 INDIANAPOLIS,IN 46204	27-4118692	501(C)(3)	10,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
FAMILY & YOUTH SERVICES BUREAU253 W LINCOLNWAY VALPARAISO,IN 46383	35-1350178	501(C)(3)	52,650				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
FIRST CHURCH OF THE NAZARENE2702 E GLENDALE VALPARAISO,IN 46383	35-1329526	CHURCH	6,090				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
FRONTLINE FOUNDATIONS INCP O BOX 922 CHESTERTON,IN 46304	26-0446134	501(C)(3)	8,919				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
GABRIEL'S HORNP O BOX 943 PORTAGE,IN 46368	32-0075800	501(C)(3)	21,002				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
GOLF SUPPORTS OUR TROOPS1 KLARA COURT MADISON,NJ 07940	20-5739092	501(C)(3)	10,500				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE BIBLE CHURCHP O BOX 1136 SANGER,TX 76226	75-2122247	CHURCH	9,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
GRANTS INC2400 NEW YORK AVE SUITE 607 WHITING,IN 46394	43-2005141	501(C)(3)	21,500				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
HAROLD HAL KELLEY RESPITE FOUNDATION 1408 CHICAGO STREET VALPARAISO,IN 46383	26-4398254	501(C)(3)	5,406				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
HEALTHLINC INC454 S COLLEGE AVENUE VALPARAISO,IN 46383	35-2147791	501(C)(3)	53,937				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
HILLTOP NEIGHBORHOOD HOUSE460 SOUTH COLLEGE AVENUE VALPARAISO,IN 46383	35-1971819	501(C)(3)	13,150				BRIDGING THE LEARNING GAP CHILDCARE PROGRAM, STRATEGIC PLANNING RETREATCONSULTANT, SUMMER RECREATION PROGRAM, TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
HOUSING OPPORTUNITIES INC2001 CALUMET VALPARAISO,IN 46383	35-1965214	501(C)(3)	49,012				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE, MCCORD TRANSITIONAL APARTMENTS UPGRADES, GIVE DAY DISTRIBUTION
IMMANUEL LUTHERAN CHURCH1700 MONTICELLO PARK DRIVE VALPARAISO,IN 46383	35-2031658	CHURCH	12,000				FOOD BANK, TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
INDIANA DUNES ENVIRONMENTAL LEARNING CENTER700 HOWE ROAD CHESTERTON,IN 46304		501(C)(3)	7,525				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
IVY TECH FOUNDATION50 W FALL CREEK PARKWAY NORTH DRIVE DRIVE INDIANAPOLIS,IN 46208		501(C)(3)	51,820				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
JACOB'S LADDER PEDIATRIC REHAB CENTER 332 WEST 806 NORTH VALPARAISO,IN 46385	35-2052681	501(C)(3)	5,500				DEVELOPMENTAL PLAYGROUP, HANNAH'S HOPE, TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
LAKE AREA UNITED WAY INC221 WEST RIDGE ROAD GRIFFITH,IN 46319	23-7170019	501(C)(3)	150,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE, PARENTS AS TEACHERS SUPPORT
LATIN AMERICAN MINISTRY PARTNERS522 S EDMONDS LANE SUITE 103 LEWISVILLE,TX 75067	27-0257798	CHURCH	8,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
LUBEZNIK CENTER FOR THE ARTS101 W SECOND STREET MICHIGAN CITY,IN 46360	31-0922379	501(C)(3)	5,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
MANATEE COMMUNITY FOUNDATION3103 MANATEE AVE WEST BRADENTON,FL 34205	65-0833500	501(C)(3)	17,500				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
MARKETPLACE MINISTRIES2001 W PLANO PARKWAY SUITE 3200 PLANO,TX 75075	75-1977793	501(C)(3)	80,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
MORaine HOUSE353 W LINCOLNWAY VALPARAISO,IN 46383	35-1379793	501(C)(3)	9,008				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE, SCHOLARSHIPS FOR MEN'S RECOVERY PROGRAM, GIVE DAY DISTRIBUTION
NEIGHBORS CORPORATION256 WEST INDIANA AVENUE VALPARAISO,IN 46383	35-1768550	501(C)(3)	15,731				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE, GIVE DAY DISTRIBUTION - DAYSPRING
NEIGHBORS EDUCATIONAL OPPORTUNITIES INC5391 CENTRAL AVE PORTAGE,IN 46368	45-0697456	501(C)(3)	11,000				TECHNOLOGY IMPROVEMENT PLAN, TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
NEW CREATION BUSINESS ADVOCATES653 AXE AVENUE VALPARAISO,IN 46383	26-2727532	501(C)(3)	9,922				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
OPPORTUNITY ENTERPRISES INC2801 EVANS AVENUE VALPARAISO,IN 46383	35-1136833	501(C)(3)	68,421				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
OUR DAILY BREAD OF BRADENTON INC701 18TH AVE W BRADENTON,FL 34205	59-3340921	501(C)(3)	5,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
PARENTS AS TEACHERS OF PORTER COUNTY INC100 W BEAM STREET PORTER,IN 46304	30-0225120	501(C)(3)	21,600				READY, SET, KINDERGARTEN EXPANSION, FUNDRAISING PLAN ASSISTANCE, TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
PINES VILLAGE RETIREMENT COMMUNITIES3303 PINES VILLAGE CIRCLE VALPARAISO,IN 46383	31-1118091	501(C)(3)	8,779				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
PORTAGE HIGH SCHOOL DOLLARS FOR SCHOLARS 6450 U S HIGHWAY 6 PORTAGE,IN 46368	35-1404478	GOVERNMENT	20,359				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
PORTAGE TOWNSHIP YMCA3100 WILLOWCREEK ROAD PORTAGE,IN 46368		501(C)(3)	9,053				STRONG KIDS CAMPAIGN, POOL SAFETY EQUIPMENT, TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
PORTER COUNTY HERITAGE CORPORATION 153 S FRANKLIN STREET VALPARAISO,IN 46383	27-2884194	501(C)(3)	5,000				MILITARY LEGACY EXHIBIT RENOVATION
PORTER COUNTY PACT254 S MORGAN BLVD VALPARAISO,IN 46383	23-7351004	501(C)(3)	9,670				TELEPHONE SYSTEM AND OFFICE EQUIPMENT
PORTER TOWNSHIP SCHOOL CORPORATION 248 SOUTH 500 WEST VALPARAISO,IN 46385	31-1041164	GOVERNMENT	5,500				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
PORTER-STARKE SERVICES INC601 WALL STREET VALPARAISO,IN 46383	35-1330771	501(C)(3)	17,687				INTEGRATED CARE FOR ADDICTION SERVICES EXPANSION, TRAUMA SERVICES, GIVE DAY DISTRIBUTION, TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
PROJECT NEIGHBORS256 INDIANA AVENUE VALPARAISO,IN 46383	35-1768550	501(C)(3)	12,500				DAYSPRING WOMEN'S CENTER, TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER - DUNELANDP O BOX 644 CHESTERTON,IN 46304	35-2006299	501(C)(3)	19,732				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
REBUILDING TOGETHER - HEBRONP O BOX 825 HEBRON,IN 46341	37-1420165	501(C)(3)	12,879				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
RECYCLING AND WASTE REDUCTION DISTRICT OF PORTER COUNTY155 INDIANA AVE SUITE 314 VALPARAISO,IN 46383	65-0096171	GOVERNMENT	6,500				COMPOSTING SEMINAR, EARTH DAY 2012, TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
RESURRECTION HOUSE INCP O BOX 398 SARASOTA,FL 34230		501(C)(3)	5,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
SALVATION ARMY OF BRADENTONP O BOX 1179 BRADENTON,FL 34206	13-5562351	501(C)(3)	5,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
SALVATION ARMY OF PORTER COUNTYP O BOX 828 PORTAGE,IN 46368	13-5562351	501(C)(3)	12,950				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
SALVATION ARMY OF SARASOTAP O BOX 2792 SARASOTA,FL 34230	13-5562351	501(C)(3)	10,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
SAMARITAN'S PURSE INTERNATIONAL RELIEFP O BOX 3000 BOONE,NC 28607	58-1437002	501(C)(3)	24,700				HEART SURGERY FOR ONE CHILD, 3 HOUSES, TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
SARASOTA AUDUBON SOCIETYP O BOX 52132 SARASOTA,FL 34232	23-7382804	501(C)(3)	43,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
SHIRLEY HEINZE LAND TRUST INC109 WEST 700 NORTH VALPARAISO,IN 46385	35-2153969	501(C)(3)	7,279				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
ST ANDREW'S EPISCOPAL CHURCH505 BULLSEYE LAKE ROAD VALPARAISO,IN 46383	35-1335827	CHURCH	9,675				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
TEENPACT10570 CR 2180 WHITEHOUSE,TX 75791	58-2252295	501(C)(3)	29,556				NATIONAL CONVENTION SPONSOR, TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
THE CARING PLACE INC 3107 CASCADE DRIVE VALPARAISO,IN 46383	31-0944075	501(C)(3)	36,035				BOARD RETREAT FACILITATOR, TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
TRADEWINDS REHABILITATION CENTER INC5901 W 7TH AVE GARY,IN 46202	35-1139485	501(C)(3)	85,105				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
TRINITY LUTHERAN CHURCH201 N WASHINGTON STREET VALPARAISO,IN 46383	35-1120575	CHURCH	5,841				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
UNITED WAY OF PORTER COUNTY INC951 EASTPORT CENTRE DRIVE P O BOX 2028 VALPARAISO,IN 46384	35-6006484	501(C)(3)	8,700				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
UNIVERSITY OF COLORADO FOUNDATION 970 AURORA AVE BOULDER,CO 80302	84-6049811	501(C)(3)	7,000				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
VALPARAISO FAMILY YMCA1201 CUMBERLAND CROSSING DRIVE VALPARAISO,IN 46383	35-0876401	501(C)(3)	20,235				LIVESTRONG AT THE YMCA, MIDDLE SCHOOL/EARLY TEEN PROGRAM, CONSULTANT FOR LEADERSHIP TEAM, TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
VALPARAISO HIGH SCHOOL DOLLARS FOR SCHOLARS3801 N CAMPBELL STREET VALPARAISO,IN 46385	06-1250490	GOVERNMENT	9,882				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
VALPARAISO PARKS AND RECREATION FOUNDATION3210 CAMPBELL VALPARAISO,IN 46383	35-1756907	501(C)(3)	7,401				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
VALPARAISO UNIVERSITY KRETZMANN HALL VALPARAISO,IN 46383	35-0868125	GOVERNMENT	42,405				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
VISITING NURSE ASSOCIATION OF PORTER COUNTY2401 VALLEY DRIVE VALPARAISO,IN 46383	35-1174866	501(C)(3)	12,250				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE
WORLD VISIONP O BOX 70359 TACOMA,WA 984810359	95-1922279	501(C)(3)	13,700				TO ASSIST THE ORGANIZATION IN FURTHERING ITS EXEMPT PURPOSE

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Name of the organization
PORTER COUNTY COMMUNITY FOUNDATION INC

Employer identification number
35-2000788

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	30,629	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ►()				
27 Other ►()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement29

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

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

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

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

Yes

No

No

No

No

Part II

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

Identifier	Return Reference	Explanation
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2012

Open to Public Inspection

SCHEDULE O
(Form 990 or 990-EZ)

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization
PORTER COUNTY COMMUNITY FOUNDATION INC

Employer identification number

35-2000788

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	JOHN HANNON AND GREGG SOBKWOSKI HAVE A BUSINESS RELATIONSHIP LINDA WOLOSHANSKY AND SHAUNNA FINLEY HAVE A BUSINESS RELATIONSHIP STEPHANIE GERDES AND JANE MAXWELL HAVE A BUSINESS RELATIONSHIP STEPHANIE GERDES AND BARB YOUNG HAVE A BUSINESS RELATIONSHIP SPERO VALAVANIS AND JONATHAN NALLI HAVE A BUSINESS RELATIONSHIP CAROL HALL AND SPERO VALAVANIS HAVE A BUSINESS RELATIONSHIP CAROL HALL AND JONATHAN NALLI HAVE A BUSINESS RELATIONSHIP SHARON KISH AND LINDA WOLOSHANSKY HAVE A BUSINESS RELATIONSHIP SPERO VALAVANIS AND DAVE ROSE HAVE A BUSINESS RELATIONSHIP DAVE ROSE AND KENT MISHLER HAVE A BUSINESS RELATIONSHIP KENT MISHLER AND SPERO VALAVANIS HAVE A BUSINESS RELATIONSHIP DOUG OLSON AND SPERO VALAVANIS HAVE A BUSINESS RELATIONSHIP DAVE ROSE AND JONATHAN NALLI HAVE A BUSINESS RELATIONSHIP HEATHER HARRIGAN AND JONATHAN NALLI HAVE A BUSINESS RELATIONSHIP
	FORM 990, PART VI, SECTION B, LINE 11	AN ELECTRONIC VERSION OF THE FORM 990 IS DISTRIBUTED TO EACH BOARD MEMBER AND REVIEWED BY THE AUDIT COMMITTEE AND AT THE BOARD OF DIRECTORS MEETING
	FORM 990, PART VI, SECTION B, LINE 12C	A SUMMARY OF THE CONFLICTS LISTED BY EACH BOARD MEMBER IS DISTRIBUTED TO THE GOVERNANCE COMMITTEE FOR DISCUSSION
	FORM 990, PART VI, SECTION B, LINE 15	EACH BOARD MEMBER IS GIVEN AN EVALUATION FORM FOR THE PRESIDENT AND ASKED TO COMPLETE IT AND RETURN TO THE CHAIR OF THE BOARD OF DIRECTORS THE CHAIR SUMMARIZES ALL THE INFORMATION CONTAINED IN THE EVALUATIONS AN EXECUTIVE COMMITTEE MEETING IS HELD THEY REVIEW THE EVALUATION RESULTS, COMPARABLE SALARY INFORMATION FROM THE COUNCIL ON FOUNDATIONS AND INDIANA GRANTMAKERS ALLIANCE TAKING INTO CONSIDERATION THE ASSET SIZE OF THE FOUNDATION AND OUR GEOGRAPHIC LOCATION A RECOMMENDATION FROM THE COMMITTEE IS PRESENTED TO THE BOARD FOR APPROVAL A WRITTEN POLICY HAS BEEN APPROVED BY THE BOARD THE PRESIDENT COMPLETES AN EVALUATION ON EACH STAFF MEMBER SHE REVIEWS THE EVALUATION WITH THE STAFF MEMBER THE PRESIDENT AND CHAIR REVIEW THE SALARY INFORMATION FROM THE COUNCIL ON FOUNDATIONS AND INDIANA GRANTMAKERS ALLIANCE IN THE SAME MANNER AS THE REVIEW OF THE PRESIDENT'S SALARY
	FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS ARE PUBLICIZED IN THE ANNUAL REPORT AND ON THE WEBSITE. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	SFAS 136 ADJUSTMENT -145,073 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 16,022
CHANGES IN PROCEDURES OF AUDIT COMMITTEE	FORM 990, PART XII, LINE 2C	THE PROCEDURES THAT THE AUDIT COMMITTEE TAKES ANNUALLY DID NOT CHANGE IN THE CURRENT YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
PORTER COUNTY COMMUNITY FOUNDATION INC

Employer identification number
35-2000788

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE DISCOVERY ALLIANCE 57 S FRANKLIN STREES SUITE 207 VALPARAISO, IN 46383 35-2112155	SUPPORTING ORGANIZATION	IN	501(C)(3)	11 A (TYPE I)			No

Part III

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

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

Part IV

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

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

Part V

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

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:
Software Version:
EIN: 35-2000788
Name: PORTER COUNTY COMMUNITY FOUNDATION INC