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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

Department of the Treasury

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service Inspection A For the 2012 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change WARREN COUNTY COMMUNITY FOUNDATION, INC Name change 35-2070789 Initial Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 765-764-1501 31 NORTH MONROE STREET Amended return 425,065. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-tion Pending WILLIAMSPORT, IN H(a) Is this a group return JYes X No F Name and address of principal officer: for affiliates? H(b) Are all affiliates included? 」Yes L Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. (see instructions)) ◀ (insert no) l J Website: ► WWW.WARRENCOUNTYFOUNDATION.COM H(c) Group exemption number K Form of organization X Corporation Trust Association L Year of formation M State of legal domicile IN Part I Summary Briefly describe the organization's mission or most significant activities: TO GRANT FUNDS TO CHARITABLE Activities & Governance ORGANIZATIONS FOR FURTHERANCE OF THEIR PURPOSES & TO INDIVIDUALS FOR Check this box ▶ oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 2 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b SCANNAED AUG X.2. **Prior Year Current Year** 137,133 193,704. Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) 23,723. 15,500. Investment income (Part VIII, column (A), lines 3, 4 and 7d) 10 -44,790.178,331. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

Total revenue · add lines 8.through (1) (must equal-Part VIII, column (A), line 12) 11 387,535. 116,066. 12 145,982. 125,093. Grants and similar amounts paid (Part-IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line (4))
Salaries, other compensation, emiployee benefits (Part IX, column (A), lines 5-10) ο. 48,932. 46,907. 0. 0 16a Professional fundraising fees (Part IX, column, (A), line 11e) b Total fundraising expenses (Part IX, column (1), line 25)

17 Other expenses (Part IX, column (4), lines 11a-11d, 11f-24e) 8,113. 31,283. 21,779 226,197. 193,779. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -77,713. 161,338. Revenue less expenses. Subtract line 18 from line 12 ces Beginning of Current Year **End of Year** 2,284,314. 2,125,278. 20 Total assets (Part X, line 16) 3,860 1,558. Total liabilities (Part X, line 26) 2,282,756. 121,418. 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is complete Declaration of pipparer (Other than officer) is based on all information of which preparer has any knowledge true, correct, and Sign Here Type or print name and title Date PTIN Check Print/Type preparer's name reparer's signature 7-3-13 ₽01017071 BRUCE FOX Paid 37-1388708 Firm's name FOX CPA GROUP, Firm's EIN Preparer SUITE Firm's address 204 E. CHERRY ST., Use Only Phone no 815-432-3126 WATSEKA, IL 60970

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2012)

No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

X Yes

232002		Form 9	90 (2012
4e	Total program service expenses ► 150, 268.		
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
		-	
4c	(Code) (Expenses \$)
			
	PROVIDE OPPORTUNITY FOR HIGHER EDUCATION TO AREA YOUTH	· ·-	
4b	(Code) (Expenses \$ 18,250.) (Revenue \$ 18,250.) (Revenue \$ 18,250.))
			· -
	SUPPORT YOUTH ACTIVITIES AND COMMUNITY WELFARE AND DEVELOPMENT		
	revenue, if any, for each program service reported. (Code) (Expenses \$ 132,018. including grants of \$ 127,732.) (Revenue \$		<u> </u>
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of		
	If "Yes," describe these changes on Schedule O.		
	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
	AND PROVIDING LEADERSHIP TO CREATE LASTING LEGACIES.		
	Briefly describe the organization's mission: TO UNITE FRIENDS OF WARREN COUNTY IN SERVING DONORS, AWARDING	GRANT	5,
1	Check if Schedule O contains a response to any question in this Part III		

			res	140
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		Х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
5	during the tax year? If "Yes," complete Schedule C, Part II			
9	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? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			_
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446	Х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<u>11b</u>		
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		x
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	110		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X _
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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? If "Yes," complete Schedule F, Parts II and IV	15		х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u></u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u></u>	<u> </u>
		Form	990	(2012)

	1990 (2012) WARREN COUNTY COMMUNITY FOUNDATION, INC 35-2070	<u>789</u>	<u>Р</u>	age 4
Pa	rt IV Checklist of Required Schedules (continued)	,	,	,
	i	<u></u>	Yes	No
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? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	ĺ		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ĺ	ĺ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		ļ	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a	<u></u>	X
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	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ł
	Schedule L, Part I	25b		X_
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? If "Yes," complete Schedule L, Part II	26		X
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			İ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	Instructions for applicable filing thresholds, conditions, and exceptions):	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	_	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Ţ
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			T
	Part V, line 1	34		X_
35a		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			

Form 990 (2012)

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		Check if Schedule O contains a response to any question in this Part V							
b Entir the number of Forms WGG included in the 1a. Enter 0-d not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambang) winnings to prize winners? 2 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 7 Hole. If the sum of lines 1 and 2 is greater than 250, you may be required to effect employment tax returns? 8 Did the organization have unrelated business gross income of \$1,000 or more during the year? 9 If Yes, 1 and 1 feed a Form 900 Tro this year? If "Two," provide an explanation in Schodule O 1 If Yes, 1 and 1 feed a Form 900 Tro this year? If "Two," provide an explanation in Schodule O 1 If Yes, 1 and 1 feed a Form 900 Tro this year? If "Two," provide an explanation of Schodule O 1 If Yes, 1 and 1 feed a Form 900 Tro this year? If "Two," provide an explanation of the financial accounts? 1 If Yes, 1 and 1 feed a Form 900 Tro this year? If "Two," provide an explanation of the financial accounts? 2 If Yes, 1 and 1 feed a Form 900 Tro this year? If "Two," provide an explanation of the financial accounts. 3 If Yes, 1 feel the Sao 55, did the organization has better transaction at any time during the tax year? 5 If Yes, 1 feel the Sao 55, did the organization that twa or is a part to a prohibited tax shelfer transaction? 6 If Yes, 1 feel the Game 55, did the organization file Form 8886. The organization that were not tax deductibles and share a female share the contributions or grits were not tax deductibles and the were year to the file organization share and year or the deductible contributions under section 170(c). 9 If Yes, 1 did the organization share appried in excess of 57 made party as a contribution and party for goods and services provided 7 1 If Yes, 2 did the organization share appried in excess of 57 made party as a contribution of oral party for which it was required to file Form 8		•		Yes	No				
Designation of the organization is comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Einter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the celendar year anding with or within the year covered by this return 2 Interest the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the celendar year anding with or within the year covered by this return 3 It less an analysis to the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 In the organization have unrelated business gross inceme of \$1,000 or more dump the year? 3 It is a form 900-T for this year? If "No," provide an explanation in Schedule O 3 In the organization have unrelated business gross inceme of \$1,000 or more dump the year? 3 It is a form 900-T for this year? If "No," provide an explanation in Schedule O 3 It "Yes," and during the calendary are, did the organization have an interest in, or a signature or other authority over, a financial account, and financial accounts or filing requirements for Form 1D F 90.22.1, Report of Forutign Bank and Financial Accounts. 5 It "Yes," to line 5 a or 5b, did the organization file Form 8865-T? 5 It "Yes," to line 5 a or 5b, did the organization file Form 8865-T? 5 It "Yes," to line 5 a or 5b, did the organization file Form 8865-T? 5 It "Yes," and the organization have exploitation an expresses statement that such contributions or gifts were not tax deductible? 5 It "Yes," and the organization include with every solicitation an expresses statement that such contributions or gifts were not tax deductible? 5 It "Yes," and the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? 5 It "Yes," and the organization solicitation of capital part of the organization file Form 8980 as required? 5 It "Yes," and the organization s	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
(gambling) winnings to pinze winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the celendar year ending with or within the year covered by this return 2 In I all least one is reported on line 22, and 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) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 A Value of the organization have unrelated business gross income of \$1,000 or more during the year? 3 A Value of the organization have unrelated business gross income of \$1,000 or more during the year? 4 A Value of the organization have an interest in, or a signature or other during the calendar year, did the organization have an interest in, or a signature or other during the calendar year, did the organization have an interest in, or a signature or other during the calendar year, did the organization have an interest in, or a signature or other during the calendar year, did the organization have an interest in, or a signature or other during the calendar year, did the organization of the organization or other financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction of a signature or other financial Accounts. 5 Was the organization and party to a prohibited tax shelter transaction? 5 Was the organization and party to a prohibited tax shelter transaction? 5 Was the organization and party to a prohibited tax shelter transaction? 5 Was the organization shelt weak organization file form 8886-7? 6 Was the organization shelt weak organization file form 8886-7? 6 Was the organization shelt weak organization file form 8890 as destructions or gifts were not tax deductible? 9 Was the organization shelt weak organization shelt weak organization shelt weak organization shelt organization organization shelt organization organization shelt organization	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable							
28 Effet the number of employees reported on Form W-3, Transmitted of Wage and Tax Statements, filed for the calendar year and ending with or within the year covered by this return 18 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 18 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 29 If the regularization have unrelieded bissiens gross income of \$1,000 or more during the year? 30 If the organization have unrelieded bissiens gross income of \$1,000 or more during the year? 30 If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 30 If the very an analysis of the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 31 If Yes, 1a sit if the form 990 If or this year? If You ? provide an explanation in Schedule 0 32 If Yes, 1a sit if the foreign country (such as a bank account, securities account, or other financial account)? 32 If Yes, 1a sit if the foreign country (such as a bank account, account, or other financial account)? 33 If Yes, 1a sit if the foreign country (such as a bank account, account, or other financial account)? 34 If Yes, 1a sit if the foreign country (such as a bank account, account, or other financial account)? 35 If Yes, 1a sit if the foreign country (such as a bank account, account and the sit if yes and the foreign Bank and Financial Accounts. 36 If Yes, 1a sit if yes, 1a sit if yes and yes a country of presign Bank and Financial Accounts. 37 If Yes, 1a sit if yes, 1a sit if yes and	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			,				
field for the calendary year ending with or within the year covered by this return 2a		(gambling) winnings to prize winners?	1c						
b If a least one is reported on line 2a, dut 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) 3b Id the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If Yes, 'has it filed a Form 990-T for this year? If 'No,' 'provide an explination in Schedule O 3b If Yes, 'has it filed a Form 990-T for this year? If 'No,' 'provide an explination in Schedule O 4a At any time during the calendary year, of 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)? 5b If 'Yes,' and the organization for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts. 5c If 'Yes,' to line 5a or 5b, dot the organization that it was or is a party to a prohibited tax sheller transaction? 5c If 'Yes,' to line 5a or 5b, dot the organization that it was or is a party to a prohibited tax sheller transaction? 5c If 'Yes,' to line 5a or 5b, dot the organization file Form 8886-T? 5c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(e). 8d If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 9d If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 9d If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 9d If 'Yes,' did the organization received a contribution of qualified intellectual property, and the organization intellectual property for which it was required to file Form 8222? 9d If 'Yes,' and the organization received a contribution of qualified intellectual property, and the organization intellectual property in the organization intellec	2a								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-the (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If 'Yes,' has at filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O And It 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, or other financial account): B If 'Yes,' enter the name of the foreign country: B O If If 'Yes,' enter the name of the foreign country: B O If any travel party to a prohibited tax shelter transaction at any time during the tax year? B O If any taxable party nority the organization that it was or is a party to a prohibited tax shelter transaction? If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? Did 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? If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? To organizations that may receive deductible contributions under section 170(c). Did the organization releva a payment in excess of \$75 made party as a contribution of quantition of the payor? To year include the number of Forms 8882 filed during the year Did the organization releva a payment mexics of \$75 made party as a contribution of quantition the organization shall relevant to the Form 8282? If 'Yes,' include the number of Forms 8282 filed during the year Did the organization relevance and year year year year year. If 'Yes,' include the number of Forms 8282 filed during the year Did the organization relevance and year year year year. If the organization relevance and year year year year year year. If the organization relevance and year year year year year year year. If the organization relevance		filed for the calendar year ending with or within the year covered by this return 2a 2							
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b if Yes, has filled a Form 990-T for this year? if Yo," provide an explanation in Schedule O 4b All 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)? b if Yes, either the name of the foreign country (such as a bank account, securities account, or other financial account)? See an instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. S Was the organization for the foreign country (such as a bank account, excurities account, or other financial accountry). b If Yes, the line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c if Yes, to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? b If Yes, the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization include with very solicitation and express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization with the contribution of the value of the good or services provided? b If Yes, the contribution of the value of the good or services provided? b If Yes, the organization exceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f ID bid the organization received an contribution of qualified intellectual property, did the organization file a Form 1908-C? Spensoring organization make any taxable distributions under section 4966? b Contributions included on Part VIII, line 12 if the organization make any taxable dis	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	_X_					
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g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12									
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			142		x				
					 				
		in 165, has it lied a Form 725 to report these payments: if 140, provide an explanation in Schedule C		990	(2012)				

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

	Check if Schedule O contains a response to any question in this Part VI					<u>X</u>		
<u>Sec</u>	tion A. Governing Body and Management		<u> </u>					
	•		ī		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9					
	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	1b	9		- 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ıp with	any other		1			
	officer, director, trustee, or key employee?			2		<u>X</u>		
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	ct supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		<u>X</u>		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5 6		X		
6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			.,		
	more members of the governing body?			7a_		X		
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			37		
	persons other than the governing body?			7b		<u>X</u>		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	ie following	_	1,7			
а	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the			v		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X		
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)			.		
				40.	Yes	No X		
	Did the organization have local chapters, branches, or affiliates?			10a				
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapter	s, affiliates,	10b				
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	· · · · · · · · · · · · · · · · · · ·							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х			
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	res, a	escribe	12c	х			
40	In Schedule O how this was done			13	Х			
13	Did the organization have a written whistleblower policy?			14		X		
14	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approximately	ral by t	ndenendent	1.7	<u> </u>			
15			поерепост					
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•		15a	İ	Х		
	The organization's CEO, Executive Director, or top management official			15b		X		
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				ļ			
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	with a					
· va	taxable entity during the year?		········ 	16a		X		
.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu-	ate its	participation					
U	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to obtain							
	exempt status with respect to such arrangements?			16b	Ì			
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶IN				-			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sec	tion 501(c)(3)s only)	availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply	,	()(-)					
	X Own website Another's website X Upon request Other (explain in Schedule O)							
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and								
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 organizat								
_•	CAROL CLARK - 765-764-1501							
	31 NORTH MONROE STREET, WILLIAMSPORT, IN 47993							
23200	6			Forn	n 990	(2012)		

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	orga	111126)	прег	1341	(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any				<u> </u>			from the	from related organizations	other compensation
	hours for	ga				B		organization	(W-2/1099-MISC)	from the
	related	Stee	uste			Seuss		(W-2/1099-MISC)		organization
	organizations	ם	onalt		as e	E 28				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LOU ANN MAGNER	1.00	_	_	Ŭ	_					
SECRETARY								0.	0.	0.
(2) DAN LAUGHNER	1.00					Г				
TREASURER					L.			0.	0.	0.
(3) BEV BRADLEY	1.00]				_	_
BOARD MEMBER		<u> </u>	<u> </u>			<u> </u>		0.	0.	0.
(4) JESSICA PETERSON	1.00									_
BOARD MEMBER			<u> </u>			<u> </u>		0.	0.	0.
(5) SANDY FRASCH	1.00	ļ								0
BOARD MEMBER	1 00				_	├ -		0.	0.	0.
(6) STEVE PITHOUD	1.00									0
BOARD MEMBER	40.00		-	<u> </u>		╀	_	0.	0.	0.
(7) CAROL CLARK	40.00	1						40 200	0.	0.
EXECUTIVE DIRECTOR	1 00		<u> </u>	ļ	-	-	 	40,300.	- 0.	<u> </u>
(8) JOHN LARSON	1.00	ł		ļ				0.	0.	0.
PRESIDENT	1.00	-	<u> </u>	-	┢	╁	-			
(9) RHONDA INMAN	1.00	ł					-	0.	0.	0.
BOARD MEMBER	1.00		├		┢	╁				
(10) LON AKERS	1.00	1			l		1	0.	0.	0.
VICE PRESIDENT			 		 	-	\vdash			
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Form **990** (2012)

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

Form 990 (2012)

			EN COUNTY COMMU	NITY FOUNDAT	ION, INC	35-2070	789 Page 9
Pa	rt VI						
		Check if Schedule O con	tains a response to any quest		(D)		
		•		(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	1 a	Federated campaigns	1a				
in o	b	Membership dues	1b				
A'C	С	Fundraising events	1c				
la it	d	Related organizations	1d				
Š.E	е	Government grants (contribu	tions) 1e				
r S	f	All other contributions, gifts, gran	its, and				
호		similar amounts not included abo	ve 11 193,70	4.	-		
	g	Noncash contributions included in lines	3 1a-1f \$				
<u>3 g</u>		Total. Add lines 1a-1f		193,704.			
			Business Co	ode	,		
	2 a						
Program Service Revenue	b		.				
S all	C						
ev a	d	·					
5 P	е	·					_
۵	f	All other program service revi	enue				
	9	Total. Add lines 2a-2f		>			
	3	Investment income (including	dividends, interest, and				
		other similar amounts)	I	► 4,733.			4,733.
	4	Income from investment of ta	x-exempt bond proceeds	>			
	5	Royalties					
			(I) Real (II) Person	al			
1	6 a			_	1		
	b	'		[
	C	` '			1		
		Net rental income or (loss)		>		·····	
	7 a	Gross amount from sales of	(i) Securities (ii) Other	<u> </u>	· ·		
		assets other than inventory	48,297.		į		
	b	Less: cost or other basis	27 520				
		and sales expenses	37,530. 10,767.		•		
		Gain or (loss)		10,767.	10,767.	:	
		Net gain or (loss)		10,707.	10,707.		
Other Revenue	o a	Gross income from fundraisir including \$	ı		į		
Ş		contributions reported on line	of		ŧ		•
8		Part IV, line 18	•				
E I	.	Less: direct expenses	a b	 - - - - - - - - - - - - - - - - - -	1		
δ		Net income or (loss) from fun			f	•	
		Gross income from gaming a		-			
	. u	Part IV, line 19	a		1		
	ь	Less: direct expenses	ь	 	1		
		Net income or (loss) from gar	· · · · · · · · · · · · · · · · · · ·	•		į	
		Gross sales of inventory, less					
l		and allowances	а				:
	b	Less: cost of goods sold	b				
į		Net income or (loss) from sale	es of Inventory	▶	ĺ		
Ì		Miscellaneous Reveni		ode			
ļ	11 a	UNREALIZED GAIN		177,593.	177,593.		
		MISCELLANEOUS		738.	738.		
1	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d		▶ 178,331.			
	12	Total revenue. See instructions		▶ 387,535.	189,098.	0.	4,733.
23200 12-10-	9 12	-					Form 990 (2012)

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon-	se to any question in thi	s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	127,732.	127,732.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	18,250.	18,250.		
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,			40 200	
	trustees, and key employees	40,300.		40,300.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			5 040	
7	Other salaries and wages	5,048.		5,048.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2.504		2 504	
10	Payroli taxes	3,584.		3,584.	
11	Fees for services (non-employees):				
а	Management				· · · · · · · · · · · · · · · · · · ·
b	Legal	4 500		4,500.	
c	Accounting	4,500.		4,500.	<u> </u>
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	3,860.		3,860.	
f	Investment management fees	3,000.		3,000.	
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)	3,529.	1,924.		1,605.
12	Advertising and promotion	1,814.	1,724.	1,814.	
13	Office expenses	1,014.	· · · · · · · · · · · · · · · · · · ·	1/014.	
14	Information technology				
15	Royalties	2,351.	···	2,351.	
16	Occupancy	2,331.	. <u></u>	2/3321	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			<u> </u>	
20 21	Interest Payments to affiliates		<u> </u>	-	
21	Depreciation, depletion, and amortization	2,643.		2,643.	
23	Insurance	1,905.		1,905.	
24	Other expenses Itemize expenses not covered	_,	-		·····
7	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	SPECIAL EVENTS	8,870.	2,362.		6,508.
b	MICCELLANDOUC	1,071.		1,071.	
c	WEDCIME	740.	-	740.	
d					
	All other expenses	-			
25	Total functional expenses. Add lines 1 through 24e	226,197.	150,268.	67,816.	8,113.
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 If following SOP 98-2 (ASC 958-720)				Form 990 (2012)

1.01	π.Α.	Check if Schedule O contains a response to an	v question in this Part X			
	-	· ·	y question in this Part X	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			1	_
	2	Savings and temporary cash investments		62,316.	2	140,304.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for	ormer officers, directors,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		trustees, key employees, and highest compensations				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
	1	employers and sponsoring organizations of sec				
(A)		employees' beneficiary organizations (see instr)	. Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		- <u></u>	7	
As	8	Inventories for sale or use		<u> </u>	8	
	9	Prepaid expenses and deferred charges		······································	9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 102,045. 10b 39,933.			
	ь	Less: accumulated depreciation	10b 39,933.	64,135.	10c	62,112.
	11	Investments - publicly traded securities			11	
	12	Investments · other securities. See Part IV, line	11	1,998,827.	12	2,081,898.
	13	Investments · program-related. See Part IV, line	11	· · · · · · · · · · · · · · · · · · ·	13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	0 105 070	15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	2,125,278.	16	2,284,314. 1,558.
	17	Accounts payable and accrued expenses	3,860.	17	1,558.	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
<u>ies</u>	21	Escrow or custodial account liability. Complete			21	
Liabilities	22	Loans and other payables to current and forme				
Ę.	}	key employees, highest compensated employer	es, and disqualified persons.			
		Complete Part II of Schedule L		 	22	
	23	Secured mortgages and notes payable to unrel			23	
	24	Unsecured notes and loans payable to unrelate	-		24	
	25	Other liabilities (including federal income tax, pa				
	1	parties, and other liabilities not included on lines	s 17-24). Complete Part A of		25	
	00	Schedule D		3,860.	26	1,558.
—	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958	3), check here X and	3,000.	20	1,3301
w	ļ	complete lines 27 through 29, and lines 33 ar	•••			
ĕ	27	Unrestricted net assets	10 54.	427,426.	27	452.485.
<u>sa</u>	28	Temporarily restricted net assets		1,687,251.	28	1,823,365.
Ä	29	Permanently restricted net assets		6,741.	29	452,485. 1,823,365. 6,906.
ڃ	23	Organizations that do not follow SFAS 117 (A	SC 958) check here			
ř		and complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or ea			31	
Α̈́	32	Retained earnings, endowment, accumulated in			32	
ž	33	Total net assets or fund balances		2,121,418.	33	2,282,756.
	34	Total liabilities and net assets/fund balances		2,125,278.		2,284,314.
						Form 990 (2012)

orm	990 (2012) WARREN COUNTY COMMUNITY FOUNDATION, INC	<u>35–20</u>	<u>70789 </u>	Pag	<u>ie 12</u>		
Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
	•		205		^ -		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	387				
2	Total expenses (must equal Part IX, column (A), line 25)	2			97.		
3	Revenue less expenses. Subtract line 2 from line 1	3			38.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,121	. , 4	18.		
5	Net unrealized gains (losses) on investments	5					
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			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			_			
	column (B))	10	2,282	. , /	56.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				<u></u>		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		.	1	Į		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	∍ O.		1	.,		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both:				ĺ		
	Separate basis Consolidated basis Both consolidated and separate basis				.,		
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audıt,			l		
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci						
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?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit	_				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>3</u> b	000	(22.45)		
			Form	990	(2012)		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

WARREN COUNTY COMMUNITY FOUNDATION, INC 35-2070789

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

Part I	Reason	tor Public Char	ity Status (All organization	ations mu:	st complet	e this part) See inst	ructions.				
he orga	inization is not a	private foundation	because it is: (For lines 1	through 1	11, check	only one b	ox.)					
1	A church, co	nvention of churches	s, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sci	hedule E.)								
з 🗀	7		tal service organization of		n section	170(b)(1)(A)(iii).					
4	٠ .		operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospita	i's nam	ıe.
	city, and stat	•			,,,,,,,			(-)(-)(-)(-	,, · •			-,
5	n Š		benefit of a college or un	uversity ov	wned or or	nerated by	a governo	nental unit	describ	ned in		
•	-	(b)(1)(A)(iv). (Comple	_	iivoidity ov	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	onaice by	a govenn	noma om	0000110			
6	1		ent or governmental unit	doorbo	d in contin	~ 170/h)/1)/A)/ ₍)					
7	ד	-	<u> </u>					u from the	aanaral	aublia daa	ombod i	_
,	_	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 X	י	section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9 🗀	,				•		hutiana m	omborobi.	- foon o	nd aroos re	acinto	from
•	_	-	eives: (1) more than 33 1		• •					_	-	
		· ·	nctions - subject to certa			•				-		
			axable income (less sect	юпэнца	x) irom bu	smesses a	icquired b	y ine orga	nization	aiter June	30, 197	э.
	٦	509(a)(2). (Complete	•	الماديم بمائة	o oofoty C		- E00/a\/4	11.				
!º -	, -		perated exclusively to tes		-			-	. aut tha	nurnono	of one	~-
''			perated exclusively for th									OI .
	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											
	a ∐ Type I	-	/pe ll	•	-	-						
e L			han one or more publicly									"
		-	, ,		-				(a)(1) 01	Section 30	3(a)(2).	
f	-		ten determination from t	ne ino ina	шизату	pe i, Type	ii, or Type	7 (1)				
_		rganization, check th				from only	of the falls					
9			organization accepted an directly controls, either alo								Yes	No
				one or tog	eniei wini	persons c	iescribed i	iii (ii) ai lo (i	iii) Delow	11g(i)		-140
			upported organization?							11g(ii)		
	•	-	n described in (i) above?	vr (u) obov	2					11g(iii		
_			person described in (i) o							[1]9(111	ш	L
h	Provide the i	ollowing information	about the supported org	gariizationi	(5).							
			T	Viv.) lo the o	rganization	(w) Did voi	notify the	(vi) Is	the			
	ne of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col (i) lis	•			organizátic	on in col	(vii) Amour		netary
UI	ganization	İ		governing		(i) of you		(i) organız U S	2	30)	pport	
			(see instructions))	Yes	No	Yes	No	Yes	No			
										<u> </u>		
							-					
				<u> </u>		<u> </u>		<u> </u>				
]						
								 				
otal			1									
~~~		1	<del>1</del>	1	b		t	<u>.                                    </u>		L		

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 WARREN COUNTY COMMUNITY FOUNDATION, INC 35-2070789 Page 2

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

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

Sec	tion A. Public Support									
Cale	ndar yèar (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")		106,500.	163,039.			269,539.			
2	Tax revenues levied for the organ-		Ì							
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities				<del></del>					
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3		106,500.	163,039.	•		269,539.			
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)									
6	Public support. Subtract line 5 from line 4						269,539.			
•	ction B. Total Support			<u> </u>						
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total 269,539.			
	Amounts from line 4	1.1	106,500.	163,039.			269,539.			
8	Gross income from interest,				-					
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources		83,212.	7,142.			90,354.			
9	Net income from unrelated business	,	3-							
•	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)		1,000.	3,562.		_	4,562.			
11	Total support. Add lines 7 through 10						364,455.			
12	Gross receipts from related activities	, etc. (see instruct	ions)			12				
13				d, fourth, or fifth ta	x year as a section	on 501(c)(3)				
	organization, check this box and sto		·				<u> </u>			
Se	ction C. Computation of Pub	ic Support Pe	rcentage							
14	Public support percentage for 2012 (	line 6, column (f) c	livided by line 11, o	column (f))		14	73.96 %			
15	Public support percentage from 201	1 Schedule A, Parl	t II, line 14			15	74.16 %			
16a	33 1/3% support test - 2012. If the	organization did n	ot check the box o	n line 13, and line 1	14 is 33 1/3% or i	more, check this b	oox and			
	stop here. The organization qualifies	as a publicly supp	oorted organization	1			$\blacktriangleright X$			
ŧ	33 1/3% support test - 2011. If the	organization did n	ot check a box on	line 13 or 16a, and	line 15 is 33 1/39	6 or more, check	this box			
	and stop here. The organization qua						▶∟			
178	10% -facts-and-circumstances tes				13, 16a, or 16b,	and line 14 is 109	% or more,			
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"						▶□			
	10% -facts-and-circumstances tes					17a, and line 15 i	s 10% or			
	more, and if the organization meets t									
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18							ons 🕨 🔲			
					Sch	edule A (Form 99	0 or 990-EZ) 2012			

#### Part III Support 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.)

qualify under the tests listed be	low, please com	plete Part II.)		<del></del>			
Section A. Public Support				<del></del>	<del>                                     </del>		
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	012	(f) Total
1 Gifts, grants, contributions, and							
membership fees received. (Do not		Ì		1			
include any "unusual grants.")							
2 Gross receipts from admissions,							
merchandise sold or services per-			1		İ	1	
formed, or facilities furnished in						]	
any activity that is related to the organization's tax-exempt purpose		<b> </b>				l l	
3 Gross receipts from activities that					<del> </del>		
'							
are not an unrelated trade or bus-							
iness under section 513			·	<del> </del>	<b> </b>		·
4 Tax revenues levied for the organ-						1	
ization's benefit and either paid to							
or expended on its behalf				<u> </u>	L		
5 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge		ĺ				[	
6 Total. Add lines 1 through 5			-				·· ··
7a Amounts included on lines 1, 2, and	<del></del> -	<del> </del>			+		<del></del>
					1		
3 received from disqualified persons		<del> </del>		<del> </del>	<del></del>	+	
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		{			ĺ	ſ	
amount on line 13 for the year				L			
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>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	012	(f) Total
9 Amounts from line 6		1 17 == 0	1-7				
10a Gross income from interest,				<del>                                     </del>	<b>†</b>		
dividends, payments received on					1	ļ	
securities loans, rents, royalties				j	1	i	
and income from similar sources				<del> </del>	<del> </del>	<del></del>	
b Unrelated business taxable income				}			
(less section 511 taxes) from businesses					1		
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				j	1	ļ	
12 Other income. Do not include gain		<del>                                     </del>		<del> </del>			
or loss from the sale of capital							
assets (Explain in Part IV.)		ļ		<del> </del>	<del></del>	+	
13 Total support. (Add lines 9, 10c, 11, and 12)			L	J	<u> </u>		
14 First five years. If the Form 990 is for t	he organization?	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3	i) organizatio	on,
check this box and stop here							<b>_</b>
Section C. Computation of Public	: Support Pe	rcentage					
15 Public support percentage for 2012 (lin	ne 8, column (f) c	divided by line 13, o	column (f))		15		
16 Public support percentage from 2011	Schedule A, Part	i III, line 15			16		%
Section D. Computation of Invest							
17 Investment income percentage for 201			ne 13. column (fi)		17		9/
18 Investment income percentage from 20			15 10, Column (I))		18		
			line 4.4 li	o 15 io 4b			
19a 33 1/3% support tests - 2012. If the c	=					and line 1/ is	s not
more than 33 1/3%, check this box an		-					▶∟
<b>b 33 1/3% support tests - 2011.</b> If the c	organization did i	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 3	3 1/3%, and	i
line 18 is not more than 33 1/3%, chec	k this box and s	t <b>op here.</b> The orga	anızatıon qualifies	as a publicly sup	ported orga	anization	▶∐
20 Private foundation. If the organization	did not check a	box on line 14, 19	<u>a, or 19b, chec</u> k t	his box and see ir	structions		<u> </u>
222022 12 04 12							r 990-F7) 201

232023 12-04-12

Schedule A (Form 990 or 990-EZ) 2012

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

**Employer identification number** 

	WARREN COUNTY COMMO			35-2070789
Pa			Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line			
		(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets h	ield in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that g	rant funds can be use	d only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for a	any other purpose con	ferring
	impermissible private benefit?			Yes No
Pa	† II Conservation Easements. Complete if the org	anization answered "Ye	es" to Form 990, Part I	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	).	
	Preservation of land for public use (e.g., recreation or e	ducation) 🖳 Pre	servation of an historic	cally important land area
	Protection of natural habitat	L∐ Pre	servation of a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contri	bution in the form of a	conservation easement on the last
	day of the tax year.			p
				Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic stru	ucture included in (a)		_2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not c	n a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or	terminated by the org	ganization during the tax
	year ►			
4	Number of states where property subject to conservation eas		<del></del>	
5	Does the organization have a written policy regarding the per		ction, handling of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	nts of section 170(h)(4	
_	and section 170(h)(4)(B)(ii)?			<b>—</b> · · · — · ·
9	In Part XIII, describe how the organization reports conservati			
	include, if applicable, the text of the footnote to the organization	tion's financial stateme	nts that describes the	organization's accounting for
Da	conservation easements.  Tt III Organizations Maintaining Collections o	f Art Historical To	reasures or Othe	ar Similar Assats
-	Complete if the organization answered "Yes" to Form		easures, or othe	oli mai Assets.
10	If the organization elected, as permitted under SFAS 116 (AS		ite revenue statement	t and halance sheet works of art
Iq	historical treasures, or other similar assets held for public ext			
			esearch in fortherance	of public service, provide, in Fart Am,
_	the text of the footnote to its financial statements that descri		rovenue atatement en	d balance sheet works of art, historical
Þ	, ,			
	treasures, or other similar assets held for public exhibition, ed	bucation, or research in	Turtherance of public	service, provide the following amounts
	relating to these items:			<b>b</b> ¢
	(i) Revenues included in Form 990, Part VIII, line 1			► \$ ► \$
•	(ii) Assets included in Form 990, Part X	nource or other similar	accate for financial	
2	If the organization received or held works of art, historical tre	•	· ·	iiri, provide
_	the following amounts required to be reported under SFAS 1	TO (AGC 900) relating to	O MESE KEINS	<b>•</b> •
a	Revenues included in Form 990, Part VIII, line 1			► \$ ► \$
b	Assets included in Form 990, Part X			Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

		COUNTY COM	<del></del>						70789	
Par	t III   Organizations Maintaining C	collections of A	rt, Histor	<u>ical Tr</u>	easures, o	r Other	r Simila	r Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check ar	ny of the	following that	are a sig	ınıfıcant u	ise of its	collection	items
	(check all that apply):									
а	Public exhibition	c	I Loa	an or exc	hange progra	ms				
þ	Scholarly research	e	e 🔲 Oth	er						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they	further t	he organizatio	n's exem	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, histo	rıcal trea	sures, or othe	er sımılar :	assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the organiza	ation's co	ollection?				Yes	☐ No
Par	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the or	ganizatio	n answered <b>"</b>	Yes" to F	orm 990,	Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custod		diany for cor	tribution	s or other ass	sets not li	ncluded	<del></del>		
	on Form 990, Part X?	ian or other intermet	3.4.7 101 001	ittibutioi	13 01 011101 401	3013 1101 11	100000	Γ_	Yes	No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tab	ا <u>ه</u> .				<b></b> -	_ 103	
•	it is, explain the arrangement in rait Am	and complete the ic	mowing tab	С.					Amount	
_	Beginning balance						1c		Anount	
	Additions during the year						1d			<del></del>
	Distributions during the year						1e	· · · · · ·		
•	Ending balance						1f		·	
22	Did the organization include an amount on F-	orm 000 Bort V line	212				<u> </u>		Yes	No
	If "Yes," explain the arrangement in Part XIII			as been	provided in E	Part YIII		L	_ 103	<b>=</b> "
Par	Processor Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Communication Commun						<u> </u>			
		(a) Current year	(b) Prior		(c) Two year			aare hack	(a) Four v	ears back
1a	Beginning of year balance	(a) Content year	(0) 11101	yeai	(c) Two years	3 Dack	d) IIIIco y	Dais Dack	(6) 1 001 9	Cars Cack
h	Contributions		<u> </u>							<del></del>
•					<del>                                     </del>	-				
	Net investment earnings, gains, and losses		<del></del>	<del></del>					-	
d	Grants or scholarships		<del> </del>	<del></del> .	<del> </del>					
е	Other expenditures for facilities									
	and programs		<del></del>		<del></del>		<del></del>		<del> </del>	<del></del>
Ţ	Administrative expenses								<del>  </del>	<del></del>
9	End of year balance				-\\				<u>.                                    </u>	
2	Provide the estimated percentage of the cur	rent year end baland		column (a	a)) neid as:					
a	Board designated or quasi-endowment		%							
Ь	Permanent endowment	%								
С	Temporarily restricted endowment	%								
•	The percentages in lines 2a, 2b, and 2c show	*				4 6 4 .				
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	ire neid a	ino aoministe	rea for th	e organiz	ation	ſ,	res No
	by:									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations			. D0					3a(ii)	
b	If "Yes" to 3a(II), are the related organization:	•							3b	
Da.	Describe in Part XIII the intended uses of the							<del></del>		
Par	t VI Land, Buildings, and Equipm				<del></del> T				(-0.0 · · · · ·	
	Description of property	(a) Cost or o	I .		or other	• •	cumulate	a	(d) Book	value
	<del> </del>	basis (invest	ment)	Dasis	(other)	dep	reciation			
_	Land				0 116		39,93	22	4 0	512
	Buildings				88,446.		37,7.	23.	48	,513.
	Leasehold improvements				2 500				1 2	500
	Equipment			1	3,599.				13	,599.
	Other				404.11				63	,112.
Total	. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Pari	t X. column	(B). line	1 U(C).)				02	, 114.

Schedule D (Form 990) 2012

Part VII Investments - Other So (a) Description of security or category (including) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) MUTUAL FUNDS/STOCI	g name of secunty) (b)	990, Part X, line 1 Book value		aluation: Cost or end	d-of-year market va	alue
(1) Financial derivatives (2) Closely-held equity interests (3) Other	g name of secunty) (b)	Book value	(c) Method of v	aluation: Cost or end	d-of-year market v	alue
Closely-held equity interests     Other						
3) Other						
	V.C.	36F 631	END OF V	DAD MADVED	1 17 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(B) ANNUITIES/BONDS		$\frac{265,621}{,816,277}$		EAR MARKET EAR MARKET		
(C)	<del>_</del>	,010,211	END-OF-I	EAR MARKET	VALUE	
(D)	<del></del>		<del> </del>		<del></del>	
(E)				<del></del>		
(F)	· <del></del>	<del></del>				
(G)						
(H)						
(1)						
Total. (Col. (b) must equal Form 990, Part X, col		,081,898				
Part VIII Investments - Program			13.			
(a) Description of investment ty	ype (b)	Book value	(c) Method of va	aluation: Cost or end	d-of-year market v	alue
(1)			<del></del>			
(2)						
(3)			<del> </del>			
(4)			<del></del>			
(5)				<del></del>		
(6)			<del> </del>			
(7) (8)			<del></del>			
(9)		<del>_</del>				
(10)						
Total. (Col. (b) must equal Form 990, Part X, col	(B) line 13 )	<del></del>				
Part IX Other Assets. See Form 9						
	(a) Descript	ion			(b) Book val	ue
_(1)						
(2)						
(3)	<u> </u>					
(4)					<u> </u>	
(5)	<del></del>					
(6)			<del></del>		<del> </del>	
				<del></del>	<del> </del>	
(8)	· · · · · · · · · · · · · · · · · · ·		<del></del>		<del> </del>	
(9) (10)	<u></u>				<del></del>	
Total. (Column (b) must equal Form 990, Pa	ort V and (P) line 15.)		· <del></del>			
Part X Other Liabilities. See For					<del></del>	
(a) Description of		<del></del>	(b) Book value			
(1) Federal income taxes	<del></del>					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)	<del></del> -					
Total. (Column (b) must equal Form 990, Pa		<u> </u>				
1 FINE 40 /400 740 F+ 1 1 5 1 10 1 10 1	, provide the text of the	footnote to the	organization's financia	statements that re	ports the organizat	tion's
<ol><li>FIN 48 (ASC 740) Footnote. In Part XIII liability for uncertain tax positions under the positions.</li></ol>						

chedule D (Form 990) 2012	WARREN COUNTY COMMUN		
	f Revenue per Audited Financia		ue per Return
	er support per audited financial statemen	ts	1
	out not on Form 990, Part VIII, line 12:	1 1	
a Net unrealized gains on inves		2a	
<b>b</b> Donated services and use of		2b	
c Recoveries of prior year grant	ts	2c	
d Other (Describe in Part XIII.)		2d	
e Add lines 2a through 2d			2e
3 Subtract line 2e from line 1			3
	90, Part VIII, line 12, but not on line 1:	1 1	
	luded on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIII.)		4b ]	
c Add lines 4a and 4b			4c
	d 4c. (This must equal Form 990, Part I, lir		
	f Expenses per Audited Financia	al Statements With Expen	ses per Return
•	er audited financial statements		1
2 Amounts included on line 1 b	out not on Form 990, Part IX, line 25:	1 1	
<ul> <li>Donated services and use of</li> </ul>	facilities	2a	
b Prior year adjustments		2b	
c Other losses		2c	
d Other (Describe in Part XIII.)		2d	
e Add lines 2a through 2d			2e
3 Subtract line 2e from line 1			3
4 Amounts included on Form 9	90, Part IX, line 25, but not on line 1:	1	
a Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIII.)		4b	
c Add lines 4a and 4b			4c
	and <b>4c.</b> (This must equal Form 990, Part I,	line 18.)	5
Part XIII Supplemental In			
	lescriptions required for Part II, lines 3, 5, and Part XII, lines 2d and 4b. Also complet		
			Schedule D (Form 990) 201

**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service

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

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

Open to Public

Inspection

**2** 

Employer identification number 35-2070789 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection ▶ Attach to Form 990. INC WARREN COUNTY COMMUNITY FOUNDATION, Part # General Information on Grants and Assistance Name of the organization

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

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

criteria used to award the grants or assistance?

Part II

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if addit	ional space is need	ed.			
Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MSD OF WARREN COUNTY 101 N MONROE STREET	26 1007 26 1007 26 1007		7. 0.	0	0 BOOK		ASSIST WITH SCHOOL DISTRICT HOMEBASE PROGRAM AND OTHER PROGRAMS
WILLIAMSPORT, IN 4/993 FOOD FINDERS BANK 50 OLYMPIA FOOD COURT	25-105/255				4000		אנטים שחדה פטעמהסדטסע
	31-1020198		5,116.	0	U. BOOK		ASSISTANCE WITH FOOD ASSIST FIRE DEPARTMENT MITH NEEDS
WEST: LEBANON, IN 4/551	75551101-00		16 950		ВООК		REMODEL FOOD PANTRY
TOWN OF FINE VIBRAGE							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	rganizations listed in the	ne line 1 table				▼ ▼ 3.
HA For Panamork Reduction Act Notice see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2012)

232101 12-18-12

Schedule I (Form 990) (2012)

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232102 12-18-12

Page 2

35-2070789

WARREN COUNTY COMMUNITY FOUNDATION,

Schedule I (Form 990) (2012)

#### **SCHEDULE 0**

(Form 990 or 990-EZ) Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

WARREN COUNTY COMMUNITY FOUNDATION, INC

**Employer identification number** 35-2070789

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHARITABLE AND EDUCATIONAL PURPOSES.
FORM 990, PART VI, SECTION B, LINE 11: PRESIDENT OF THE BOARD MUST REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS MUST FILE ANNUALLY -
EXECUTIVE DIRECTOR MONITORS THAT THESE ARE FILED.
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST THIS INFORMATION IS
AVAILABLE - MUST CONTACT OFFICE TO OBTAIN.

10240701 792971 10401

#### Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		)	<b>►</b> X	
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of t	this form).			
Do not	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed For	m 8868.		
Electror	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tim	ne to file (6	months for a cor	poration	
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically fi	le Form 88	68 to request an	extension	
of time t	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers A	ssociated With C	ertain	
Persona	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the elec	tronic filing of this	form,	
visit ww	v.irs gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies nee	eded).			
A corpoi	ation required to file Form 990-T and requesting an auton	natic 6·mc	onth extension - check this box and o	complete			
Part I on	ly				)	<b>▶</b> □	
	corporations (including 1120-C filers), partnerships, REM come tax returns.	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time		
Type or print	Name of exempt organization or other filer, see instruc	ctions.		Employer	identification num	nber (EIN) or	
WARREN COUNTY COMMUNITY FOUNDATION, INC 35-2							
due date fo filing your return See	Number, street, and room or suite no. If a P.O. box, so. 31 NORTH MONROE STREET	ee instruc	tions.	Social sec	curity number (SS	;N) 	
instructions	City, town or post office, state, and ZIP code. For a followill IAMSPORT, IN 47993	oreign add	ress, see instructions.				
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)			0 1	
Applicat	ion	Return	Application			Return	
ls For		Code	Is For	·		Code	
Form 99	0 or Form 990-EZ	Form 990-T (corporation)			07		
Form 99	0-BL	02	Form 1041-A			08	
Form 47	20 (Individual)	03	Form 4720			09	
Form 99	0-PF	04	Form 5227		<u></u>	10	
Form 99	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
<u>Form 99</u>	0-T (trust other than above)	06	Form 8870			12	
	CAROL CLARK				45000		
	pooks are in the care of > 31 NORTH MONRO	E STR		<u>, IN</u>	47993		
Telep	hone No. ► 765-764-1501		FAX No		_ <del></del>	. —	
	organization does not have an office or place of business					<b>&gt;</b>	
	is for a Group Return, enter the organization's four digit	, '	· · · · · · · · · · · · · · · · · · ·		• .		
box 🕨					<u>ers the extension</u>	is for.	
1   I r	equest an automatic 3-month (6 months for a corporation				_		
_		t organiza	tion return for the organization name	ed above.	The extension		
	for the organization's return for:						
	X calendar year 2012 or						
	tax year beginning	, an	d ending		<b>-</b> ·		
0 1/2	the Assessment and the Lord of the Lord Albert 40 cm.	h	and Industrial	Final retur	_		
2 If 1	the tax year entered in line 1 is for less than 12 months, c	neck reas	on: Initial return	rınaı retur	11		
	Change in accounting period						
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any		<del></del>	<del></del>	
nc	nrefundable credits See instructions.			3a	\$	0.	
	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and				
es	timated tax payments made. Include any prior year overp	oayment a	llowed as a credit.	3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa						
	using EFTPS (Electronic Federal Tax Payment System).	-		Зс	\$	0.	
	. If you are going to make an electronic fund withdrawal v			orm 8879-	EO for payment in	structions.	
	For Privacy Act and Paperwork Reduction Act Notice.					(Rev. 1-2013)	

223841 01-21-13