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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
KOSCIUSKO COUNTY COMMUNITY FOUNDATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
102 E MARKET ST

City or town, state or province, country, and ZIP or foreign postal code
WARSAW, IN 465802806

D Employer identification number
35-6086777

E Telephone number
(574) 267-1901

G Gross receipts $ 17,722,681

F Name and address of principal officer
SUZANNE LIGHT
102 E MARKET ST
WARSAW,IN 46580

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW KCFOUNDATION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1968

M State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO BRING CARING PEOPLE & CHARITABLE ENDEAVORS TOGETHER FOR THE GOOD OF OUR COMMUNITY WE GRANTED NEARLY 2 5 M IN ARTS/CULTURE, CIVIC, HUMAN SERVICES, RECREATION, HEALTH, EDUCATION, ENVIRONMENT & FAITH BASED/RELIGION PROJECTS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	8
6	Total number of volunteers (estimate if necessary)	**6**	304
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,323,795	5,076,496
9	Program service revenue (Part VIII, line 2g)	776,385	765,978
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,755,190	259,194
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,754	6,089
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,862,124	6,107,757

Revenue

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,574,208	2,488,099
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	570,755	634,097
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶290,747		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,147,536	1,228,871
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,292,499	4,351,067
19	Revenue less expenses Subtract line 18 from line 12	3,569,625	1,756,690

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	49,534,228	50,098,453
21	Total liabilities (Part X, line 26)	3,040,749	2,821,970
22	Net assets or fund balances Subtract line 21 from line 20	46,493,479	47,276,483

Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

******
Signature of officer — 2016-11-14 Date

SUZANNE LIGHT EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PATRICK W BURKEY	PATRICK W BURKEY	2016-11-03		P00444925

Firm's name ▶ ESTEP BURKEY SIMMONS LLC — Firm's EIN ▶ 04-3587095

Firm's address ▶ PO BOX 42
MUNCIE, IN 473080042 — Phone no (765) 284-7554

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

PART III, LINE 1 THE MISSION OF THE COMMUNITY FOUNDATION BY BRINGING CARING PEOPLE AND CHARITABLE ENDEAVORS TOGETHER, WE MAKE DONOR DREAMS SHINE FOR THE GOOD OF OUR COMMUNITY WE DO THIS BY 1) SERVING AS THE VEHICLE FOR DONORS' CHARITABLE DREAMS, 2) AWARDING GRANTS TO CHARITABLE PROJECTS AND ORGANIZATIONS, 3) ADDRESSING COMMUNITY NEEDS AS A CATALYST AND CONVENER

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,949,272 including grants of $ 1,764,345) (Revenue $ 543,444)

GRANTMAKING - AWARDED NEARLY 500 GRANTS TOTALING OVER 1 75 MILLION TO NONPROFITS AND CHARITABLE PROJECTS IN THE AREAS OF FAITH BASED/RELIGION (26%), HUMAN SERVICES (24%), EDUCATION (15%), ARTS & CULTURE (10%), HEALTH (8%), RECREATION (8%), THE ENVIRONMENT (5%) AND CIVIC PROJECTS (4%)

4b (Code) (Expenses $ 607,263 including grants of $ 502,838) (Revenue $ 196,418)

SCHOLARSHIPS - AWARDED EDUCATIONAL SCHOLARSHIPS TO STUDENTS PURSUING COLLEGE, UNIVERSITY OR TRADE SCHOOL EDUCATION (502,838 TO 228 AREA STUDENTS)

4c (Code) (Expenses $ 235,193 including grants of $ 220,916) (Revenue $ 26,116)

GOOD SAMARITAN - BENEVOLENT ASSISTANCE TO 621 AREA RESIDENTS EXPERIENCING FINANCIAL CRISIS DUE TO A MEDICAL CONDITION (220,916 IN 1,841 AWARDS)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 2,791,728

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	22		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0		
c	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**	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**		No
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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
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 sponsoring organization have excess business holdings at any time during the year?		**8**		No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
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			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ IN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☑ Another's website ☑ 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 financial 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 ▶ SUZANNE M LIGHT 102 E MARKET STREET WARSAW, IN 46580 (574) 267-1901

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CEANEH ALEXIS BOARD MEMBER	0 24	X						0	0	0
(2) RONALD BAUMGARTNER BOARD MEMBER	0 21	X						0	0	0
(3) ROBERT BISHOP BOARD MEMBER	0 61	X						0	0	0
(4) KATIE DARR BOARD MEMBER	0 28	X						0	0	0
(5) KEVIN DEARDORFF FINANCE CHAI	0 81	X						0	0	0
(6) JEFFERSON HANKINS BOARD MEMBER	0 59	X						0	0	0
(7) JENNIFER HOLLAR BOARD MEMBER	0 93	X						0	0	0
(8) BILL KATIP BOARD MEMBER	0 18	X						0	0	0
(9) MICHAEL KINSEY BOARD MEMBER	0 13	X						0	0	0
(10) DANA KRULL BOARD MEMBER	0 33	X						0	0	0
(11) VERN LANDIS BOARD MEMBER	0 59	X						0	0	0
(12) SALLY MAHNKEN BOARD MEMBER	0 87	X						0	0	0
(13) ALLISON MCSHERRY VICE PRESIDE	0 85	X		X				0	0	0
(14) MARLENE MULERO-BETANCES BOARD MEMBER	0 33	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KAREN NELSON BOARD MEMBER	0 75	X						0	0	0
(16) ROB PARKER SECRETARY	0 64	X		X				0	0	0
(17) JON ROBERTS BOARD MEMBER	0 44	X						0	0	0
(18) CHRISTINE SANDS BOARD MEMBER	0 55	X						0	0	0
(19) STEVE SNYDER TREASURER	0 63	X		X				0	0	0
(20) KIP TOM BOARD MEMBER	0 07	X						0	0	0
(21) JOHN WARREN BOARD MEMBER	0 62	X						0	0	0
(22) JERRY YEAGER PRESIDENT	0 89	X		X				0	0	0
(23) KAY YOUNG BOARD MEMBER	0 64	X						0	0	0
(24) SUZANNE LIGHT EXECUTIVE DI	42 25 1 46			X				137,485	0	8,475

1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	137,485		8,475

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,076,496				
	g Noncash contributions included in lines 1a-1f $	531,978				
	h **Total.** Add lines 1a-1f	▶	5,076,496			
Program Service Revenue		Business Code				
	2a ADMINISTRATIVE FEES	561000	765,978	765,978		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f	▶	765,978			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	1,160,937			1,160,937
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	10,713,181				
	b Less cost or other basis and sales expenses	11,614,924				
	c Gain or (loss)	-901,743				
	d Net gain or (loss)	▶	-901,743			-901,743
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a OTHER INCOME	900099	6,089	6,089		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d	▶	6,089			
	12 **Total revenue.** See Instructions	▶	6,107,757	772,067		259,194

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,762,028	1,762,028		
2 Grants and other assistance to domestic individuals See Part IV, line 22	726,071	726,071		
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	151,964	40,360	84,737	26,867
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	408,996	98,817	176,955	133,224
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	32,821	9,020	13,111	10,690
10 Payroll taxes	40,316	10,002	18,814	11,500
11 Fees for services (non-employees)				
a Management	665,978		665,978	
b Legal	9,099		9,099	
c Accounting	9,650		9,650	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	148,236		148,236	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,001		8,001	
12 Advertising and promotion	58,681	3,877	3,877	50,927
13 Office expenses	24,339	8,757	9,720	5,862
14 Information technology	33,235	6,356	22,474	4,405
15 Royalties				
16 Occupancy	32,523		32,523	
17 Travel	10,357	2,918	4,640	2,799
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,836	4,975	6,775	4,086
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	40,575	11,430	18,181	10,964
23 Insurance	1,525		1,525	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROGRAM EXPENSES	107,117	107,117		
b DEVELOPMENT EXPENSES	29,023			29,023
c MEMBERSHIPS/SUBSCRIPTIONS	22,152		22,152	
d MISCELLANEOUS	12,544		12,144	400
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	4,351,067	2,791,728	1,268,592	290,747
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	56,102	1	25,603
	2	Savings and temporary cash investments	552,335	2	624,732
	3	Pledges and grants receivable, net	276,968	3	286,543
	4	Accounts receivable, net	55,558	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	20,009	9	29,976
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,592,191			
	b	Less accumulated depreciation — 10b: 680,531	1,405,444	10c	911,660
	11	Investments—publicly traded securities	43,731,454	11	44,914,355
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,436,358	15	3,305,584
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	49,534,228	16	50,098,453
Liabilities	17	Accounts payable and accrued expenses	128,698	17	71,714
	18	Grants payable	583,023	18	726,490
	19	Deferred revenue	255,266	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,073,762	25	2,023,766
	26	**Total liabilities.** Add lines 17 through 25	3,040,749	26	2,821,970
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	42,846,258	27	43,786,374
	28	Temporarily restricted net assets	3,647,221	28	3,490,109
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	46,493,479	33	47,276,483
	34	Total liabilities and net assets/fund balances	49,534,228	34	50,098,453

Part XI Reconcilliation 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	6,107,757
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,351,067
3	Revenue less expenses Subtract line 2 from line 1	3	1,756,690
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46,493,479
5	Net unrealized gains (losses) on investments	5	-911,517
6	Donated services and use of facilities	6	7,560
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-69,729
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	47,276,483

Part 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 ☑ 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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
KOSCIUSKO COUNTY COMMUNITY FOUNDATION INC

Employer identification number
35-6086777

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (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 _____

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

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

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

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

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

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

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

a ☐ **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.**

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.**

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.**

d ☐ **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.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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Schedule A (Form 990 or 990-EZ) 2015

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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)	2,544,117	2,193,144	2,163,297	4,323,794	5,076,499	16,300,851
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,544,117	2,193,144	2,163,297	4,323,794	5,076,499	16,300,851
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,803,916
6 **Public support.** Subtract line 5 from line 4						13,496,935

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	2,544,117	2,193,144	2,163,297	4,323,794	5,076,499	16,300,851
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,050,246	1,269,551	1,517,812	1,278,364	1,160,937	6,276,910
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						22,577,761

12 Gross receipts from related activities, etc (see instructions)	12	772,067

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	59 780 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	53 650 %

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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 organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of 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 A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
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		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
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		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
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 numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	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		
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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
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) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	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		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	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 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*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

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)	1		
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		
3	Subtract line 2 from line 1d	3		
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
1	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-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 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	
4 Amounts paid to acquire exempt-use assets	
5 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	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
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)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

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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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
KOSCIUSKO COUNTY COMMUNITY FOUNDATION INC	35-6086777

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
1	Total number at end of year	56	1
2	Aggregate value of contributions to (during year)	993,086	
3	Aggregate value of grants from (during year)	917,982	456
4	Aggregate value at end of year	7,412,121	11,138

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	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 listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" 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 ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	39,041,083	38,583,747	34,270,574	31,297,972	31,351,186
b	Contributions	3,556,083	3,457,048	541,081	608,208	1,543,711
c	Net investment earnings, gains, and losses	-687,289	-989,685	5,578,027	4,126,314	188,365
d	Grants or scholarships	1,444,828	1,314,394	1,126,447	1,145,493	1,234,409
e	Other expenditures for facilities and programs	35,126	22,668	26,891	14,115	6,500
f	Administrative expenses	683,486	672,965	652,597	602,312	544,381
g	End of year balance	39,746,437	39,041,083	38,583,747	34,270,574	31,297,972

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

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Temporarily restricted 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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to 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)	Accumulated (c)depreciation	(d)Book value
1a Land	119,200	15,000		134,200
b Buildings	405,800	833,529	494,918	744,411
c Leasehold improvements				
d Equipment		218,662	185,613	33,049
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				911,660

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) CHARITABLE REMAINDER TRUST	3,203,566
(2) CASH SURRENDER VALUE OF LIFE INS	58,322
(3) INTEREST AND DIVIDENDS RECEIVABLE	43,696
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	3,305,584

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
AGENCY ENDOWMENTS	1,953,633
ANNUITY RESERVES	70,133
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	2,023,766

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	5,041,568
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-911,517		
b	Donated services and use of facilities	2b	7,560		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-170,895		
e	Add lines **2a** through **2d**			2e	-1,074,852
3	Subtract line **2e** from line **1**			3	6,116,420
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-8,663		
c	Add lines **4a** and **4b**			4c	-8,663
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	6,107,757

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	4,258,564
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	4,258,564
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	92,503		
c	Add lines **4a** and **4b**			4c	92,503
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	4,351,067

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE COMMUNITY FOUNDATION'S ENDOWMENT FUNDS ARE INTENDED TO AWARD GRANTS FOR CHARITABLE, EDUCATIONAL OR SCIENTIFIC PROJECTS AND PURPOSES PERMANENT ENDOWMENT FUNDS ARE INTENDED TO AWARD CHARITABLE GRANTS IN PERPETUITY

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	ANNUITY PAYMENTS/SPLIT INTEREST CHANGE -170,895
SCHEDULE D, PAGE 4, PART XI, LINE 4B	AGENCY FUND REVENUES -8,663
SCHEDULE D, PAGE 4, PART XII, LINE 4B	AGENCY FUND EXPENSES 92,503
SCHEDULE D, PAGE 4, PART XIII	SCHEDULE D, PART V, LINE 1G - THE COMMUNITY FOUNDATION HAS VARIANCE AUTHORITY ON ALL OF ITS FUNDS FOLLOWING SFAS117 CLASSIFICATIONS, THE COMMUNITY FOUNDATION HAS RECORDED THE MAJORITY OF OUR ASSETS AS UNRESTRICTED ONLY PLEDGES RECEIVABLE AND CHARITABLE REMAINDER TRUSTS ARE NOT UNRESTRICTED AND THEREFORE ARE CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS INSTEAD EVEN THOUGH MOST OF THE COMMUNITY FOUNDATION'S ASSETS ARE CLASSIFIED AS UNRESTRICTED, THE MAJORITY OF COMMUNITY FOUNDATION FUNDS ARE HELD IN PERMANENT ENDOWMENT FUNDS AND ARE MAINTAINED TO PROVIDE A PERMANENT SOURCE OF GRANT REVENUE FOR OUR COMMUNITY

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
KOSCIUSKO COUNTY COMMUNITY FOUNDATION INC

Employer identification number
35-6086777

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 82

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	DEPENDING ON THE TYPE OF FUND FROM WHICH A GRANT IS MADE, THE COMMUNITY FOUNDATION IMPLEMENTS ONE OF THE FOLLOWING GRANT MONITORING PROCESSES 1) THE GRANTEE ACKNOWLEDGES BY DEPOSITING THE GRANT CHECK THAT THEY AGREE TO USE THE FUNDS FOR THE PURPOSE FOR WHICH THEY WERE GRANTED THE COMMUNITY FOUNDATION RESERVES THE RIGHT TO ASK FOR A REFUND OF FUNDS IF THE GRANTEE MISUSES THE FUNDS 2) THE GRANTEE DOES NOT RECEIVE APPROVED FUNDS UNTIL THEY CAN SHOW PROOF OF EXPENDITURE, RECEIPTS MUST BE SUBMITTED WITHIN 30 DAYS ADDITIONALLY, THE GRANTEE IS REQUIRED TO SUBMIT A FINAL REPORT TO THE COMMUNITY FOUNDATION (USUALLY WITHIN ONE YEAR OF THE GRANT APPROVAL DATE) OUTLINING HOW THE FUNDS WERE USED
SCHEDULE I, PAGE 4, PART IV	PART III, LINES 2-7 ASSISTANCE PROVIDED TO FINANCIALLY DISTRESSED INDIVIDUALS WITH SERIOUS MEDICAL CONDITIONS PART III, LINE 8 ASSISTANCE PROVIDED TO CHILDREN

Additional Data

Software ID:
Software Version:
EIN: 35-6086777
Name: KOSCIUSKO COUNTY COMMUNITY FOUNDATION INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADIRONDACK MENNONITE CAMPING ASSOC 8884 BUCK POINT RD LOWVILLE,NY 13367	23-7024200	501C3	30,000				BEAVER CAMP ROOF
AKRON CHURCH OF GOD PO BOX 66 AKRON,IN 469100066	35-0886821	501C3	50,000				WEE CARE SUPPORT
ALL THINGS NEW INC PO BOX 367 WINONA LAKE,IN 46590	46-4827659	501C3	10,400				NEW FACILITY/GEN SUP

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

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ANIMAL WELFARE LEAGUE PO BOX 1906 WARSAW,IN 465811906	35-1782336	501C3	36,461				CAP CAMPAIGN/GEN SUP
ANTHONY WAYNE AREA COUNCIL INC 8315 W JEFFERSON BLVD FT WAYNE,IN 468048320	35-0876343	501C3	6,534				GENERAL SUPPORT
ATWOOD ALDERSGATE UNITED METHODIST PO BOX 93 ATWOOD,IN 46502	35-1559017	501C3	7,070				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BAKER YOUTH CLUB 1401 E SMITH ST WARSAW,IN 46580	35-0888006	501C3	48,600				AFTERSCHOOL/GEN SUP
LAWRENCE D BELL AIRCRAFT MUSEUM PO BOX 411 MENTONE,IN 46539	51-0145792	501C3	6,062				GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF NE IN 1005 W RUDISILL BLVD STE A101 FORT WAYNE,IN 46807	35-1271943	501C3	9,071				BIGS IN SCHOOLS

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

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BOOMERANG BACKPACKS INC 4616 E DUPONT RD STE C FORT WAYNE,IN 46825	80-0570852	501C3	8,500				FOOD FOR STUDENTS
BRIGHTPOINT PO BOX 10570 FORT WAYNE,IN 468530570	35-1111819	501C3	6,000				GENERAL SUPPORT
CANCER SERVICES OF NORTHEAST IN 6316 MUTUAL DR FORT WAYNE,IN 46825	35-0965609	501C3	7,500				CLIENT ADVOCATE SUP

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

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CARDINAL SERVICES INC OF INDIANA 504 N BAY DR WARSAW,IN 46580	35-6005615	501C3	15,654				GENERAL SUPPORT
CHILD AND PARENT SERVICES 1000 W HIVELY AVE ELKHART,IN 46517	35-0888765	501C3	6,000				GENERAL SUPPORT
THE CHRISTIAN PERFORMING ARTISTS' 301 FAITH DR SANDIA PARK,NM 87047	54-1296085	501C3	18,118				MASTERWORKS FESTIVAL

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

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CHURCHES OF GOD PO BOX 926 FINDLAY,OH 45839	23-6424046	501C3	36,000				LEADERSHIP POSITIONS
CITY OF WARSAW 102 S BUFFALO ST WARSAW,IN 46580	35-6001227	GOV	15,250				STELLAR/ART SUPPORT
COMBINED COMMUNITY SERVICES 1195 MARINERS DR WARSAW,IN 46582	35-1615506	501C3	9,130				COMPUTER/GEN SUPPOR

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

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DIOCESE OF FORT WAYNE-SOUTH BEND PO BOX 390 FORT WAYNE,IN 468010390	35-0876373	501C3	17,000				BISHOP'S APPEAL
ERIN'S HOUSE FOR GRIEVING CHILDREN 5670 YMCA PARK DR W FORT WAYNE,IN 46835	35-1884264	501C3	9,805				GRIEF SUPPORT GROUPS
ETNA GREEN UNITED METHODIST CHURCH PO BOX 161 ETNA GREEN,IN 46524	35-1582803	501C3	7,070				GENERAL SUPPORT

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

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FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS,MN 55433	41-1601449	501C3	11,706				WARSAW MOBILE PACK
FELLOWSHIP MISSIONS PO BOX 382 WINONA LAKE,IN 46590	27-2518264	501C3	87,350				GENERAL SUPPORT
GIRL SCOUTS OF NORTHERN INDIANA-MI 10008 DUPONT CIR DR E FORT WAYNE,IN 46825	35-0868091	501C3	7,688				SUP STEM/LEADERSHIP

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GLOBAL DISCIPLES 315 W JAMES ST STE 202 LANCASTER,PA 17603	23-2854114	501C3	50,000				GENERAL SUPPORT
GRACE COLLEGE & THEOLOGICAL SEMINAR 200 SEMINARY DR WINONA LAKE,IN 46590	35-0868095	501C3	48,478				CLAS & GENERAL SUP
GRACE VILLAGE HEALTH CARE FACILITY 337 GRACE VILLAGE DR WINONA LAKE,IN 46590	35-1447417	501C3	8,725				ARTCARE AND GEN SUP

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KOSCIUSKO COUNTY EDUCATIONAL DEV PO BOX 174 WARSAW,IN 465810174	27-4939514	501C3	14,000				PROGRAM SUPPORT
HABITAT FOR HUMANITY - KOSCIUSKO CO PO BOX 1913 WARSAW,IN 465811913	35-1830351	501C3	5,641				CORE DONOR PROGRAM
HEARTLINE PREGNANCY CENTER INC 1515 PROVIDENT DR STE 180 WARSAW,IN 465803294	35-1620996	501C3	11,515				GENERAL SUPPORT

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HOOSIERS FEEDING THE HUNGRY INC PO BOX 131 CORUNNA,IN 46730	45-2402892	501C3	7,000				MEAT PROCESSING
HOUSING OPPORTUNITIES OF WARSAW PO BOX 387 MILFORD,IN 46542	35-2024026	501C3	18,344				HOME REPAIR FUNDING
IMPACT MIDDLE EAST PO BOX 2246 DOVER,OH 44622	35-0877568	501C3	20,000				FEEDING REFUGEES

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INDIANA ASSOCIATION OF UNITED WAYS 3901 N MERIDIAN ST STE 306 INDIANAPOLIS,IN 462084026	35-1441961	501C3	7,500				BISON-TENNIAL PROJEC
JOE'S KIDS 3540 COMMERCE DR WARSAW,IN 46580	46-4095781	501C3	9,995				EQUIP/GENERAL SUPPOR
JUNIOR ACHIEVEMENT OF NORTHERN IN 601 NOBLE DR FORT WAYNE,IN 46825	35-0922731	501C3	17,289				GENERAL SUPPORT

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KCV CYCLING CLUB INC PO BOX 325 WINONA LAKE,IN 46590	26-1198633	501C3	15,783				EQUIP/GENERAL SUPPOR
KOSCIUSKO COMMUNITY YMCA 1305 MARINERS DR WARSAW,IN 46582	35-1068182	501C3	30,909				KC PROMISE/CAP CAMPG
KOSCIUSKO COUNTY 4-H 202 W MAIN ST WARSAW,IN 46580	35-2069680	501C3	10,000				ADA COMPLIANCE

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KOSCIUSKO COUNTY COUNCIL ON AGING 800 N PARK AVE WARSAW,IN 46580	35-1451472	501C3	6,401				SENIOR FOOD/TRANSPO
KOSCIUSKO HOME CARE AND HOSPICE 1515 PROVIDENT DR STE 250 WARSAW,IN 465803287	35-2074505	501C3	42,797				HELP CENTER/GEN SUP
KOSCIUSKO LITERACY SERVICES INC 201 N UNION ST WARSAW,IN 465802724	35-1900716	501C3	9,615				READ TO GROW/GEN SUP

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LAKELAND CHILD EVANGELISM MINISTR PO BOX 612 WINONA LAKE,IN 46590	35-1142326	501C3	10,000				GENERAL SUPPORT
LAKELAND CHRISTIAN ACADEMY 1093 S 250 E WINONA LAKE,IN 465905763	35-1327583	501C3	24,423				COMPUTERS/GEN SUP
LEESBURG UNITED METHODIST CHURCH PO BOX 175 LEESBURG,IN 46538	35-1356575	501C3	10,263				GEN SUP/NURSERY SCH

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

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LEESBURG VOLUNTEER FIRE DEPT 6396 N OLD STATE ROAD 15 LEESBURG,IN 465389044	90-0104314	501C3	10,472				GENERAL SUPPORT
LESEA GLOBAL FEED THE HUNGRY 530 E IRELAND RD SOUTH BEND,IN 46614	32-0053249	501C3	30,000				GEN SUPPORT/REFUGEE
CO MOLLENHOUR CONSERVATION CAMP 2276 S LAKE SHARON RD WARSAW,IN 46580	35-6043416	501C3	5,454				GENERAL SUPPORT

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NEHEMIAH VISION MINISTRIES PO BOX 159 KIRKLIN,IN 46050	20-8957812	501C3	8,000				MISSIONS IN HAITI
NEW BEGINNINGS PRESCHOOL AND CHILD PO BOX 607 MILFORD,IN 46542	35-1988335	501C3	57,076				3 NEW SITES/GEN SUP
NEW TRIBES MISSION INC PO BOX 8010 SANFORD,FL 327728010	39-6024926	501C3	10,000				MISSION WORK

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NORTH WEBSTER COMMUNITY CENTER INC PO BOX 379 NORTH WEBSTER,IN 46555	61-1407545	501C3	12,650				NEW WINDOWS
OAKWOOD FOUNDATION INC 702 E LAKE VIEW RD STE100 SYRACUSE,IN 46567	35-1893123	501C3	50,739				GENERAL SUPPORT
OUR LADY OF GUADALUPE PO BOX 1136 WARSAW,IN 465811136	35-0876373	501C3	35,000				WINDOW/GEN SUPPORT

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

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REAL SERVICES OF KOSCIUSKO COUNTY 1151 S MICHIGAN ST SOUTH BEND,IN 46601	35-1157606	501C3	7,000				GENERAL SUPPORT
RILEY CHILDREN'S FOUNDATION 30 S MERIDIAN STE 200 INDIANAPOLIS,IN 462043509	35-0868147	501C3	38,230				GENERAL SUPPORT
SACRED HEART CATHOLIC CHURCH 125 N HARRISON ST WARSAW,IN 46580	35-0876373	501C3	7,066				GENERAL SUPPORT

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

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SACRED HEART CATHOLIC ELEM SCHOOL 135 N HARRISON ST WARSAW,IN 465803728	35-0876373	501C3	12,517				GENERAL SUPPORT
SAINT ANNE'S CHURCH 424 W MARKET ST WARSAW,IN 46580	35-1323902	501C3	12,128				GENERAL SUPPORT
THE SALVATION ARMY PO BOX 1257 WARSAW,IN 465811257	22-2406433	501C3	9,704				GENERAL SUPPORT

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SERENITY HOUSE INC 2438 COUNTY ROAD 50 AUBURN,IN 467069501	35-1938742	501C3	7,500				RENOVATE NEW HOME
THE SEWARD JOHNSON ATELIER INC 2525 MICHIGAN AVE GALLERY A-6 SANTA MONICA,CA 90404	45-5246642	501C3	45,000				WALK-N-WANDER 2016
ST JUDE CHILDREN'S RESEARCH HOSP 501 ST JUDE PL MEMPHIS,TN 38105	62-0646012	501C3	6,283				GENERAL SUPPORT

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SYRACUSE-WAWASEE PARK FOUNDATION 1013 N LONG DR SYRACUSE,IN 46567	35-1910250	501C3	12,450				TRAILS
TIPPECANOE VALLEY SCHOOL CORP 8343 S SR 19 ARKON,IN 469109359	35-1072268	GOV	18,000				PRESCHOOL PROGRAM
TOWN OF LEESBURG PO BOX 372 LEESBURG,IN 465380372	35-6001087	GOV	10,472				GENERAL SUPPORT

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TOWN OF WINONA LAKE PO BOX 338 WINONA LAKE,IN 46590	35-6001243	GOV	22,540				LIMITLESS PARK
TURNING POINT INC 225 N MAIN ST NORTH WEBSTER,IN 46555	35-2486061	501C3	6,500				CLIENT SCHOLARSHIPS
UNITED WAY OF KOSCIUSKO COUNTY INC PO BOX 923 WARSAW,IN 465810923	35-1044331	501C3	8,907				GENERAL SUPPORT

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

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WAGON WHEEL CENTER FOR THE ARTS 2515 E CENTER ST WARSAW,IN 465810804	26-3885020	501C3	9,598				PROGRAM/GEN SUPPORT
WARSAW BIBLICAL GARDENS 347 N BUFFALO ST WARSAW,IN 46580	31-0984856	501C3	5,211				GENERAL SUPPORT
WARSAW CHRISTIAN SCHOOL 909 S BUFFALO ST WARSAW,IN 465804713	35-1043361	501C3	25,092				GENERAL SUPPORT

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

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WARSAW COMMUNITY CHURCH 103 ENTERPRISE DR WARSAW,IN 46580	35-1909524	501C3	40,200				GENERAL SUPPORT
WARSAW COMMUNITY HIGH SCHOOL 1 TIGER LN WARSAW,IN 46580	35-6002915	GOV	14,126				SUPPORT OF THE ARTS
WARSAW PARKS & RECREATION DEPT 102 S BUFFALO ST WARSAW,IN 46580	35-6001227	GOV	6,500				CONCERT AND CARNIVAL

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

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WAWASEE AREA CAREER AND TECH COOP 1 WARRIOR PATH BLDG 1 SYRACUSE,IN 46567	35-1073192	GOV	8,800				ECO CHALLENGE PROG
WAWASEE AREA CONSERVANCY FOUNDATION PO BOX 548 SYRACUSE,IN 46567	35-1832807	501C3	6,250				GENERAL SUPPORT
WINONA LAKE FREE METHODIST CHURCH 902 COLLEGE AVE WINONA LAKE,IN 46590	35-1180941	501C3	6,255				GENERAL SUPPORT

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

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WORLD COMPASSION NETWORK INC PO BOX 1152 WARSAW,IN 465811152	35-2157111	501C3	10,050				REFUGEES/GEN SUPPOR
WORLD GOSPEL MISSIONS PO BOX 948 MARION,IN 46952	35-0911947	501C3	23,000				MISSIONARY SUPPORT
WORLD VISION PO BOX 70220 TACOMA,WA 98481	95-1922279	501C3	25,000				AFRICA PROGRAMS

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

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WYCLIFFE BIBLE TRANSLATORS PO BOX 628200 ORLANDO,FL 328629138	95-1831097	501C3	75,000				GENERAL SUPPORT

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
EDUCATIONAL SCHOLARSHIPS	228	502,838			
UTILITY/PHONE ASSISTANCE	32	6,765			
HOUSING/SHELTER ASSIST	26	14,699			
MEDICAL EXPENSES ASSIST	611	106,246			
TRANSPORTATION ASSISTANCE	1066	48,867			
OTHER EXPENSES MED COND	56	27,863			
DENTAL EXP ASSISTANCE	50	16,476			
EDUCATE/HEALTH/HUMAN SVCS	9	2,317			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
KOSCIUSKO COUNTY COMMUNITY FOUNDATION INC

Employer identification number
35-6086777

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 JERRY YEAGERPRESIDENT	**(i)**	----------	----------	----------	----------	----------	----------	----------
	(ii)							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 7	VERN LANDIS, A BOARD MEMBER OF THE KOSCIUSKO COUNTY COMMUNITY FOUNDATION, IS A PARTNER WITH THE LAW FIRM ROCKHILL PINNICK, LLP ROCKHILL PINNICK, LLP PROVIDES LEGAL SERVICES THROUGH ANOTHER PARTNER TO THE KOSCIUSKO COUNTY COMMUNITY FOUNDATION LEGAL FEES TOTALED 11,185 FOR THE FISCAL YEAR ENDED JUNE 30, 2016 JERRY YEAGER, AN OFFICER AND BOARD MEMBER OF THE KOSCIUSKO COUNTY COMMUNITY FOUNDATION, IS THE CEO OF SYM FINANCIAL ADVISORS SYM FINANCIAL ADVISORS PROVIDES INVESTMENT ADVISORY SERVICES TO THE KOSCIUSKO COUNTY COMMUNITY FOUNDATION ADVISORY FEES TOTALED 4,914 FOR THE FISCAL YEAR ENDED JUNE 30, 2016

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
KOSCIUSKO COUNTY COMMUNITY FOUNDATION INC

Employer identification number
35-6086777

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	10	523,331	AVERAGE OF HIGH/LOW VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GRAIN & FOOD)	X	4	8,647	MARKET PRICE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
KOSCIUSKO COUNTY COMMUNITY FOUNDATION INC	35-6086777

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	PART III, LINE 1 THE MISSION OF THE COMMUNITY FOUNDATION BY BRINGING CARING PEOPLE AND CHARITABLE ENDEAVORS TOGETHER, WE MAKE DONOR DREAMS SHINE FOR THE GOOD OF OUR COMMUNITY WE DO THIS BY 1) SERVING AS THE VEHICLE FOR DONORS' CHARITABLE DREAMS, 2) AWARDING GRANTS TO CHARITABLE PROJECTS AND ORGANIZATIONS, 3) ADDRESSING COMMUNITY NEEDS AS A CATALYST AND CONVENER

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 1A	DESCRIPTION OF DELEGATION OF AUTHORITY TO EXECUTIVE COMMITTEE BYLAWS OF THE COMMUNITY FOUNDATION AS AMENDED NOVEMBER 10, 2014 STATE THE FOLLOWING SECTION 4 01 THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SHALL CONSIST OF THE PRESIDENT, VICE PRESIDENT, SECRETARY AND TREASURER OF THE BOARD OF DIRECTORS, THE EXECUTIVE DIRECTOR OF THE FOUNDATION, AND THE CHAIRS OF THE PUBLIC RELATIONS, FINANCE AND INVESTMENT, GRANT AND SCHOLARSHIP, DONOR RELATIONS, AND GOVERNANCE COMMITTEES (ALL MEMBERS OF THE BOARD OF DIRECTORS) SECTION 4 02 POWERS OF THE EXECUTIVE COMMITTEE DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, AND SUBJECT TO SUCH LIMITATIONS AS MAY BE REQUIRED BY LAW OR BY RESOLUTION OF THE BOARD OF DIRECTORS, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD OF DIRECTORS, EXCEPT THAT THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY TO AMEND THE BY-LAWS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 4	ARTICLES OF INCORPORATION FOR THE COMMUNITY FOUNDATION WERE AMENDED TO ADD THE FOLLOWING LANGUAGE ON MAY 14, 2016 ARTICLE III PURPOSES AND POWERS PARAGRAPH 3 3 A ALL DIRECTORS OF THE CORPORATION SHALL SERVE WITHOUT COMPENSATION EXCEPT FOR REASONABLE EXPENSES INCURRED FOR THE CORPORATION, PROVIDED, HOWEVER, THAT NOTHING HEREIN CONTAINED SHALL BE CONSTRUED TO PRECLUDE ANY DIRECTOR FROM SERVING THE CORPORATION IN ANY OTHER LEGALLY PERMITTED CAPACITY AND RECEIVING REASONABLE COMPENSATION THEREFOR BYLAWS OF THE COMMUNITY FOUNDATION AS AMENDED MAY 14, 2016 ADDED THE FOLLOWING LANGUAGE ARTICLE III THE BOARD OF DIRECTORS SECTION 3 10 COMPENSATION OF DIRECTORS ALL DIRECTORS SHALL SERVE WITHOUT COMPENSATION EXCEPT FOR REASONABLE EXPENSES INCURRED FOR THE FOUNDATION, PROVIDED, HOWEVER, THAT NOTHING HEREIN CONTAINED SHALL BE CONSTRUED TO PRECLUDE ANY DIRECTOR FROM SERVING THE CORPORATION IN ANY OTHER LEGALLY PERMITTED CAPACITY AND RECEIVING REASONABLE COMPENSATION THEREFOR ARTICLE VIII VARIANCE POWER, POLICIES AND PROCEDURES SECTION 8 01 COMPONENT FUNDS AND VARIANCE POWER WITH RESPECT TO ALL COMPONENT FUNDS OF THE CORPORATION, WHETHER EXPRESSLY GRANTED IN ANY FUND AGREEMENT, DOCUMENT OR COMMUNICATION WITH ANY DONOR, (A) THE CORPORATION SHALL HAVE THE POWER TO MODIFY ANY RESTRICTION OR CONDITION ON THE DISTRIBUTION OF FUNDS FOR ANY SPECIFIED CHARITABLE PURPOSES OR TO SPECIFIED CHARITABLE PURPOSES OR TO SPECIFIED ORGANIZATIONS IF IN THE SOLE JUDGMENT OF THE GOVERNING BODY (WITHOUT THE NECESSITY OF THE APPROVAL OF ANY PARTICIPATING TRUSTEE, CUSTODIAN, OR AGENT), SUCH RESTRICTION OR CONDITION BECOMES, IN EFFECT, UNNECESSARY, INCAPABLE OF FULFILLMENT, OR INCONSISTENT WITH THE CHARITABLE NEEDS OF THE COMMUNITY OR AREA SERVED, (B) TO REPLACE ANY PARTICIPATING TRUSTEE, CUSTODIAN, OR AGENT FOR BREACH OF FIDUCIARY DUTY UNDER STATE LAW, AND, (C) TO REPLACE ANY PARTICIPATING TRUSTEE, CUSTODIAN, OR AGENT FOR FAILURE TO PRODUCE A REASONABLE (AS DETERMINED BY THE GOVERNING BODY) RETURN OF NET INCOME (WITHIN THE MEANING OF PARAGRAPH (F)(11)(V)(F) OF THIS SECTION) OVER A REASONABLE PERIOD OF TIME (AS DETERMINED BY THE GOVERNING BODY) ARTICLE VIII VARIANCE POWER, POLICIES AND PROCEDURES SECTION 8 02 POLICIES AND PROCEDURES THE BOARD OF DIRECTORS SHALL APPROVE AND ADOPT SUCH POLICIES AND PROCEDURES FOR THE OPERATION OF THE CORPORATION AND MANAGEMENT OF ITS COMPONENT FUNDS AS REQUIRED BY LAW AND/OR DETERMINED FROM TIME TO TIME BY THE BOARD ALL POLICIES AND PROCEDURES SHALL BE CONSISTENT WITH THE FEDERAL TAX LAWS APPLICABLE TO PUBLIC CHARITIES AND COMMUNITY FOUNDATIONS AND ANY STATE LAW REQUIREMENTS POLICIES AND PROCEDURES SHALL BE REVIEWED PERIODICALLY AND MAY BE AMENDED FROM TIME TO TIME BY BOARD ACTION THE BOARD MAY CONSULT WITH OUTSIDE ADVISORS INCLUDING ACCOUNTANTS AND ATTORNEYS AS NECESSARY TO ENSURE COMPLIANCE

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	UPON COMPLETION OF THE FORM 990, AN ELECTRONIC VERSION OF THE RETURN IS DISTRIBUTED TO ALL BOARD MEMBERS AT LEAST THREE DAYS BEFORE THE SECOND MONDAY OF NOVEMBER AT THE NOVEMBER BOARD MEETING, WHICH TAKES PLACE ON THE SECOND MONDAY, THE BOARD TREASURER PRESENTS THE FORM 990 FOR ACCEPTANCE THE BOARD VOTES TO ACCEPT OR NOT ACCEPT THE FORM 990 AS PRESENTED IF ACCEPTED, THE FORM 990 IS THEN SUBMITTED TO THE IRS IF NOT ACCEPTED, THE FORM 990 WILL BE REVISED UNTIL ACCEPTED BY THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE COMMUNITY FOUNDATION REQUIRES A SIGNED CONFLICT OF INTEREST DISCLOSURE FORM FROM ALL BOARD MEMBERS AND FROM ANY COMMITTEE MEMBER WHO IS IN A POSITION TO RECOMMEND GRANT DISTRIBUTIONS DISCLOSURE FORMS ARE RENEWED AND RE-SIGNED ANNUALLY OR EACH TIME THEY (BOARD MEMBERS) SERVE ON A GRANT OR SCHOLARSHIP COMMITTEE THE EXECUTIVE DIRECTOR COLLECTS AND REVIEWS THE DISCLOSURE FORMS AS THEY ARE RETURNED AND MAKES SURE THAT ALL WHO ARE REQUIRED TO COMPLETE A DISCLOSURE FORM HAVE DONE SO WHEN AN INDIVIDUAL REPORTS AN ACTUAL, POTENTIAL, OR PERCEIVED CONFLICT OF INTEREST, THE COMMUNITY FOUNDATION FOLLOWS THE PROCEDURES OUTLINED IN ITS POLICY FOR DISCLOSURE OF CONFLICTS TO THE APPLICABLE BODY OF DECISION-MAKERS AND RECUSAL OF INDIVIDUAL(S) WITH CONFLICTS FROM THE DECISION-MAKING PROCESS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE FOLLOWING PROCESS WAS UNDERTAKEN IN FISCAL YEAR 2014/2015, WITH RESPECT TO COMPENSATION PAID TO THE EXECUTIVE DIRECTOR IN FISCAL YEAR 2015/2016 THE BOARD PRESIDENT AND THE EXECUTIVE DIRECTOR COMPLETE A FORMAL REVIEW INSTRUMENT INDEPENDENTLY AND THEN REVIEW RESULTS THE BOARD PRESIDENT MEETS WITH THE EXECUTIVE COMMITTEE, THE EXECUTIVE DIRECTOR DOES NOT ATTEND THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE IN THE AREAS OF BOARD RELATIONS, STAFF PLANNING AND SUPERVISION, GRANTS AND PROGRAM MANAGEMENT, AND PUBLIC RELATIONS AND RESOURCE DEVELOPMENT THE EXECUTIVE COMMITTEE THEN DETERMINES CONTINUED EMPLOYMENT, THE STRENGTHS AND POSSIBLE AREAS OF IMPROVEMENT AND COMPENSATION THIS INFORMATION IS THEN SHARED WITH THE EXECUTIVE DIRECTOR IN PREPARATION FOR THE EXECUTIVE DIRECTOR EVALUATION, THE COMMUNITY FOUNDATION PRESIDENT (AS CHAIR OF THE EXECUTIVE COMMITTEE) IS PROVIDED A COMPILATION OF THE COUNCIL ON FOUNDATIONS' NATIONWIDE SALARY INFORMATION THE PRESIDENT IS ALSO PROVIDED WITH COMMUNITY FOUNDATION SALARY INFORMATION FOR THE STATE OF INDIANA AND ALSO FOR THE NORTHEAST REGION OF INDIANA MINUTES OF THE EXECUTIVE COMMITTEE'S COMPENSATION DELIBERATIONS AND DECISIONS ARE PREPARED NO LATER THAN THE NEXT MEETING OF THE EXECUTIVE COMMITTEE, OR SIXTY DAYS AFTER THE DATE OF THE MEETING AT WHICH THE COMPENSATION IS APPROVED, WHICHEVER IS LATER LINE 15B) N/A-THE COMMUNITY FOUNDATION HAS NO "OTHER OFFICERS OR KEY EMPLOYEES" TO REPORT ON

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE COMMUNITY FOUNDATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE FOR PUBLIC REVIEW IN OUR PUBLIC REVIEW FILE THIS FILE IS KEPT IN A BINDER IN A PUBLIC AREA OF THE COMMUNITY FOUNDATION OFFICES, AND IS AVAILABLE FOR INSPECTION UPON REQUEST THE FILE CONTAINS FORM 1023, ARTICLES OF INCORPORATION, BY-LAWS, IRS DETERMINATION LETTER, STATE SALES TAX EXEMPTION CERTIFICATE, RESOLUTIONS, A LIST OF BOARD AND STAFF MEMBERS, IRS FORM 990'S FROM THE MOST RECENT 5 YEARS, POLICIES (SUCH AS OUR POLICY ON DONATIONS, INVESTMENT POLICY, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, ETC), COPIES OF OUR GRANT AND SCHOLARSHIP APPLICATIONS, OUR MOST RECENT AUDITED FINANCIAL STATEMENTS AND SAMPLE FUND AGREEMENTS

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ANNUITY PAYMENTS/SPLIT INTEREST CHANGE -170,895 AGENCY FUND REVENUES 8,663 AGENCY FUND EXPENSES 92,503 TOTAL -69,729

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
KOSCIUSKO COUNTY COMMUNITY FOUNDATION INC

Employer identification number
35-6086777

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) ORTHOPEDICS CAPITAL FOUNDATION INC 102 E MARKET ST WARSAW, IN 46580 27-1038452	CHARITY/ED	IN	501C3	11A	KOSCIUSKO COUNTY COMMUNITY FOUNDATION INC	Yes	

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

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

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

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation