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Department of the Treasury

Internal Revenue Service

SCANNED NOV 15

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

<u>A</u>	For th	ne 2015 calendar year, or tax year beginning ar	nd ending					
В	Check i applicat	f C Name of organization		D Employer identif	ication number			
	Addr chan Nam	90 WARREN COUNTY COMMUNITY FOUNDATION,	INC		0070780			
F	chan Initia		Daam/au		2070789			
	Final returi	31 NORTH MONROE STREET	Room/sui	'	-764-1501			
_	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,257,346.			
느	Amer	WILLIAMSPORT, IN 4/993		H(a) Is this a group r				
	App1 tion pend	F Name and address of principal officer		for subordinate	s? Yes X No			
				H(b) Are all subordinates				
		tempt status: X 501(c)(3) 501(c) ( ) ( (Insert no.) 4947(a)(	1) or 5	27 If "No," attach a	a list. (see instructions)			
		ite: ► WWW.WARRENCOUNTYFOUNDATION.COM		H(c) Group exemption				
	Form o	forganization: X Corporation Trust Association Other ► Summary	<b>L</b> Ye	ar of formation:	M State of legal domicile: IN			
	$T_{1}$	Briefly describe the organization's mission or most significant activities TO	GRANT	FUNDS TO CHA	RITABLE			
Governance		ORGANIZATIONS FOR FURTHERANCE OF THEIR						
na L	2	Check this box   If the organization discontinued its operations or disp						
λe	3	Number of voting members of the governing body (Part VI, line 1a)		3	10			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b	)	4	10			
8	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	,	5	2			
/ţţ	6	Total number of volunteers (estimate if necessary)		6	0			
Activities &	1 -	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
⋖	1	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
	1			Prior Year	Current Year			
d)	8	Contributions and grants (Part VIII, line 1h)		648,931.	1,078,999.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
eve		Investment income (Hart VIII, column (A), Ilines 3, 4; and 7d)		43,136.	82,970.			
, Œ		Other revenue (Part VIII, column (A) nines 5, 6d, 8c, 9c, 10c, and 11e)		57,874.	-103,252.			
Ś		Total revenue - add lines 8 through 11 (must equal Páit VIII, column (A), line 12)		749,941.	1,058,717.			
1		Grants and similar amounts paid (Part IX, 9914 fin (A), times 1-3)		145,458.	129,421.			
3	14	Benefits paid to or for members (Part IX, column (A)) (me 4)	. [	0.	0.			
်ပ္သ	15	Salaries, other compensation, employee penefits (Part IX, column (A), lines 5-10	))	53,676.	56,724.			
nse	16a	Professional fundraising fees (Part IX, column (A); line 11e)		0.	0.			
Expenses	b		3 <u>75.</u>					
, iii	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		30,901.	38,768.			
j	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		230,035.	224,913.			
=	19	Revenue less expenses. Subtract line 18 from line 12		519,906.	833,804.			
(58g			E	Beginning of Current Year	End of Year			
See See	20	Total assets (Part X, line 16)	L	3,025,025.	3,862,422.			
t As id B	21	Total liabilities (Part X, line 26)	L	1,938.	5,531.			
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		3,023,087.	3,856,891.			
	art II	Signature Block		<del></del>				
Und	er pena	ulties of perjury, I declare that I have examined this return, including accompanying schedu	les and state	ments, and to the best of m	y knowledge and belief, it is			
true,	correc	ct, and complete Declaration of preparer (other than officer) is based on all information of v	which prepar	er has any knowledge.	1-1			
		1 Male Develley win			1912016			
Sign	n	Signature of officer		Date				
Her	е	L Dayleann Waymire						
		Type or print hame and title		I Doto	DTIN			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		BRUCE FOX Stuck 14		10-14-16 self-employ				
Prep		Firm's name FOX CPA GROUP, LTD.		Firm's EIN	37-1388708			
Use Only   Firm's address ≥ 204 E. CHERRY ST., SUITE 300								
WATSEKA, IL 60970 Phone no. 815-4								
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No			
53200	01 12-1	6-15 LHA For Paperwork Reduction Act Notice, see the separate instruct	tions.		Form <b>990</b> (2015)			

	1990 (2015) WARREN COUNTY COMMUNITY FOUNDATION, INC 35-2070789 Page	<u>2</u>
Ра	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	TO UNITE FRIENDS OF WARREN COUNTY IN SERVING DONORS, AWARDING GRANTS,	
	AND PROVIDING LEADERSHIP TO CREATE LASTING LEGACIES.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	0
	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?	0
	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	
<u> </u>	revenue, if any, for each program service reported.	<del>_</del>
4a	· · · · · · · · · · · · · · · · · · ·	. }
	SUPPORT YOUTH ACTIVITIES AND COMMUNITY WELFARE AND DEVELOPMENT	_
		_
		_
		_
		_
4b	(Code) (Expenses \$	)
	PROVIDE OPPORTUNITY FOR HIGHER EDUCATION TO AREA YOUTH	
		_
		_
		_
		_
		_
4c	(Code) (Expenses \$) (Revenue \$)	)
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	_
4e	Total program service expenses ► 132,134.	_
	Form <b>990</b> (2015	(د

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	•		Yes	No
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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		i	
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	_5_		_X_
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_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	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_		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	_10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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	441	v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110	1	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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
l2a	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		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		<u>X</u> _
4a	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,		1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1	1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u> _
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		v
_	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16_		<u> </u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X_
_	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17_		<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	-	х
0	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		-	_==
9		19		Х
	complete Schedule G, Part III		990 c	

	990 (2015) WARREN COUNTY COMMUNITY FOUNDATION, INC 35-207	<u>0789</u>	Р	age 4
Ра	rt IV Checklist of Required Schedules (continued)		,	
	·		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1	ĺ
	domestic government 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 or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ľ	<b>i</b> '	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	}	}	
	Schedule J	23	ļ	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		Ì	
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		' i	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	'		
	complete Schedule L, Part II	26		<u> </u>
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? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		
	instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		.	7.5
	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		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	₩
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	] , , ]		х
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20	1	х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		Ì	х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	Ì	Х
_	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		41
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b	(	
06	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	335	$\neg \uparrow$	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36	}	X
	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	DIG the organization conduct more than 570 or its activities through an entity that is not a related organization	1 [	- 1	

X Form 990 (2015)

37

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X

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

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1	i į	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		- 1	1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		ţ	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u> _
þ	If "Yes," enter the name of the foreign country: ►		1	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_	}	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		j	47
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۸.	1	
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ū	to file Form 8282?	7c		X_
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	l	ł	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ì		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	ł	1	
	Initiation fees and capital contributions included on Part VIII, line 12	1	{	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	ł	
11	Section 501(c)(12) organizations. Enter:	}	}	
	Gross income from members or shareholders	Ì	- 1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	}	1	
10-		12a	- [	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes." enter the amount of tax-exempt interest received or accrued during the year	124		
о 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.	{	[	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
J	organization is licensed to issue qualified health plans	}		
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 (	2015)

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 or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	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 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	}	
	officer, director, trustee, or key employee?	2	1	Х
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion 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?	10a		X
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X_	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	I	1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joınt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ŀ	- 1	
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
 17	List the states with which a copy of this Form 990 is required to be filed ►IN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	е	
	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	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
-	CAROL CLARK - 765-764-1501			
	31 NORTH MONROE STREET, WILLIAMSPORT, IN 47993			

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

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

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

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

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

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

(A)  Name and Title	(B) Average hours per week	(do	(C) Positiv (do not check mo box, unless perso officer and a dire			than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LOU ANN MAGNER	1.00						}			•
BOARD MEMBER	1 00		<u> </u>			<u> </u>	<u> </u>	0.	0.	0.
(2) DAN LAUGHNER TREASURER	1.00							0.	0.	0.
(3) BARB RICHARDSON	1.00		-	_		<del> </del>		ļ		<del>`</del>
BOARD MEMBER	2.00					-		0.	0.	0.
(4) ANDY VANMETER	1.00			_				ļ <del></del>		<del></del>
BOARD MEMBER								0.	0.	0.
(5) SANDY FRASCH	1.00					_	_			
VICE PRESIDENT								0.	0.	0.
(6) STEVE PITHOUD	1.00									
BOARD MEMBER								0.	0.	0.
(7) CAROL CLARK	40.00								_ ]	_
EXECUTIVE DIRECTOR								45,000.	0.	<u> </u>
(8) JOHN LARSON	1.00									
BOARD MEMBER								0.	0.	<u> </u>
(9) KELSEY HETRICK	1.00								0	0
SECRETARY	1 00							0.	0.	0.
(10) LON AKERS	1.00	j		J				0.	0.	0.
BOARD MEMBER	0.00				-					
(11) RHONDA INMAN	0.00	Ì	' i	ı	- 1			0.	0.	0.
BOARD MEMBER (12) DAYLEANN WAYMIRE	0.00	-		-		$\vdash$				
PRESIDENT	0.00	Ì	Ì	l				0.	0.	0.
PRESIDENT		$\dashv$	$\neg$		$\neg$					
i										
			_							
		Ì								
			}							
								l		

Form 990 (2015)

Pa	rt VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	. (A)	(B)			(C	<b>2)</b>			(D)	(E)			(F)	
	Name and title	Average	/do		Posi		than		Reportable	Reportable			imate	d
	•	hours per	box	, unle	ss per	rson	ış botl	h an	compensation	compensatio	n	ı amoı		of
		week	$\vdash$	cer an	d a di	irecto	r/trus	tee)	from	from related	d ot		other	
		(list any	Individual trustee or director				]		the	organizations	- 1		ensa	
		hours for	i i	يوا			ated		organization	(W-2/1099-MIS	(C)		m the	
		related	stee	fruste			bens		(W-2/1099-MISC)		ŀ	_	ınızatı	
		organizations below	nal tr	onal		ploye	5 g				ľ		relate	
		line)	pixip	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nızatıc	วทร
		+,	=	=	5	Σ.	포동	- 2						
			{											
		<del> </del> -	<u> </u>							<del></del>				
		ļ	1						ĺ					
		<del> </del>	<u> </u>											
										: <del></del>				
			] ,	ļļ			ļļ				1			
					$\neg$			$\neg$					<del></del>	
		<del> </del>					_	$\neg$	<u> </u>					
		ļ												
_				-	+		-				$\neg \uparrow$			
		ļ												
	<del></del>				$\dashv$						+			
				ľ	- 1	ı	1	ı						
									45 000		<del>_</del>			
1b	Sub-total						)	▶	45,000.		0.			0.
C	Total from continuation sheets to Part V	II, Section A						▶	0.	<del> </del>	0.			0.
d	Total (add lines 1b and 1c)	<del></del>						▶	45,000.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable	<del>)</del>			
	compensation from the organization													0
											_		/es	No
3	Did the organization list any former officer,	director, or tru	stee	, key	em/	plo	yee,	or h	nghest compensated er	nployee on			1	
	line 1a? If "Yes," complete Schedule J for s	uch individual										3_		<u>X</u>
4	For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	nsat	tion	and	oth	er compensation from t	he organization	Γ	- [		
	and related organizations greater than \$150									-		4		X
5	Did any person listed on line 1a receive or a									dual for services	F			
_	rendered to the organization? If "Yes," com	•										5		X
Sec	tion B. Independent Contractors	piete <u>cerreau</u> ie	, 0 /(	<i>,,</i> 30	<u>017 p</u>	, C / O	<del></del>		<del></del>					
	Complete this table for your five highest co	mnoncoted and	lono	ndor		ntro		e th	ast received more than	100 000 of com		tion fro		
1											, C1134		,,,,	
	the organization Report compensation for	ine calendar ye	ear e	nain	g wi	un c	N AATE	11111		eai.		(0)		
	(A) Name and business	address	NIC	NT E					(B) Description of se	ervices	Co	(C) mpens	ation	
	Traine and been est		MC	NE				+						
								ł						
								-						
	· · · · · · · · · · · · · · · · · · ·							_						
_														
										1				
									_					
	Total number of independent contractors (iii	ncluding but no	ot lim	nted	to t	hos	e list	ed a	above) who received mo	ore than				
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organizati		ot lim	nited	to t	hos O	e list	ed a	above) who received mo	ore than				

		Check if Schedule O con	tains a response	or note to any i	ine in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats I	1	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	1b					
S, G		c Fundraising events	1c		1			
ar la		d Related organizations	1d					
mi's,	1	e Government grants (contribu						
ĒΩ		f All other contributions, gifts, gran	· ——		7			
the		similar amounts not included abo		078,999				
dot		g Noncash contributions included in lines			1			
<u>ම් වි</u>		h Total. Add lines 1a-1f			1,078,999.			<u> </u>
				<b>Business Cod</b>	е			
ce	2	a						ļ
e Z		b	<del> </del>					<u> </u>
n Se		с						
ev ev		d						
Program Service Revenue		e						
<u>a</u>		f All other program service reve	enue					
		g Total. Add lines 2a-2f						<u> </u>
ĺ	3	Investment income (including	dividends, intere	est, and				
į		other similar amounts)		<b>&gt;</b>	39,019.			39,019.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties	<del></del>		L			
			(i) Real	(ii) Personal				
i	6	a Gross rents			_			
	1	b Less rental expenses						
[		c Rental income or (loss)	L	<u> </u>	1			
	•	d Net rental income or (loss)		, <b>_</b>				ļ
	7 :	a Gross amount from sales of	(i) Securities	(II) Other	_			
1		assets other than inventory	242,580.	ļ	_			
	ı	b Less cost or other basis						
		and sales expenses	198,629.		4			
		Gain or (loss)	43,951.		42 051	42 051		
		d Net gain or (loss)			43,951.	43,951.		<del> </del>
e l	8 8	a Gross income from fundraisin	-					
Ne l		including \$	of					
Other Reven		contributions reported on line	•		i i			
je.		Part IV, line 18	a	<del></del>	<del> </del>	j		
₹		Less: direct expenses	b		-			
1		Net income or (loss) from fund					<del></del>	<del> </del>
	9 8	Gross income from gaming ac						
		Part IV, line 19	а	<del></del>	ł			
		<ul> <li>Less: direct expenses</li> <li>Net income or (loss) from gam</li> </ul>	b activities		1			
		<ul> <li>Net income or (loss) from gam</li> <li>Gross sales of inventory, less</li> </ul>						
į	10 8	and allowances						
	ı	Less: cost of goods sold	a b			Ì		ļ
		Net income or (loss) from sale			1	1		}
-		Miscellaneous Revenu		Business Code				
-	11 8	CIRTURAL CITICS			7,493.			7,493.
	t	IDED ALTERN ALTE			-110,745.			7,493.
							-	
				<del></del>			<del></del>	
	•			<b></b>	-103,252.			
- 1	12	Total revenue See instructions.		•	1,058,717.	43,951.	0.	-64,233.

2015.04000 WARREN COUNTY COMMUNITY FOU 10401\_\_1

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	ner organizations must co	mplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in	this 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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	104,893.	104,893.		
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22	24,528.	24,528.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				<del></del>
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 , , .	52,693.		52,693.	· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include			1	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,031.		4,031.	
11	Fees for services (non-employees)·				
а	Management				
b	Legal				
С	Accounting	4,500.		4,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,823.		4,823.	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	877.			<u>877.</u>
13	Office expenses	3,029.		3,029.	
14	Information technology				
15	Royalties				
16	Occupancy	3,542.		3,542.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,309.	2,309.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,725.		2,725.	
23	Insurance	1,926.		1,926.	
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 0.)				
а	SPECIAL EVENTS	13,902.	404.		13,498.
b	I I D C T M D	743.		743.	
c	MISCELLANEOUS	392.		392.	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	224,913.	132,134.	78,404.	14,375.
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				

Form 990 (2015)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing				1	
	2	Savings and temporary cash investments		582,767.	2	533,304	
	3	Pledges and grants receivable, net		3_			
	4	Accounts receivable, net				4	927,290
	5	Loans and other receivables from current and for		ł			
		trustees, key employees, and highest compensations					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali	sons (as defined under				
		section 4958(f)(1)), persons described in section	n 4958(c	)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501	(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr)	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9_	
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	106,998.			
	b	Less accumulated depreciation	10b	48,257.	59,061.	10c	58,741
	11	Investments - publicly traded securities		11	_		
!	12	Investments - other securities. See Part IV, line 1	2,383,197.	12	2,343,087		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	3,025,025.	16_	3,862,422		
	17	Accounts payable and accrued expenses			1,938.	17	5,531
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability Complete I	of Schedule D		21	····	
S	22	Loans and other payables to current and former	officers	, directors, trustees,			
		key employees, highest compensated employee	es, and o	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
l	25	Other liabilities (including federal income tax, pay					
ļ		parties, and other liabilities not included on lines	17-24)	Complete Part X of			
		Schedule D		_		25	
	26_	Total liabilities. Add lines 17 through 25			1,938.	26	5,531
		Organizations that follow SFAS 117 (ASC 958	), check	here X and			
es		complete lines 27 through 29, and lines 33 an	d 34.				600 105
a	27	Unrestricted net assets			500,783.	27	629,195
Bal	28	Temporarily restricted net assets		-	2,514,559.	28	2,348,167
2	29	Permanently restricted net assets		. — -	7,745.	29	879,529
로		Organizations that do not follow SFAS 117 (A	SC 958)	, check here ▶∟			
٥ ا		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	<del></del>		
¥š;	31	Paid-in or capital surplus, or land, building, or eq				31	
Ĕ	32	Retained earnings, endowment, accumulated inc	come, o	r other funds	2 002 005	32	2 056 001
-	33	Total net assets or fund balances		ļ-	3,023,087.	33	3,856,891.
í	34	Total liabilities and net assets/fund balances			3,025,025.	34	3,862,422. Form <b>990</b> (2015

	1 990 (2015) WARREN COUNTY COMMUNITY FOUNDATION, INC	35-20	70789	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,058	3,717.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,913.
3	Revenue less expenses Subtract line 2 from line 1	3		3,804.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,023	3,087.
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	3,856	891.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		
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:		1 1	
	Separate basis Consolidated basis Both consolidated and separate basis			İ
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	e basis,		
	consolidated basis, or both.		1 1	
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		ĺ
	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 Sch	edule O.	1 1	ĺ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle 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 requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	<b>990</b> (2015)

#### **SCHEDULE A**

(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.

**ZU 10** 

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

WARREN COUNTY COMMUNITY FOUNDATION, 35-2070789 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(ıv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN (III) Type of organization listed in your (described on lines 1-9 support (see other support (see organization governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	137,133.	193,704.	193,066.	648,931.		1172834.
2	Tax revenues levied for the organ-						
	ızatıon'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	137,133.	193,704.	193,066.	648,931.		1172834.
5	The portion of total contributions		l		l	}	
	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,	1					
	column (f)					ļ 	
	Public support. Subtract line 5 from line 4				· · · · · · · · · · · · · · · · · · ·		1172834.
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·	<del></del>		<del></del>		<del></del>
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	137,133.	193,704.	193,066.	648,931.	<del>_</del>	1172834.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	02 702	15 500	06 011	42 126		100 370
	and income from similar sources	23,723.	15,500.	26,011.	43,136.	<del></del>	108,370.
9	Net income from unrelated business						
	activities, whether or not the			:			
40	business is regularly carried on						<del></del>
10	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI)		170 221	242,896.	57,874.		479,101.
4.4	Total support. Add lines 7 through 10	<del></del>	1/0,331.	242,030.	31,014.		1760305.
	Gross receipts from related activities,	oto (coo instructio				12	1700303.
	First five years. If the Form 990 is for	-	=	d fourth or fifth to	l V voar as a soction		
13	organization, check this box and stop	-	mst, second, triin	J, Iourui, Or mairta.	A year as a section	1301(0)(0)	
Sec	tion C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2015 (li			olumn (fl)		14	66.63 %
	Public support percentage from 2014		•	O.G		15	58.01 %
	<b>33 1/3% support test - 2015.</b> If the o			line 13, and line 1	4 is 33 1/3% or m		
	stop here. The organization qualifies					•	$\triangleright x$
b	33 1/3% support test - 2014. If the o			ne 13 or 16a, and l	Ime 15 is 33 1/3%	or more, check t	
_	and stop here. The organization quali					•	ightharpoons
17a	10% -facts-and-circumstances test				13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "faci						
	meets the "facts-and-circumstances"					J	ightharpoons
b	10% -facts-and-circumstances test					7a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶□
	Private foundation. If the organization						ns 🕨 🗀
							0 or 990-EZ) 2015

## 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 organ- ization's benefit and either paid to						
or expended on its behalf		<b> </b>		<u> </u>	<u> </u>	ļ
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						L
7a Amounts included on lines 1, 2, and					1	
3 received from disqualified persons	<del></del>					L
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 kine 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 📘	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6					<u> </u>	
doa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		<del></del>	<del></del>		<del>  </del>	
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)				· 	<u> </u>	
14 First five years. If the Form 990 is for the	ne organization's	s first, second, third	i, fourth, or fifth ta	ix year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here			<del></del>			<u> </u>
Section C. Computation of Public					<del></del>	<del></del>
Public support percentage for 2015 (line		-	olumn (f))		15	%
6 Public support percentage from 2014 S			<del></del>		16	%
section D. Computation of Invest					<del></del>	
17 Investment income percentage for 2015			e 13, column (f))		17	
Investment income percentage from 20					18	%
9a 33 1/3% support tests - 2015. If the or more than 33 1/3%, check this box and						/ is not ▶□
b 33 1/3% support tests - 2014. If the or	_					nd
line 18 is not more than 33 1/3%, check						▶∟
O Private foundation, if the organization	did not check a!	box on line 14, 19a	, or 19b, check th	is box and see ins	structions	

532023 09-23-15

#### Schedule A (Form 990 or 990 EZ) 2015 WARREN COUNTY COMMUNITY FOUNDATION, INC 35-2070789 Page 4

## Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete `Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	n A.	ΑII	Supporti	na Organ	izations
OCCLIC	<i>,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	$\Delta$ II	OUDDUI III	iu Oruan	izauuns

Sec	ction A. All Supporting Organizations		T	
	And all of the experience of the second of t		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			ĺ
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by	_		
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	11	-	┼──
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		1	
_	organization was described in section 509(a)(1) or (2).	2	<del> </del>	<del> </del>
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a	<u> </u>	<u> </u>
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b	<u> </u>	<del> </del>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		ŀ	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	_3c	ļ	—
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		<del> </del>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	İ		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		<u> </u>
С	Did the organization support any foreign supported organization that does not have an IRS determination			Ì
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	İ		
	purposes.	4c		L
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		ł	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		1	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	ļ	]	
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	}	ł
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
_	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		ĺ	ĺ
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		_	
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	, ,	-	
0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		ĺ
00	Was the organization controlled directly or indirectly at any time during the tax year by one or more			$\overline{}$
Эa	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			İ
		9a		ļ
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	-3a		<u> </u>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Oh		1
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	<u>9b</u>		<del>                                     </del>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	0=		l
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	,			1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			1
	supporting organizations)? If "Yes," answer 10b below.	10a		L

determine whether the organization had excess business holdings)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Sch	edule A (Form 990 or 990-EZ) 2015 WARREN COUNTY COMMUNITY FOUNDATION, INC 35-20	<u> 7078</u>	<u>9 P</u>	age <b>5</b>
Pa	rt IV   Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ľ		Ì
	below, the governing body of a supported organization?	11a		ļ
þ	A family member of a person described in (a) above?	11b	<u> </u>	<u> </u>
_ <u>c</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	į		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	ĺ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		Ì	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2_		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			_
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1	ĺ	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	ł	
Sec	tion D. All Type III Supporting Organizations		<u> </u>	
	7,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	Ì		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's		1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sac	supported organizations played in this regard tion E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
1	The organization satisfied the Activities Test. Complete line 2 below.			
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization is the parent of each of its supported organizations complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	nictions	1	
¢		100110110	Yes	No
2	Activities Test Answer (a) and (b) below.	-	103	110_
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
	that these activities constituted substantially all of its activities.	2a_		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	٠.		
	activities but for the organization's involvement.	2b_		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<u>3b</u>		

Schedule A (Form 990 or 990-EZ) 2015 WARREN COUNTY COMMUNITY  Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting			35-2070789 Page
The state of the s			
Check-here if the organization satisfied the Integral Part Test as a qualifying	_		uctions. All
other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		<u> </u>
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		<u> </u>
4 Add lines 1 through 3	4		<u> </u>
5 Depreciation and depletion	5	<del></del>	
6 Portion of operating expenses paid or incurred for production or	1 1		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8_		<u></u>
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	<u> </u>	
3 Subtract line 2 from line 1d	3	_ <del></del>	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	anization (see
instructions)	. •	,, ,,	•

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 WARREN COUNTY COMMUNITY FOUNDATION, INC 35-2070789 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. Distributable amount for 2015 from Section C, line 6 9 Line 8 amount divided by Line 9 amount 10 (iii) (i) (ii) Underdistributions Distributable **Excess Distributions** Pre-2015 Amount for 2015 Section E - Distribution Allocations (see instructions) Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: b ¢ d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section D, a Applied to underdistributions of prior years b Applied to 2015 distributable amount e Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2016. Add lines 3j and 4c.

Schedule A (Form 990 or 990-EZ) 2015

Breakdown of line 7.

c Excess from 2013d Excess from 2014e Excess from 2015

Schedule A (Form 990 or 990-EJ 2015 WARREN COUNTY COMMUNITY FOUNDATION, INC  Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, section A, Inse 1, 2, 3, 5, 6, 4, 4, 6, 5, 6, 9, 9, 9, 9, 11, 11, b, and 11; Part IV, Section B, lines 1 line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, Inse 1; Part V, Section B, and B; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions)	171: D: + III 1 : - 10
	and 2, Part IV, Section C, Section B. line 1e. Part V.
<del></del>	

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

► Attach to Form 990.

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

2015
Open to Public Inspection

Name of the organization Employer identification number WARREN\_COUNTY COMMUNITY FOUNDATION, 35-2070789 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements **2**a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2015

532051 11-02-15

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

Bart III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets; continued	Sche Pa		COUNTY COL						-207078	
check all that apply .   a										
a	•		ion, and other reco	us, criec	k ally of the	i lulluwing the	at are a sign	illicant use (	JI IIS COIIECTIO	n kems
b Scholarly research c c Preservation for future generations d 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 solect or receive donations of air, historical treasures, or other similar assets to be seld to raise funds state that no be maintained as part of the organization answered "Yes" on Form 990, Part X/, line 9, or reported an amount on Form 990, Part X/. line 21  13 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  15 If "Yes," explain the arrangement in Part XIII and complete the following table:  16 Candiditions during the year  17 Ending balance  18 Distributions during the year  19 Distributions during the year  19 Distributions during the year  19 Distributions during the year  19 Distributions during the year  19 Distributions during the year arrangement in Part XIII. Check here if the explanation has been provided an explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  19 Distributions  10 Contributions  10 Contributions  10 Contributions  11 Complete the organization answered "Yes" on Form 990, Part IX, line 10.  12 Complete the standard percentage of the current year end balance (ine 1g, column (a)) held as:  19 Board designated or quasi-endowment ▶ 96  10 Permanent endowment ▶ 96  11 Permanent endowment ▶ 96  12 Provide the estimated percentage of the current year end balance (ine 1g, column (a)) held as:  19 Board designated or quasi-endowment ▶ 96  10 Unrerelated organizations  10 If related organizations  11 Description of property  12 Land  13 Land  14 Land  15 Description of property  15 Description of property  16 Contributions  17 Description of property  18 Description of property  19 C	а			<b>а</b> П	Loan or ove	chango progr	ame			
c						change progra	anis			
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, instructal treasures, or other similar assets  10 be sold to rase funds rather than to be maintained as part of the organization's collection?  12 In Secrow and Oustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part XI, line 9, or reported an amount on Form 990, Part X, line 21  1a Is the organization an agent, it usite, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table:  2 Beginning balance  3 Amount  4 Additions during the year  4 Ending balance  4 Additions during the year  5 Ending balance  5 Distributions during the year  6 Distributions during the year  9 Distributions during the year  1 Ending balance  1 Endowment Funds. Complete if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization has been provided on Part XIII  1a Beginning of year balance  1b Contributions  1a Beginning of year balance  1b Contributions  1c Note investment earnings, gains, and losses  1d Grants or scholarshipe  1d Organizations  1d Administrative expenses  1d End of year balance  2 Prowde the estimated percentage of the ourrent year end balance (line 1g, column (a)) held as:  1a Board designated or quasi-endowment Part Sill Check the organization that are held and administered for the organization by:  1 Organizations  1 Provide the estimated percentage of the ourrent year end balance (line 1g, column (a)) held as:  2 Provide the estimated percentage of the ourrent year end balance (line 1g, column (a)) held as:  3a(ii) Sill Sill Sill Sill Sill Sill Sill S				• 🗀	Oti 161		**			
5 During the year, did the organization solicit or recover 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?  Part IV   Escrow and Oustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  Is the organization an aspert, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If 'Yes,' explain the arrangement in Part XIII and complete the following table:  Beginning balance  C Beginning balance  Id Adribunt  1d	_		alloctions and evals	un how th	nov furthor t	the organizati	on's avam	ot purpose ir	a Dart VIII	
To be sold for rarse funds rather than to be maintained as part of the organization's collection?   Yes   No   Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21   To be sold an amount on Form 990, Part X, line 21   To be sold an amount on Form 990, Part X, line 21   To be sold an amount on Form 990, Part X, line 21   To be sold an amount on Form 990, Part X, line 21   To be sold an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   No   If "Yes," explain the arrangement in Part XIII and complete the following table:   Amount   1d   Amount   1d   Id   Id   Id   Id   Id   Id   Id									I Fait Aili.	
Part IV   Escrow and Gustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 9, or reported an amount on Form 990, Part IV, Inne 9, or reported an amount on Form 990, Part IV, Inne 10. If 'Yes	3						er Sirimar a	22612	□ voo	□ No
reported an amount on Form 990, Part X, line 21  1a Is the organization an agent, frustes, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Ves No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back of Grants or scholarships d Grants or scholarships d Grants or scholarships f Administrative expenses f End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quass-endowment ≥ % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Description of property  (a) Cost or other (b) Cost or other (c) Accumulated (d) Book valu	Pa						"Voo" on E	orm 000 Day		
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Bill Tyes, explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII		<del>-</del>	000 0 1111							
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back     a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back     b   Contributions   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back     b   Contributions   (e) Four years back   (e) Four years back     c   Contributions   (e) Four years back   (d) Three years back     c   Contributions   (e) Four years back   (e) Four years back     c   Contributions   (e) Four years back   (d) Three years back     c   Contributions   (e) Four years back   (d) Three years back     c   Contributions   (e) Four years back   (d) Three years back     c   Contributions   (e) Four years back   (d) Three years back     c   Contributions   (e) Four years back   (d) Three years back     d   Contributions   (e) Four years back   (d) Three years back     d   Contributions   (e) Four years back   (e) Four years back     d   Contributions   (e) Four years back   (e) Four years back     d   Contributions   (e) Four years back   (e) Four years back     d   Contributions   (e) Four years back   (e) Four years back     d   Contributions   (e) Four years back   (e) Four years back     d   Contributions   (e) Four years back   (e) Four years back     d   Contributions   (e) Four years back   (e) Four years back     d   Contributions   (e) Four years back   (e) Four years back     d   Contributions   (e) Four years back   (e) Four years back     d   Contributions   (e) Four years back     d   Contributions   (e) Four years back     d   Contributions   (e) Four years back     d   Contributions   (e) Four years back     d   Contributions   (e) Four years back     d   Contributions   (e) Four years back     d   Contributions   (e) Four years back     d   Contributions   (e) Four years back     d   Contributions   (e) Four years back		_					_	7	∟ Yes	⊢ No
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g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		· -		ļ		ļ		<del></del> -		
Part VI Land, Buildings, and Equipment.  Complete if the organization of property  (a) Cost or other basis (investment)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  Counter of the organization of property  (b) Buildings  Counter of the organization of property  (c) Accumulated depreciation of property  (d) Book value  Description of property  (a) Cost or other basis (investment)  Description of property  (a) Cost or other basis (investment)  Description of property  (b) Cost or other basis (other)  Description of property  (c) Accumulated depreciation  (d) Book value  (e) Accumulated depreciation  1a Land  Description of property  (a) Cost or other basis (other)  Description of property  (b) Cost or other basis (other)  Description of property  (c) Accumulated depreciation  (d) Book value  1a Land  Description of property  1a Land  Description of property  (a) Cost or other basis (other)  Description of property  (b) Cost or other basis (other)  Description of property  (c) Accumulated depreciation  (d) Book value  Description of property  Description of property  (d) Book value  Description of property  Description of property  (d) Book value  Description of property  Description of property  Description of property  (a) Cost or other basis (other)  Description of property	1	·		-		<del> </del>				
a Board designated or quasi-endowment ▶	-	· · · · · · · · · · · · · · · · · · ·				<u> </u>				
b Permanent endowment \	2		ent year end balan	,	g, column (a	a)) held as:				
The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  b Buildings  93,399. 34,954. 58,445.  c Leasehold improvements d Equipment  13,599. 13,303. 296.	а	•		_%						
The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (iii) relate	b									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other	С	• —								
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(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other		•							[a (i)	Yes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  293,399. 34,954. 58,445.  c Leasehold improvements  d Equipment  e Other		-		•						<del></del>
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property  (a) Cost or other basis (investment)  Buildings  Leasehold improvements  d Equipment  Other								•		<del>-  </del>
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land	b		•						<u>3b</u>	
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Schedule D (Form 990) 2015

532053 09-21-15 Schedule D (Form 990) 2015

	edule D (Form 990) 2015 WARREN COUNTY COMMUNITY rt XI Reconciliation of Revenue per Audited Financial Sta			Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII,)	2d		
	Add lines 2a through 2d	( <u>-24-)</u>	2e	
3	Subtract line 2e from line 1		3	
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	40		
		4a	<del></del>	
b	, , , , , , , , , , , , , , , , , , , ,	4b		
	Add lines 4a and 4b		4c	
Dai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial Sta	tomonte With Evne	5	
га			enses per Heturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a	<del></del>	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
Ç	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
		140		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del></del>	
	Other (Describe in Part XIII)	4b		
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.	<u>}</u>	5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		Part V, line 4; Part X, line 2; Part XI,	
				<del></del>
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# SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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2015 Open to Public Inspection	
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OMB No 1545-0047

Employer identification number 35-2070789

ž DISTRICT HOMEBASE PROGRAM (h) Purpose of grant AND OTHER PROGRAMS or assistance ASSIST WITH SCHOOL ASSIST SCHOOL WITH X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any PROGRAMS 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, BOOK BOOK Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. INC 382 (d) Amount of 67,265 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table WARREN COUNTY COMMUNITY FOUNDATION, (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table 35-1097255 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization WARREN CENTRAL ELEMENTARY or government WILLIAMSPORT, IN 47993 WEST LEBANON, IN 47991 MSD OF WARREN COUNTY 101 N MONROE STREET ST RD 63 N Part I PartII

Schedule I (Form 990) (2015)

Page 2 Schedule I (Form 990) (2015) (f) Description of non-cash assistance 35-2070789 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed APPLICATION FILED AND REVIEWED BY EXECUTIVE DIRECTOR AND THEN BOARD. (d) Amount of non-cash assistance ORGANIZATION MUST REPORT BACK ON WHAT GRANT WAS USED FOR. WARREN COUNTY COMMUNITY FOUNDATION, 30 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: 532102 10-28-15 Part III

INC

Schedule I (Form 990) (2015)

#### **SCHEDULE O**

(Form 990 or 990-EZ)

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990 Name of the organization

Inspection

Name of the organization  WARREN COUNTY COMMUNITY FOUNDATION, INC	Employer identification number 35-2070789
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
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 MON	ITORS THAT THESE
ARE FILED.	
FORM 990, PART VI, SECTION C, LINE 19:  UPON REQUEST THIS INFORMATION IS AVAILABLE - MUST CONTACT	OFFICE TO OBTAIN.