Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

8 **Open to Public** Inspection

OMB No. 1545-0047

Α	A For the 2018 calendar year, or tax year beginning OCT 1 , 2018 and ending SEP 30 , 2019									
В	Check if applicabl	e: C Name of organization	D Employer identified	cation number						
	Addre chang	BRANCH COUNTY COMMUNITY FOUNDATION								
	Name chang		38-3	021071						
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/								
	Final		(517							
	return termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	821,869.						
	Amen	ded COLDWATER, MI 49036	H(a) Is this a group re	eturn						
	Applic tion	F Name and address of principal officer: COLLEEN KNIGHT	for subordinates							
	pendi	SAME AS C ABOVE	H(b) Are all subordinates in	Included? Yes No						
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) or 🦲	527 If "No," attach a	list. (see instructions)						
		te: > WWW.BRCOFOUNDATION.ORG	H(c) Group exemption							
			Year of formation: 1991 N	State of legal domicile: MI						
P	art I	Summary								
é	1	Briefly describe the organization's mission or most significant activities:	PHILANTHROPY,	BUILD						
anc		ENDOWMENTS & OTHER CHARITABLE FUNDS, AND CON								
Activities & Governance		Check this box 🕨 🛄 if the organization discontinued its operations or disposed of	1 1							
20 00				11						
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Number of independent voting members of the governing body (Part VI, line 1b)		11 9						
ties		Total number of individuals employed in calendar year 2018 (Part V, line 2a)		65						
tivi		Total number of volunteers (estimate if necessary)		0.						
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.						
	d	Net unrelated business taxable income from Form 990-T, line 38								
	8	Contributions and grants (Part VIII, line 1h)	Prior Year 252,238.	Current Year 350,756.						
Jue			0.	0.						
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	288,730.	401,946.						
ň		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,594.	2,771.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	543,562.	755,473.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	793,861.	392,330.						
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.						
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	130,684.	134,914.						
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.						
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)								
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	155,584.	166,577.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,080,129.	693,821.						
	19	Revenue less expenses. Subtract line 18 from line 12	-536,567.	61,652.						
s or			Beginning of Current Year	End of Year						
t Assets or Id Balances	20	Total assets (Part X, line 16)	7,559,578.	7,380,288.						
st As	21	Total liabilities (Part X, line 26)	128,070.	126,112.						
I Net		Net assets or fund balances. Subtract line 21 from line 20	7,431,508.	7,254,176.						
		Signature Block								
Unc	ler nena	Ities of periury. I declare that I have examined this return, including accompanying schedules and s	atements, 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 COLLEEN KNIGHT, EXECUT Type or print name and title	IVE DIRECTOR	Date				
Paid	Print/Type preparer's name MICHAEL LAYHER		ate Check PTIN 2/30/19 self-employed P00736155				
Preparer	Firm's name <b>KRUGGEL</b> , <b>LAWTON</b>	& COMPANY, LLC	Firm's EIN 🔉 35-1307701				
Use Only	Firm's address 526 UPTON DRIVE						
	ST. JOSEPH, MI 49085 Phone no. 269-983-03						
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No				

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2018) BRANCH C	OUNTY COMMUNITY	FOUNDATION	38-3021071 Page <b>2</b>
Pa	rt III Statement of Program Serv	vice Accomplishments		••••••••••••••••••••••••••••••••••••••
	Check if Schedule O contains a res	oonse or note to any line in this F	Part III	
1	Briefly describe the organization's mission <b>PROMOTE PHILANTHROPY</b> ,	:		
	CONNECT LOCAL RESOURC			
2	Did the organization undertake any signific			
				Yes X No
•	If "Yes," describe these new services on S		, it could take the sum and a second	es? Yes X No
3	Did the organization cease conducting, or If "Yes," describe these changes on Sche		v it conducts, any program servic	
4	Describe the organization's program servi		its three largest program services	as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organization			
	revenue, if any, for each program service	reported.	-	
4a	(Code: ) (Expenses \$ 5	28,462. including grants of \$	<b>392,330.</b> ) (R	evenue \$ 404,717.)
	ENHANCE OUR COMMUNITI	ES THROUGH THE I	SSUANCE OF GRANT	S AND
	SCHOLARSHIPS.			
4b	(Code:) (Expenses \$	including grants of \$	) (R	evenue \$)
4c	(Code: ) (Expenses \$	including grants of \$	) (R	evenue \$
		33	, (	· ,
4d	Other program services (Describe in Sche	dule O.)		
	•	ncluding grants of \$	) (Revenue \$	)
4e	Total program service expenses	528,462.		

Form **990** (2018)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a	х	
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		х
с	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		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
•	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	$u_0$	<b>∠</b>	~ <u>~</u>	1

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			Yes	No
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	Х	
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-14		<u> </u>
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
<b></b>	Schedule L, Part I	25b		
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,"			x
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t 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	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

2018)	BRANCH	COUNTY	COMMUNITY	FOUNDATION
Statements	Regarding C	other IRS F	ilings and Tax (	Compliance (continued)

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 9					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
	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		X		
b	b If "Yes," enter the name of the foreign country: ▶					
<b>F</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					
	<ul> <li>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</li> <li>If "Yea" to line 5a or 5b, did the organization file Form 88% T2.</li> </ul>					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c				
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou				
~	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	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		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h						
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				
9	Sponsoring organizations maintaining donor advised funds.	0-				
a k	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b				
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <b>Section 501(c)(7) organizations.</b> Enter:	ap				
a	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	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					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note. See the instructions for additional information the organization must report on Schedule O.					
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					
	Enter the amount of reserves on hand			v		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x		
	excess parachute payment(s) during the year?	15		- 11		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х		
	If "Yes," complete Form 4720, Schedule O.	10				

Form **990** (2018)

Form 990 (2018)

Part V

#### BRANCH COUNTY COMMUNITY FOUNDATION

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	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 11			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Δ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	Х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
с	to Oxford to Oxford With and the	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
13 14	Did the organization have a written document retention and destruction policy?	13	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
я	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		х
~	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		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright  ext{MI}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	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			
	THE ORGANIZATION - (517) 278-4517			
	2 W CHICAGO ST., NO. E-1, COLDWATER, MI 49036			

Part VII	Со	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Em	ployees, and	d Independe	ent Contra	ctors			

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 (Ď), (E), and (F) if no compensation was paid.

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

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

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

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

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)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	rage Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot pr/trus	h an	compensation	compensation	amount of
	week (list any							. from the	from related organizations	other compensation
	hours for	direct				pg			(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	· · · · · · · · · · · · · · · · · · ·	organization
	organizations	al trus	onal tr		loyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KEELY BEEMER	2.00	<u> </u>	<u> </u>	ò	\ <u>₹</u>	포뇽	E.			
DIRECTOR		x						0.	Ο.	0.
(2) RICK CHARD	2.00									
DIRECTOR		X						0.	0.	0.
(3) RACHEL HARD	2.00									
SECRETARY		X		Х				0.	0.	0.
(4) JOSH JONES	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) CHUCK LILLIS	2.00									
DIRECTOR		Х						0.	0.	0.
(6) ANNE FREIBURGER	2.00									
DIRECTOR		Х						0.	0.	0.
(7) PATTI MILLER	2.00									
DIRECTOR		X						0.	0.	0.
(8) WALLY NEWKIRK	2.00									
DIRECTOR		X						0.	0.	0.
(9) RON ROSE	2.00									•
VICE CHAIR	10.00	X		X				0.	0.	0.
(10) COLLEEN KNIGHT	40.00								0	
EXECUTIVE DIRECTOR		X						57,314.	0.	10,057.
(11) DON GERMANN	2.00	.,							0	0
DIRECTOR	2.00	X						0.	0.	0.
(12) CONNIE WINBIGLER	2.00	x						0.	0.	0
DIRECTOR		<u> </u>						0.	0.	0.
						-				
		1								
				<u> </u>	-	<u> </u>				
		1								
		<u> </u>	-	<u> </u>	-	-	<u> </u>			
		1								
			L			-				

	990 (2018) BRANCH CO	DUNTY CO	OMN	4UI	1IJ	ГҮ	FC	נטכ	NDATION	38-30	210	)71	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition more rson	than is bot pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		am	(F) timate iount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	oensa om the anizati I relate nizatie	e ion ed
	Sub-total Total from continuation sheets to Part VI								57,314.		0.	10	0,0	57. 0.
	Total (add lines 1b and 1c)								57,314.		0.	1	0,0	57.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	סר or	eceived more than \$100	),000 of reportable	e			0
3	Did the organization list any <b>former</b> officer,								•		I		Yes	No X
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	e co	omp	ensa	atior	n and	d otl	her compensation from	the organization		3		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	accrue comper	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv			5		x
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										pensa	ation f	rom	
	(A) Name and business	address	NC	ONE	2				<b>(B)</b> Description of s	services	Co	(C omper		n
								-						
2	Total number of independent contractors (i	ncluding but n	ot lii	mite	d to		~	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				(	0							

Forn	n 990	(2018) BRANG	CH COUNTY	COMMUNI	TY FOUNDAT	ION	38-3021	071 Page 9
	rt VI		nue					
		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Am (	с	Fundraising events	1c					
Gift lar		Related organizations						
ini,	е	Government grants (contribu	tions) <b>1e</b>					
rior S	f	All other contributions, gifts, grar						
ibu		similar amounts not included abo	ove 1f	350,756.				
d d	g	Noncash contributions included in line	s 1a-1f: \$	8,703.				
<u>a C</u>	h	Total. Add lines 1a-1f		►	350,756.			
				Business Code				
ice	2 a	l						
er v	b							
n S /en	С							
grar Rev	d	I						
Program Service Revenue	е							
	f	All other program service rev						
	g							
	3	Investment income (including			188,040.	188,040.		
		other similar amounts) Income from investment of ta			100,040.	100,040.		
	4							
	5	Royalties	(i) Real					
	6.0	Cross rests		(ii) Personal				
		Gross rents Less: rental expenses						
		Rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	280,302.	() Currer				
	b	Less: cost or other basis						
		and sales expenses	66,396.					
	с	Gain or (loss)						
		Net gain or (loss)		►	213,906.	213,906.		
e		Gross income from fundraisir						
nue		including \$	of					
leve		contributions reported on line	e 1c). See					
ъ		Part IV, line 18	а					
Other Revenue		Less: direct expenses						
U	С	Net income or (loss) from fun	draising events	🕨				
	9 a	Gross income from gaming a						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gar		····· 🕨				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	с	Net income or (loss) from sale						
	44 .	Miscellaneous Revenu AGENCY FEES	Je	Business Code 900099	2,771.	2,771.		
				500055	4,//⊥•	4,//±•		
	b							
	c c							
	d	All other revenue			2,771.			
	12	Total revenue. See instructions			755,473.	404,717.	0.	0.

BRANCH COUNTY COMMUNITY FOUNDATION 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).

Do no	Check if Schedule O contains a respon of include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations	260.220			
á	and domestic governments. See Part IV, line 21	360,330.	360,330.		
	Grants and other assistance to domestic	20.000	20.000		
	ndividuals. See Part IV, line 22	32,000.	32,000.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,		21 225	0 2 2 2	26 147
	trustees, and key employees	55,805.	21,335.	8,323.	26,147
	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)	49,652.	18,868.	7,448.	23,336
	Other salaries and wages	¥9,0J4•	TO,000.	/,440•	45,550
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	20,160.	7,661.	3,024.	9 175
	Other employee benefits	9,297.	3,533.	1,395.	9,475 4,369
	Payroll taxes Fees for services (non-employees):	5,257.	5,555.	1,353.	4,505
	Management				
	Legal Accounting	19,142.	6,891.	4,020.	8,231
	Lobbying		0,0521		0,202
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees	48,837.	48,171.	150.	516
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)	11,676.	3,503.		8.173
	Advertising and promotion	37,515.	7,503.		8,173 30,012
	Office expenses	2,510.	844.	791.	875
	Information technology	12,938.	3,963.	285.	8,690
	Royalties		,		•
	Dccupancy	2,114.	761.	444.	909
	Travel	11,329.	2,872.		8,457
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	1,463.	702.	205.	556
	nterest	-			
21	Payments to affiliates				
	Depreciation, depletion, and amortization	5,458.	1,965.	1,146.	2,347
	nsurance	3,456.	864.	1,728.	864
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)				
á	amount, list line 24e expenses on Schedule O.) 🤇 👘 🗌				
	SPECIAL PROJECT	4,810.	4,810.		
~ .	DUES & MEMBERSHIPS	4,226.	1,489.	1,178.	1,559
c	POSTAGE & PRINTING	1,103.	397.	232.	474
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	693,821.	528,462.	30,369.	134,990
26	Joint costs. Complete this line only if the organization				
I	reported in column (B) joint costs from a combined				
(	educational campaign and fundraising solicitation.				
(	Check here Figure if following SOP 98-2 (ASC 958-720)				

BRANCH	COUNTY	COMMUNITY	FOUNDATION
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		Check if Schedule O contains a response or not	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			122,702.	1	106,125.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensi	ated emp	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pers	ons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(	c)(9) voluntary			
ş		employees' beneficiary organizations (see instr)	. Comple	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			5,485.	9	1,946.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	61,115.			
	b	Less: accumulated depreciation	10b	40,153.	26,421.	10c	20,962.
	11	Investments - publicly traded securities			7,404,970.	11	7,251,255.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34	)	7,559,578.	16	7,380,288.
	17	Accounts payable and accrued expenses		22,392.	17	24,059.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D		21	
es	22	Loans and other payables to current and former	r officers	, directors, trustees,			
iliti		key employees, highest compensated employee	es, and d	isqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated third	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables to	o related third			
		parties, and other liabilities not included on lines	s <b>1</b> 7-24).	Complete Part X of			400.050
		Schedule D			105,678.	25	102,053.
	26				128,070.	26	126,112.
		Organizations that follow SFAS 117 (ASC 958		here 🕨 🔟 and			
Ses		complete lines 27 through 29, and lines 33 ar			4 004 615		4 000 004
anc	27	Unrestricted net assets			4,924,615.	27	4,826,864.
Bal	28	Temporarily restricted net assets		·····	2,506,893.	28	2,427,312.
pu	29	Permanently restricted net assets		29			
Ľ.		Organizations that do not follow SFAS 117 (A	SC 958)	, check here ▶ 📖			
ر م		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed		F		31	ļ
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		-	7 121 500	32	
~	33	Total net assets or fund balances			7,431,508.	33	7,254,176.
	34	Total liabilities and net assets/fund balances			7,559,578.	34	7,380,288.

Form **990** (2018)

### Part X | Balance Sheet

Form	990	(2018)
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Form	BRANCH COUNTY COMMUNITY FOUNDATION	38-30	21071	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			73.
2	Total expenses (must equal Part IX, column (A), line 25)	2			21.
3	Revenue less expenses. Subtract line 2 from line 1	3			52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,431		
5	Net unrealized gains (losses) on investments	5	-230		
6	Donated services and use of facilities	6	- 8	3,7	03.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7,254	1,1	76.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
				000 /	

Form **990** (2018)

SCHEDULE A	
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Department of the Treasury

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2018
Open to Public Inspection

Interna	Bear In all Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.         Inspection												
Nam	e of	the organizati		011	0011017017			1011			identification number		
Pa	rt I	Reason				COMMUNITY FO			oo instruction		8-3021071		
						(For lines 1 through 12,				5.			
1	Jigai					on of churches describe							
2						(Attach Schedule E (For			•,~,')•				
3						anization described in s			ii).				
4						njunction with a hospita				)(iii). Enter	the hospital's name.		
•		city, and stat	-			··· ,-··				<i></i>	·····,		
5				or the	benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in		
			(b)(1)(A)(iv). (C				-						
6		A federal, sta	te, or local gov	vernn	nent or governi	mental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organizati	ion that norma	lly red	ceives a substa	antial part of its support	from a gov	ernmental	unit or from t	he general	public described in		
		section 170(	<b>b)(1)(A)(vi).</b> (C	omple	ete Part II.)								
8		A community trust described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)											
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:											
10		An organizati	ion that norma	lly red	ceives: (1) more	e than 33 1/3% of its su	oport from	contributi	ons, member	ship fees, a	Ind gross receipts from		
		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
		income and u	unrelated busir	ness	taxable income	e (less section 511 tax) f	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.		
		See section	509(a)(2). (Cor	mplet	te Part III.)								
11		-	-		-	sively to test for public s	•						
12		-	-		-	sively for the benefit of, t	-			-			
						ed in <b>section 509(a)(1)</b> (					Check the box in		
_			-		•••	of supporting organization		-		-	( diving		
а					-	supervised, or controlled	•						
			-		-	egularly appoint or elect ections A and B.	a majonty	or the dire			supporting		
b				-		d or controlled in connec	tion with it	ts sunnort	ed organizatio	on(s) by ha	wina		
~					-	anization vested in the			•		-		
			-			Sections A and C.							
с		Type III fui	nctionally inte	grate	ed. A supportin	g organization operated	in connec	tion with,	and functiona	lly integrat	ed with,		
		its support	ed organizatio	n(s) (s	see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.				
d		Type III no	n-functionally	/ inte	grated. A supp	porting organization ope	rated in co	nnection v	with its suppo	rted organ	ization(s)		
		that is not	functionally int	egrat	ted. The organi	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness		
		- ·	-			mplete Part IV, Section							
е			•			written determination fr			а Туре I, Туре	II, Type III			
	E.s.t				!	onally integrated suppor							
T		er the number wide the follow		•		ed organization(s).							
<u> </u>		(i) Name of supp			(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	fmonetary	(vi) Amount of other		
		organizatior	ו			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
											<u> </u>		

### Schedule A (Form 990 or 990-EZ) 2018 BRANCH COUNTY COMMUNITY FOUNDATION

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,719,386.	558,587.	277,038.	252,238.	350,756.	3,158,005.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,719,386.	558,587.	277,038.	252,238.	350,756.	3,158,005.
	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 1 5 9 0 0 5
	Public support. Subtract line 5 from line 4.						3,158,005.
	••	(-) 001 (	(1-) 0015	(-) 0010	(-1) 0017	(-) 0010	(6) <b>T</b> = + = 1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015 558,587.	(c) 2016 277,038.	(d) 2017 252,238.	(e) 2018 350, 756.	(f) Total
	Amounts from line 4	1,719,386.	550,507.	277,030.	232,230.	550,750.	3,158,005.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		0.61 010	166 000	001 100	100 040	004 510
	and income from similar sources $\dots$	67,877.	261,319.	166,092.	201,190.	188,040.	884,518.
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.)			1,767.	2,594.	2,771.	7,132.
11	Total support. Add lines 7 through 10						4,049,655.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					▶∟
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	ivided by line 11, o	olumn (f))		14	77.98 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	85.93 %
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	I			▶ X
b	33 1/3% support test - 2017. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		•	•	•	•	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
				,,, <b>.</b> ., <b>.</b> ., <b>.</b> ., <b>.</b> .,	,		

### Schedule A (Form 990 or 990-EZ) 2018 BRANCH COUNTY COMMUNITY FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
4	ization'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		1				
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	i	-	1	
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	<b>First five years.</b> If the Form 990 is for	the organization'	s first second thi	rd fourth or fifth t	tax vear as a section	n 501(c)(3) organi	zation
•••	check this box and <b>stop here</b>	and organization			-		
Sec	ction C. Computation of Publi	c Support Pe	ercentage				
	Public support percentage for 2018 (li		-	column (f))		15	%
	Public support percentage for 2018 (in Public support percentage from 2017		-			16	% %
	ction D. Computation of Inves			·····			70
	•					17	07
	Investment income percentage for <b>20</b>						%
	Investment income percentage from 2					18 22.1/20/	17 is not
198	<b>33 1/3% support tests - 2018.</b> If the						
-	more than 33 1/3%, check this box ar						<b>P</b>
b	<b>33 1/3% support tests - 2017.</b> If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶∟

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	res	NO
1		
2		
3a		
3b		
•		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

# Schedule A (Form 990 or 990-EZ) 2018 BRANCH COUNTY COMMUNITY FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
с	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		
	tion 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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	ructions	<u>s).</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.			
а				
	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

### Schedule A (Form 990 or 990-EZ) 2018 BRANCH COUNTY COMMUNITY FOUNDATION 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 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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-functional	v integrate	d Type III supporting or	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

### Schedule A (Form 990 or 990 EZ) 2018 BRANCH COUNTY COMMUNITY FOUNDATION

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A	(Form 990 or 990-EZ) 2018	BRANCH	COUNTY	COMMUNITY	FOUNDATION	38-3021071 Page <b>8</b>
Part VI	Supplemental Infor Part IV, Section A, lines 1	<b>mation.</b> Prov , 2, 3b, 3c, 4b, lines 2 and 3; F	ide the explar 4c, 5a, 6, 9a, Part IV, Section	nations required by l 9b, 9c, 11a, 11b, an n E, lines 1c, 2a, 2b,	Part II, line 10; Part II, lin d 11c; Part IV, Section E 3a, and 3b; Part V, line	e 17a or 17b; Part III, line 12; 8, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, 2 additional information.

**SCHEDULE D** 

(Form 990)

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

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



Department of the Treasury Internal Revenue Service Name of the organization

BRANCH COUNTY COMMUNITY FOUNDATION

Employer identification number 38-3021071

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	14				
2	Aggregate value of contributions to (during year)	3,675.				
3	Aggregate value of grants from (during year)	82,654.				
4	Aggregate value at end of year	1,801,795.				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds			
	are the organization's property, subject to the organization's	-				
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of					
		· · · · ·				
Pa						
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).				
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	prically important land area			
	Protection of natural habitat					
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b						
с	Number of conservation easements on a certified historic str					
d	Number of conservation easements included in (c) acquired					
	listed in the National Register					
3	Number of conservation easements modified, transferred, re					
	year 🕨					
4	Number of states where property subject to conservation ea	sement is located >				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements i	t holds?				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year			
	▶					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year			
	►\$					
8	Does each conservation easement reported on line 2(d) above	ve 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	ion easements in its revenue and expense	statement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for			
	conservation easements.					
Pa	t III Organizations Maintaining Collections o		ther Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (AS					
	historical treasures, or other similar assets held for public ext		nce of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri					
b	If the organization elected, as permitted under SFAS 116 (AS					
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic 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 tre		l gain, provide			
	the following amounts required to be reported under SFAS 1					
а	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X		🕨 \$			

Sche	dule D (Form 990) 2018 BRANCH	COUNTY COM	MUNITY FOU	NDATION			38-30	21071	- Pa	ge <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	rt, Historical Tr	easures, or	· Other	r Simila	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that a	are a sig	nificant	use of its	collection	items	5
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange program	าร					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organizatior	ı's exem	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o		,	,				-		
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Y	'es" on F	⁻ orm 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi		-					-		ı
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			<b>—</b>				
								Amount		
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
Ť	Ending balance					1f		N ₂		N
	Did the organization include an amount on Fe							Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in									
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	vears	nack
10	Beginning of year balance	6,609,943.	6,205,126.	() ,	· · ·	, ,	38,322.	()	994,	
	Contributions	74,383.	64,458.		339.		50,090.		899,	
	Net investment earnings, gains, and losses	169,206.	655,983.	,			72,211.		128,	
	Grants or scholarships	181,197.	116,745.	,			24,672.		224,	
	Other expenditures for facilities	,	,	,			,		,	
Ŭ	and programs	107,605.	93,995.							
f	Administrative expenses	109,344.	104,884.							
	End of year balance	6,455,386.	6,609,943.		126.	5.7	35,951.	5,	538,	322.
2	Provide the estimated percentage of the curr					,	,	,	,	
	Board designated or quasi-endowment	62.50	%	,,,						
	Permanent endowment	%								
	Temporarily restricted endowment > 3									
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation that are held a	nd administere	ed for the	e organiz	ation			
	by:							· · ·	Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations									Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?					3b		
	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11a. S	See Form 990, I	Part X, li	ine 10.				
	Description of property	<b>(a)</b> Cost or of basis (investn		or other (other)	.,	cumulate reciation	d	<b>(d)</b> Book	value	)
1a	Land									
b	Buildings									
с	Leasehold improvements						_	_	-	
d	Equipment		5	9,359.		38,3		20	),96	_
	Other			1,756.		1,7	56.			0.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)				20	),96	52.

Schedule D (Form 990) 2018

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 000 Part IV li	an 11 a San Form 990 Part X line -	13
(a) Description of investment	(b) Book value		st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990 Part IV li	ne 11d See Form 990 Part X line :	15
	Description		(b) Book value
(1)			(1) = = = = = = = = = = = = = = = = = = =
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		<b></b>
Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	n Form 990 Part IV li	ne 11e or 11f See Form 990 Part )	( line 25
1. (a) Description of liability		(b) Book value	, 1110 20.
(1) Federal income taxes		(2) 20011 1010	
	ידיץ	102.053.	
(2) FUNDS HELD IN AGENCY CAPAC	CITY	102,053.	
(2) FUNDS HELD IN AGENCY CAPAC (3)	CITY	102,053.	
(2) FUNDS HELD IN AGENCY CAPAC (3) (4)		102,053.	
(2) FUNDS HELD IN AGENCY CAPAC (3) (4) (5)		102,053.	
(2) FUNDS HELD IN AGENCY CAPAC (3) (4) (5) (6)		102,053.	
(2) FUNDS HELD IN AGENCY CAPAC (3) (4) (5) (6) (7)		102,053.	
(2) FUNDS HELD IN AGENCY CAPAC (3) (4) (5) (6) (7) (8)		102,053.	
(2) FUNDS HELD IN AGENCY CAPAC (3) (4) (5) (6) (7)		102,053.	

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 🚺

#### BRANCH COUNTY COMMUNITY FOUNDATION Schedule D (Form 990) 2018

#### 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>(b)</b> Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Sche	edule D (Form 990) 2018 BRANCH COUNTY COMMUNITY F	OUNDATI	ON	38-	3021071 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	ments With	Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	525,192.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-230,281		
b	Donated services and use of facilities	2b			
с					
d					
е	Add lines 2a through 2d			2e	-230,281.
3	Subtract line 2e from line 1			3	755,473.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	755,473.
-					
Pa	rt XII Reconciliation of Expenses per Audited Financial State				
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ements Wit	h Expenses per		irn.
<b>P</b> a 1	rt XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per		
_	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ements Wit	h Expenses pe	r Retu	irn.
1	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements Witl	h Expenses per	r Retu	irn.
1 2	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a. 2a. 2a	h Expenses pe	r Retu	irn.
1 2 a	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a. 2a 2b	h Expenses pe	r Retu	irn.
1 2 a	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a.         2a	h Expenses pe	r Retu	rn. 702,524.
1 2 a	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a         2a           2b         2c           2c         2d	h Expenses per	r Retu	rn. 702,524. 8,703.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a         2a           2b         2c           2c         2d	h Expenses per	1	rn. 702,524.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a         2a           2b         2c           2c         2d	h Expenses per	Retu 1 2e	rn. 702,524. 8,703.
1 2 b c 3	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a         2a           2b         2c           2c         2d	h Expenses per	Retu 1 2e	rn. 702,524. 8,703.
1 2 b c d 3 4	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a         2a           2b         2c           2d         2d	h Expenses per	Retu 1 2e	rn. 702,524. 8,703.
1 2 3 4 4	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a         2a           2b         2b           2c         2d           2d         4a           4b         4b	h Expenses per 8 , 703 .	Retu 1 2e	rn. 702,524. 8,703. 693,821.
1 2 d e 3 4 b c 5	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2a         2b         2c         2d         2d         4a         4b	h Expenses per 8 , 703 .	Retu	rn. 702,524. 8,703.

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.

### PART X, LINE 2:

MANAGEMENT HAS ELECTED TO APPLY THE PROVISIONS OF FASB ASC 740-10, INCOME
TAXES. UNDER FASB ASC 740-10 AN ENTITY MUST DETERMINE WHETHER IT IS MORE
LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION,
INCLUDING RESOLUTION OF ANY APPEALS OR LITIGATION PROCESSES, BASED ON
TECHNICAL MERITS OF THE POSITION. AS OF SEPTEMBER 30, 2019 THE FOUNDATION
HAD NO KNOWN LIABILITY DUE TO THE UNCERTAINTY OF INCOME TAXES. THE
FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS BY
TAX AUTHORITIES FOR YEARS BEFORE THE YEAR ENDED SEPTEMBER 30, 2016.

Schedule D (Form 990) 2018	BRANCH	COUNTY	COMMUNITY	FOUNDATION	38-3021071 Page 5
Schedule D (Form 990) 2018 Part XIII Supplemental Infor	mation (cont	inued)			

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants and Oth vernments, an lete if the organization Go to www.ir.	d Individua	I <mark>s in the Ŭni</mark> on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Name of the organization							Employer identification number
BRANCH	COUNTY COM	IUNITY FOUND	ATION				38-3021071
<b>1</b> Does the organization maintain red	cords to substantiate th	•		• •			
criteria used to award the grants of <b>2</b> Describe in Part IV the organizatio	n's procedures for mon	toring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistan					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
recipient that received more						,	· · · ·
<b>1 (a)</b> Name and address of organiza or government	tion <b>(b)</b> EIN	(c) IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BRANCH COUNTY COALITION AGAINS DOM. VIOLENCE - 220 N MICHIGAN							
- COLDWATER, MI 49036		501C3	10,000.	0.			GENERAL SUPPORT
COLDWATER ROTARY FOUNDATION P.O BOX 42 COLDWATER, MI 49036	38-2667821	501C3	43,659.	0.			GENERAL SUPPORT
VILLAGE OF UNION CITY 208 N. BROADWAY STREET UNION CITY, MI 49094	38-6007262	GOV	54,500.	0.			GENERAL SUPPORT
QUINCY COMMUNITY SCHOOLS 1 EDUCATIONAL PARKWAY QUINCY, MI 49082	38-6000734	GOV	28,795.	0.			GENERAL SUPPORT
COLON COMMUNITY SCHOOLS 400 DALLAS STREET COLON, MI 49040	38-6003612	GOV	18,244.	0.			GENERAL SUPPORT
BRONSON COMMUNITY SCHOOLS 501 E. CHICAGO STREET BRONSON, MI 49028	38-6000700		8,578.	0.			GENERAL SUPPORT
<ul> <li>2 Enter total number of section 501(</li> <li>3 Enter total number of other organi</li> <li>LHA For Paperwork Reduction Act M</li> </ul>	zations listed in the line	1 table					Schedule I (Form 990) (2018)

#### BRANCH COUNTY COMMUNITY FOUNDATION Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

832241 04-01-18

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EGINNING CARE FOR LIFE 6 N CLAY STREET							
DLDWATER, MI 49036	38-3349217	501C3	5,910.	0.			GENERAL SUPPORT

### Schedule I (Form 990) (2018) BRANCH COUNTY COMMUNITY FOUNDATION

38-3021071

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>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	37	32,000.	0.		

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

_____

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.



BRANCH COUNTY COMMUNITY FOUNDATION

Employer identification number 38 - 3021071

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

OFFICERS OF THE ORGANIZATION AND MEMBERS OF THE BOARD OF DIRECTORS AND

AUDIT COMMITTEE REVIEW THE FORM 990 TAX RETURN AND OTHER FORMS BY REVIEWING EITHER ONLINE OR IN PAPER FORM BEFORE THE REPORT IS SUBMITTED BY DUE DATE, OR APPROVED EXTENSION DATE IF NECESSARY.

FORM 990, PART VI, SECTION B, LINE 12C:

THE MEMBERS OF THE GOVERNING BODY ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST ANNUALLY. ALL CONFLICTS OF INTEREST ARE EVALUATED BY THE GOVERNING BOARD, WHO THEN DETERMINES THE BEST COURSE OF ACTION ON A CASE BY CASE BASIS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE/PERSONNEL COMMITTEE EVALUATES THE PERFORMANCE OF THE EXECUTIVE DIRECTOR ANNUALLY AND REPORTS THE RESULTS TO THE BOARD OF DIRECTORS AS A WHOLE. IN LIGHT OF THE EVALUATION RESULTS, ECONOMIC

CONDITIONS AND COMPARISON OF INDUSTRY SALERY SURVEYS, A RECOMMENDATION

REGARDING THE EXECUTIVE DIRECTOR'S COMPENSATION IS MADE TO THE BOARD

ANNUALLY. THE BOARD APPROVES THE COMPENSATION FOR THE NEXT FISCAL YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST BY CALLING THE OFFICE AND DISCUSSING WITH EXECUTIVE DIRECTOR. AUDITED FINANCIAL STATEMANTS ARE ALSO MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

Sch	edule O (Form 99	90 or 990-l	EZ) (2018)				Page
Nam	e of the organization	ation BI	RANCH	COUNTY	COMMUNITY	FOUNDATION	Employer identification number 38-3021071
NO	CHANGES	FROM	PRIOR	YEAR.			