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**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation**

2009

Department of the Treasury
Internal Revenue Service

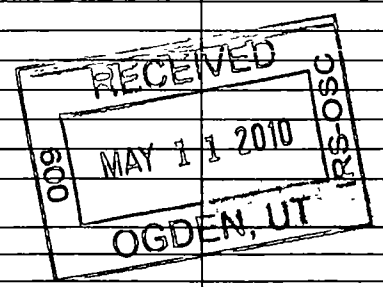
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year **2009**, or tax year beginning , **2009**, and ending

G Check all that apply ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

| | | | |
|---|--|--|---|
| Use the IRS label. Otherwise, print or type. See Specific Instructions. | Name of foundation DUNELAND HEALTH COUNCIL | | A Employer identification number 35-2021548 |
| | Number and street (or P O box number if mail is not delivered to street address) | Room/suite | B Telephone number (see the instructions) (219) 874-4193 |
| | P.O. BOX 9327 | | C If exemption application is pending, check here <input type="checkbox"/> |
| | City or town MICHIGAN CITY | State ZIP code IN 46361 | D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 7,274,066. | | J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions)) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|--|------------------------------------|---------------------------|-------------------------|---|
| REVENUE | 1 Contributions, gifts, grants, etc, received (att sch) | 2,340. | | | |
| | 2 Ck <input checked="" type="checkbox"/> if the foundn is not req to att Sch B | | | | |
| | 3 Interest on savings and temporary cash investments | | | | |
| | 4 Dividends and interest from securities | 226,219. | 226,219. | | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain/(loss) from sale of assets not on line 10 | -230,218. | | | |
| | b Gross sales price for all assets on line 6a 786,819. | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 0. | | |
| | 8 Net short-term capital gain | | | 0. | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | | | | |
| ADMINISTRATIVE AND OPERATING EXPENSES | b Less Cost of goods sold | | | | |
| | c Gross profit/(loss) (att sch) | | | | |
| | 11 Other income (attach schedule) See Line 11 Stmt | -3,065. | -3,065. | | |
| | 12 Total. Add lines 1 through 11 | -4,724. | 223,154. | 0. | |
| | 13 Compensation of officers, directors, trustees, etc | 40,000. | 40,000. | | |
| | 14 Other employee salaries and wages | | | | |
| | 15 Pension plans, employee benefits | 11,265. | 11,265. | | |
| | 16a Legal fees (attach schedule) | | | | |
| | b Accounting fees (attach sch) L-16b Stmt | 3,970. | 3,970. | | |
| | c Other prof fees (attach sch) | | | | |
| | 17 Interest | 3,390. | 3,390. | | |
| | 18 Taxes (attach schedule)(see instr) See Line 18 Stmt | 4,460. | 3,060. | | |
| | 19 Depreciation (attach sch) and depletion | | | | |
| | 20 Occupancy | 8,502. | 8,502. | | |
| | 21 Travel, conferences, and meetings | 3,458. | 3,458. | | |
| | 22 Printing and publications | | | | |
| | 23 Other expenses (attach schedule) See Line 23 Stmt | 63,803. | 60,905. | | |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 138,848. | 134,550. | | |
| | 25 Contributions, gifts, grants paid | 186,845. | | | 186,845. |
| | 26 Total expenses and disbursements. Add lines 24 and 25 | 325,693. | 134,550. | | 186,845. |
| | 27 Subtract line 26 from line 12: | | | | |
| | a Excess of revenue over expenses and disbursements | -330,417. | | | |
| | b Net investment income (if negative, enter -0-) | | 88,604. | | |
| | c Adjusted net income (if negative, enter -0-) | | | 0. | |



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Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

| | | Beginning of year | End of year | |
|---|---|-------------------------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| ASSETS | 1 Cash — non-interest-bearing | 1. | | |
| | 2 Savings and temporary cash investments | 848,490. | 549,000. | 549,000. |
| | 3 Accounts receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 4 Pledges receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) | | | |
| | 7 Other notes and loans receivable (attach sch) 25,000. | L-7 Stmt | | |
| | Less: allowance for doubtful accounts 0. | | 25,000. | 25,000. |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments — U.S. and state government obligations (attach schedule) L-10a Stmt | 855,704. | 43,170. | 43,170. |
| | b Investments — corporate stock (attach schedule) L-10b Stmt | 4,253,678. | 4,068,730. | 4,076,517. |
| | c Investments — corporate bonds (attach schedule) L-10c Stmt | 1,459,405. | 2,425,961. | 2,490,379. |
| | 11 Investments — land, buildings, and equipment basis | | | |
| Less: accumulated depreciation (attach schedule) | | | | |
| 12 Investments — mortgage loans | | | | |
| 13 Investments — other (attach schedule) | | | | |
| 14 Land, buildings, and equipment: basis | | | | |
| Less: accumulated depreciation (attach schedule) | | | | |
| 15 Other assets (describe L-15 Stmt) | 0. | 90,000. | 90,000. | |
| 16 Total assets (to be completed by all filers — see instructions. Also, see page 1, item I) | 7,442,278. | 7,201,861. | 7,274,066. | |
| LIABILITIES | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, & other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) L-21 Stmt | 0. | 90,000. | |
| | 22 Other liabilities (describe) | | | |
| | 23 Total liabilities (add lines 17 through 22) | 0. | 90,000. | |
| NET ASSETS OR FUND BALANCES | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. | <input type="checkbox"/> | | |
| | 24 Unrestricted | | | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | <input checked="" type="checkbox"/> | | |
| | 27 Capital stock, trust principal, or current funds | | | |
| | 28 Paid-in or capital surplus, or land, building, and equipment fund | 7,442,278. | 7,111,861. | |
| | 29 Retained earnings, accumulated income, endowment, or other funds | | | |
| | 30 Total net assets or fund balances (see the instructions) | 7,442,278. | 7,111,861. | |
| | 31 Total liabilities and net assets/fund balances (see the instructions) | 7,442,278. | 7,201,861. | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|--|---|------------|
| 1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 7,442,278. |
| 2 Enter amount from Part I, line 27a | 2 | -330,417. |
| 3 Other increases not included in line 2 (itemize) | 3 | |
| 4 Add lines 1, 2, and 3 | 4 | 7,111,861. |
| 5 Decreases not included in line 2 (itemize) | 5 | |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30 | 6 | 7,111,861. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company) | | (b) How acquired P — Purchase D — Donation | (c) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|--|--|--|---|-------------------------------------|
| 1 a SHORT TERM — SEE ATTACHED STATEMENT | | P | Various | Various |
| b LONG TERM — SEE ATTACHED STATEMENT | | P | Various | Various |
| c CAPITAL GAIN DISTRIBUTIONS | | P | Various | Various |
| d | | | | |
| e | | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|-----------------------|--|---|--|
| a 110,824. | | 114,289. | -3,465. |
| b 672,530. | | 902,748. | -230,218. |
| c 3,465. | | 0. | 3,465. |
| d | | | |
| e | | | |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h)) |
|---|--------------------------------------|---|---|
| (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column (i) over column (j), if any | |
| a | | | -3,465. |
| b | | | -230,218. |
| c 0. | 0. | 0. | 3,465. |
| d | | | |
| e | | | |

| | | | | |
|---|--|--|----------|-----------|
| 2 Capital gain net income or (net capital loss) | <div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> | | 2 | -230,218. |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) | <div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8 </div> | | 3 | -3,465. |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (column (b) divided by column (c)) |
|---|--|---|---|
| 2008 | 94,444. | 7,162,359. | 0.013186 |
| 2007 | 486,565. | 7,926,715. | 0.061383 |
| 2006 | 422,007. | 7,751,065. | 0.054445 |
| 2005 | 357,924. | 7,784,816. | 0.045977 |
| 2004 | 440,336. | 7,926,065. | 0.055555 |

| | | |
|---|----------|------------|
| 2 Total of line 1, column (d) | 2 | 0.230546 |
| 3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | 0.046109 |
| 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 | 4 | 6,491,349. |
| 5 Multiply line 4 by line 3 | 5 | 299,310. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 886. |
| 7 Add lines 5 and 6 | 7 | 300,196. |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 276,845. |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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Form 990-PF (2009)

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)

| | | | |
|--|----|--------|-----------------|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instr.) | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b | | 1 | 1,772. |
| c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b) | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | 2 | 0. |
| 3 Add lines 1 and 2 | | 3 | 1,772. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | 4 | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | | 5 | 1,772. |
| 6 Credits/Payments | | | |
| a 2009 estimated tax pmts and 2008 overpayment credited to 2009 | 6a | 2,724. | |
| b Exempt foreign organizations – tax withheld at source | 6b | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | | |
| d Backup withholding erroneously withheld | 6d | | |
| 7 Total credits and payments Add lines 6a through 6d | 7 | 2,724. | |
| 8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached | 8 | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | |
| 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 952. | |
| 11 Enter the amount of line 10 to be: Credited to 2010 estimated tax | 11 | 952. | Refunded |

Part VII Statements Regarding Activities

| | Yes | No |
|---|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i> | | X |
| c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____ | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i> | | X |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i> | | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | X |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i> | | X |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | X | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XIV</i> | X | |
| 8a Enter the states to which the foundation reports or with which it is registered (see the instructions) <u>IN - Indiana</u> | | |
| b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i> | X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i> | | X |
| 10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i> | | X |

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Form 990-PF (2009)

Part VII-A Statements Regarding Activities *Continued*

| | | | | |
|----|---|----|---|---|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions) | 11 | | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u> | 13 | X | |
| 14 | The books are in care of <u>NORMAN D. STEIDER</u> Telephone no <u>(219) 874-4193</u> Located at <u>P.O. BOX 9327, MICHIGAN CITY, IN</u> ZIP + 4 <u>46360</u> | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u> | | | |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

| | Yes | No |
|--|---|-----|
| 1a During the year did the foundation (either directly or indirectly) | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/> | 1b | N/A |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009? | 1c | X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | |
| a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| If 'Yes,' list the years <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u> | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see the instructions) | 2b | N/A |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u> | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009) | 3b | N/A |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? | 4b | X |

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Form 990-PF (2009)

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If 'Yes' to 6b, file Form 8870

☐ Yes ☒ No**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

| | |
|----|-----|
| 5b | N/A |
| 6b | X |
| 7b | N/A |

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|--|--|---|---|---------------------------------------|
| BURTON B. RUBY 601 FRANKLIN ST, STE 100 MICHIGAN CITY IN 46360 | CHAIRMAN 2.00 | 0. | 0. | 0. |
| GEORGE R. AVERITT 212 PEARL ST MICHIGAN CITY IN 46360 | VICE CHAIRMAN 2.00 | 0. | 0. | 0. |
| GEORGE E. TODD 2237 ISLAND DR MICHIGAN CITY IN 46360 | SECRETARY 3.00 | 0. | 0. | 0. |
| See Information about Officers, Directors, Trustees, Etc | | 40,000. | 11,265. | 0. |

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter 'NONE.'

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|--|------------------|---|---------------------------------------|
| NONE | | | | |
| 0 | | | | |
| 0 | | | | |
| 0 | | | | |
| 0 | | | | |

Total number of other employees paid over \$50,000

None

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services – (see instructions). If none, enter **NONE**.

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | None |

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

| | Expenses |
|---|----------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

Part IX-B Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|--|---------|
| 1 HEALTH LINC, INC - PURPOSE OF THE LOAN IS FOR OPERATING FUNDS TO CREATE AN ORAL HEALTH CLINIC BY A FEDERALLY QUALIFIED HEALTH CENTER (FQHC). | 90,000. |
| 2 | |
| All other program-related investments See instructions | |
| 3 | |
| Total. Add lines 1 through 3 | 90,000. |

BAA

Form 990-PF (2009)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | |
|---|-----------|------------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| a Average monthly fair market value of securities | 1a | 6,590,202. |
| b Average of monthly cash balances | 1b | |
| c Fair market value of all other assets (see instructions) | 1c | |
| d Total (add lines 1a, b, and c) | 1d | 6,590,202. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 Subtract line 2 from line 1d | 3 | 6,590,202. |
| 4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 98,853. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 6,491,349. |
| 6 Minimum investment return. Enter 5% of line 5 | 6 | 324,567. |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

| | | |
|---|-----------|----------|
| 1 Minimum investment return from Part X, line 6 | 1 | 324,567. |
| 2a Tax on investment income for 2009 from Part VI, line 5 | 2a | 1,772. |
| b Income tax for 2009 (This does not include the tax from Part VI) | 2b | |
| c Add lines 2a and 2b | 2c | 1,772. |
| 3 Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 322,795. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 Add lines 3 and 4 | 5 | 322,795. |
| 6 Deduction from distributable amount (see instructions) | 6 | |
| 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 322,795. |

Part XII Qualifying Distributions (see instructions)

| | | |
|--|-----------|----------|
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26 | 1a | 186,845. |
| b Program-related investments — total from Part IX-B | 1b | 90,000. |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 Amounts set aside for specific charitable projects that satisfy the | | |
| a Suitability test (prior IRS approval required) | 3a | |
| b Cash distribution test (attach the required schedule) | 3b | |
| 4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 276,845. |
| 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) | 5 | 0. |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 276,845. |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2009 from Part XI, line 7 | | | | 322,795. |
| 2 Undistributed income, if any, as of the end of 2009 | | | | |
| a Enter amount for 2008 only | | | 226,154. | |
| b Total for prior years 20____, 20____, 20____ | | | | |
| 3 Excess distributions carryover, if any, to 2009: | | | | |
| a From 2004 | 0. | | | |
| b From 2005 | 0. | | | |
| c From 2006 | 0. | | | |
| d From 2007 | 0. | | | |
| e From 2008 | 0. | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 276,845. | | | | |
| a Applied to 2008, but not more than line 2a | | | 226,154. | |
| b Applied to undistributed income of prior years (Election required — see instructions) | | | | |
| c Treated as distributions out of corpus (Election required — see instructions) | | | | |
| d Applied to 2009 distributable amount | | | | 50,691. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b Taxable amount — see instructions | | 0. | | |
| e Undistributed income for 2008. Subtract line 4a from line 2a Taxable amount — see instructions | | | 0. | |
| f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010 | | | | 272,104. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) | | | | |
| 8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions) | 0. | | | |
| 9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2005 | 0. | | | |
| b Excess from 2006 | 0. | | | |
| c Excess from 2007 | 0. | | | |
| d Excess from 2008 | 0. | | | |
| e Excess from 2009 | 0. | | | |

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Form 990-PF (2009)

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

| Tax year | Prior 3 years | | | (e) Total |
|--|---------------|----------|----------|-----------|
| (a) 2009 | (b) 2008 | (c) 2007 | (d) 2006 | |
| b 85% of line 2a | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon | | | | |
| a 'Assets' alternative test — enter | | | | |
| (1) Value of all assets | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | |
| b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | |
| c 'Support' alternative test — enter | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | |
| (3) Largest amount of support from an exempt organization | | | | |
| (4) Gross investment income | | | | |

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year — see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed
DUNELAND HEALTH COUNCIL GRANTS COMMITTEE
P.O. BOX 9327
MICHIGAN CITY IN 46360 (219) 874-4193

b The form in which applications should be submitted and information and materials they should include
DUNELAND HEALTH COUNCIL GRANT APPLICATION FORM

c Any submission deadlines
OPEN APPLICATION PROCESS

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
SEE ATTACHED COPY OF DUNELAND HEALTH COUNCIL GRANT APPLICATION INFORMATION PAMPHLET

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|--|----------|
| a Paid during the year | | | | |
| EVEN START | N/A | | SUPPORT FOR AT RISK TEEN PARENTS | |
| MICHIGAN CITY IN 46360 DUNEBROOK | N/A | | HEALTHY FAMILY & PRENATAL | 13,326. |
| MICHIGAN CITY IN 46360 HEALTHLINC | N/A | | DENTAL FACILITY | 48,000. |
| MICHIGAN CITY IN 46360 MICHIANA RESOURCES | N/A | | 2 AED UNITS | 0. |
| MICHIGAN CITY IN 46360 SAMARITAN CENTER | N/A | | PATIENT FEES | 2,600. |
| MICHIGAN CITY IN 46360 STEPPING STONE SHELTER FOR WOMEN | N/A | | CHILD ADVOCACY PROGRAM | 20,002. |
| MICHIGAN CITY IN 46360 COVERING KIDS AND FAMILIES | N/A | | HELP CLIENTS OBTAIN INSURANCE COVERAGE | 50,004. |
| MICHIGAN CITY IN 46360 SERVICE LEAGUE | N/A | | OFFICE EQUIPMENT AND FURNISHINGS | 8,504. |
| MICHIGAN CITY IN 46360 UNITED WAY | N/A | | "211" SYSTEM STARTUP COSTS | 2,500. |
| MICHIGAN CITY IN 46360 See Line 3a statement | | | | 4,159. |
| | | | | 37,750. |
| Total | | | 3a | 186,845. |
| b Approved for future payment | | | | |
| Total | | | 3b | |

Form 990-PF
Part I, Line 6a

Net Gain or Loss From Sale of Assets

2009

Name

DUNELAND HEALTH COUNCIL

Employer Identification Number

35-2021548

Asset Information:

| | | | |
|-------------------------|---|---|------------|
| Description of Property | SEE HORIZON TRUST BROKERAGE TRANSACTION STATEMENT | | |
| Date Acquired | Various | How Acquired | Purchased |
| Date Sold | Various | Name of Buyer | UNKNOWN |
| Sales Price | 783,354. | Cost or other basis (do not reduce by depreciation) | 1,017,037. |
| Sales Expense | | Valuation Method | Cost |
| Total Gain (Loss) | -233,683. | Accumulation Depreciation | |
| Description of Property | HORIZON TRUST CAPITAL GAIN DISTRIBUTIONS | | |
| Date Acquired | Various | How Acquired | Purchased |
| Date Sold | Various | Name of Buyer | UNKNOWN |
| Sales Price | 3,465. | Cost or other basis (do not reduce by depreciation) | |
| Sales Expense | | Valuation Method | |
| Total Gain (Loss) | 3,465. | Accumulation Depreciation | |
| Description of Property | | | |
| Date Acquired | | How Acquired | |
| Date Sold | | Name of Buyer | |
| Sales Price | | Cost or other basis (do not reduce by depreciation) | |
| Sales Expense | | Valuation Method | |
| Total Gain (Loss) | | Accumulation Depreciation | |
| Description of Property | | | |
| Date Acquired | | How Acquired | |
| Date Sold | | Name of Buyer | |
| Sales Price | | Cost or other basis (do not reduce by depreciation) | |
| Sales Expense | | Valuation Method | |
| Total Gain (Loss) | | Accumulation Depreciation | |
| Description of Property | | | |
| Date Acquired | | How Acquired | |
| Date Sold | | Name of Buyer | |
| Sales Price | | Cost or other basis (do not reduce by depreciation) | |
| Sales Expense | | Valuation Method | |
| Total Gain (Loss) | | Accumulation Depreciation | |
| Description of Property | | | |
| Date Acquired | | How Acquired | |
| Date Sold | | Name of Buyer | |
| Sales Price | | Cost or other basis (do not reduce by depreciation) | |
| Sales Expense | | Valuation Method | |
| Total Gain (Loss) | | Accumulation Depreciation | |
| Description of Property | | | |
| Date Acquired | | How Acquired | |
| Date Sold | | Name of Buyer | |
| Sales Price | | Cost or other basis (do not reduce by depreciation) | |
| Sales Expense | | Valuation Method | |
| Total Gain (Loss) | | Accumulation Depreciation | |
| Description of Property | | | |
| Date Acquired | | How Acquired | |
| Date Sold | | Name of Buyer | |
| Sales Price | | Cost or other basis (do not reduce by depreciation) | |
| Sales Expense | | Valuation Method | |
| Total Gain (Loss) | | Accumulation Depreciation | |

Form 990-PF
Part II, Lines 6 and 7

Receivables

2009

| | |
|--|---|
| Name DUNELAND HEALTH COUNCIL | Employer Identification Number 35-2021548 |
|--|---|

Lender Information

Loan Receivable Type 4

Borrower's Name UNITED WAY OF LAPORTE COUNTY Borrower's Title NOT-FOR-PROFIT AGENCY

Check Box, if Borrower is a Business ☐ Relationship of Borrower (other loans only) NONE

Repayment Terms DUE 4/8/2010 Borrower's Security NONE

Purpose of Loan OPERATIONS Description of Consideration NONE

Original Amount 25,000. Beginning Year Balance 25,000. Year End Balance 25,000.

FMV of at Year End 25,000. FMV of Consideration 0.

Allowance for Doubtful Accounts (other loans only) 0.

Date of Note 10/08/07 Maturity Date 04/08/10 Interest Rate 3.00

Loan Receivable Type _____

Borrower's Name _____ Borrower's Title _____

Check Box, if Borrower is a Business ☐ Relationship of Borrower (other loans only) _____

Repayment Terms _____ Borrower's Security _____

Purpose of Loan _____ Description of Consideration _____

Original Amount _____ Beginning Year Balance _____ Year End Balance _____

FMV of at Year End _____ FMV of Consideration _____

Allowance for Doubtful Accounts (other loans only) _____

Date of Note _____ Maturity Date _____ Interest Rate _____

Loan Receivable Type _____

Borrower's Name _____ Borrower's Title _____

Check Box, if Borrower is a Business ☐ Relationship of Borrower (other loans only) _____

Repayment Terms _____ Borrower's Security _____

Purpose of Loan _____ Description of Consideration _____

Original Amount _____ Beginning Year Balance _____ Year End Balance _____

FMV of at Year End _____ FMV of Consideration _____

Allowance for Doubtful Accounts (other loans only) _____

Date of Note _____ Maturity Date _____ Interest Rate _____

Loan Receivable Type _____

Borrower's Name _____ Borrower's Title _____

Check Box, if Borrower is a Business ☐ Relationship of Borrower (other loans only) _____

Repayment Terms _____ Borrower's Security _____

Purpose of Loan _____ Description of Consideration _____

Original Amount _____ Beginning Year Balance _____ Year End Balance _____

FMV of at Year End _____ FMV of Consideration _____

Allowance for Doubtful Accounts (other loans only) _____

Date of Note _____ Maturity Date _____ Interest Rate _____

| | |
|--|---|
| Name <u>DUNELAND HEALTH COUNCIL</u> | Employer Identification Number <u>35-2021548</u> |
|--|---|

Lender Information

Loan Payable Type 3

Lender Name HORIZON BANK Lenders Title _____

Check Box, if Lender is a Business ☒

Relationship of Lender _____ Borrower's Security _____

Purchase Terms _____ Repayment Terms DUE 11/02/2009

Purpose of Loan OPERATIONS Description of Consideration _____

Original Amount 350,000. Beginning Year Balance _____ 0 . Year End Balance 90,000.

FMV of Consideration _____ Date of Note 11/02/08

Maturity Date 11/02/09 Interest Rate 3.00

Loan Payable Type _____

Lender Name _____ Lenders Title _____

Check Box, if Lender is a Business ☐

Relationship of Lender _____ Borrower's Security _____

Purchase Terms _____ Repayment Terms _____

Purpose of Loan _____ Description of Consideration _____

Original Amount _____ Beginning Year Balance _____ Year End Balance _____

FMV of Consideration _____ Date of Note _____

Maturity Date _____ Interest Rate _____

Loan Payable Type _____

Lender Name _____ Lenders Title _____

Check Box, if Lender is a Business ☐

Relationship of Lender _____ Borrower's Security _____

Purchase Terms _____ Repayment Terms _____

Purpose of Loan _____ Description of Consideration _____

Original Amount _____ Beginning Year Balance _____ Year End Balance _____

FMV of Consideration _____ Date of Note _____

Maturity Date _____ Interest Rate _____

Loan Payable Type _____

Lender Name _____ Lenders Title _____

Check Box, if Lender is a Business ☐

Relationship of Lender _____ Borrower's Security _____

Purchase Terms _____ Repayment Terms _____

Purpose of Loan _____ Description of Consideration _____

Original Amount _____ Beginning Year Balance _____ Year End Balance _____

FMV of Consideration _____ Date of Note _____

Maturity Date _____ Interest Rate _____

Form 990-PF, Page 1, Part I, Line 11

Line 11 Stmt

| Other income. | Rev/Exp Book | Net Inv Inc | Adj Net Inc |
|--------------------------------|----------------|----------------|-------------|
| SECURITIES LITIGATION PAYMENTS | 3,600. | 3,600. | |
| CONVERT TO CASH BASIS | -6,665. | -6,665. | |
| Total | <u>-3,065.</u> | <u>-3,065.</u> | |

Form 990-PF, Page 1, Part I, Line 18

Line 18 Stmt

| Taxes (see the instructions) | Rev/Exp Book | Net Inv Inc | Adj Net Inc | Charity Disb |
|------------------------------|---------------|---------------|-------------|--------------|
| FEDERAL EXCISE TAX | 1,400. | 0. | | |
| PAYROLL TAXES | 3,060. | 3,060. | | |
| Total | <u>4,460.</u> | <u>3,060.</u> | | |

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

| Other expenses. | Rev/Exp Book | Net Inv Inc | Adj Net Inc | Charity Disb |
|----------------------------|----------------|----------------|-------------|--------------|
| INVESTMENT MANAGEMENT FEES | 41,418. | 41,418. | | |
| INSURANCE EXPENSE | 980. | 980. | | |
| MEALS & ENTERTAINMENT | 5,796. | 2,898. | | |
| CONTRACT LABOR | 8,327. | 8,327. | | |
| OFFICE EXPENSE | 4,458. | 4,458. | | |
| DUES & SUBSCRIPTIONS | 1,985. | 1,985. | | |
| TELEPHONE | 557. | 557. | | |
| MISCELLANEOUS EXPENSE | 71. | 71. | | |
| BANK FEES | 211. | 211. | | |
| Total | <u>63,803.</u> | <u>60,905.</u> | | |

Form 990-PF, Page 6, Part VIII, Line 1

Information about Officers, Directors, Trustees, Etc.

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|--|--|--|--|
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> NORMAN D. STEIDER 2612 ORIOLE TR MICHIGAN CITY IN 46360 | EXECUTIVE DIRECTOR 25.00 | 40,000. | 11,265. | 0. |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> GENE SIMMONS 1709 JOHN RUE AVE MICHIGAN CITY IN 46360 | DIRECTOR 2.00 | 0. | 0. | 0. |

Form 990-PF, Page 6, Part VIII, Line 1

Continued

Information about Officers, Directors, Trustees, Etc.

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|--|--|--|--|
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> LINDA ANAST-MAY 2423 HIDEAWAY POINTE MICHIGAN CITY IN 46360 | DIRECTOR 3.00 | 0. | 0. | 0. |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> LINDA BECHINSKI 3613 N. EVERGREEN TRAIL LAPORTE IN 46350 | DIRECTOR 2.00 | 0. | 0. | 0. |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> H. FRED MILLER 2207 FAIRWAY DR MICHIGAN CITY IN 46360 | TREASURER 3.00 | 0. | 0. | 0. |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> GIL R. PONTIUS PO BOX 737 MICHIGAN CITY IN 46360 | DIRECTOR 3.00 | 0. | 0. | 0. |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> JUDY JACOBI 128 VALENTINE CT MICHIGAN CITY IN 46360 | DIRECTOR 2.00 | 0. | 0. | 0. |

Total

40,000. 11,265. 0.

Form 990-PF, Page 11, Part XV, Line 3a

Line 3a statement

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Founda- tion status of re- cipient | Purpose of grant or contribution | Person or Business Checkbox Amount |
|--|--|--|-------------------------------------|---|
| a Paid during the year PURDUE UNIVERSITY ENDOWMENT MICHIGAN CITY IN 46360 | N/A | | NURSING SCHOLARSHIPS | Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 20,000. |
| SINAI SUNDAY FORUM MICHIGAN CITY IN 46360 | N/A | | SPEAKER FEES | Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 5,000. |

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Founda- tion status of re- cipient | Purpose of grant or contribution | Person or Business Checkbox Amount |
|---|--|--|-------------------------------------|---|
| a Paid during the year | | | | |
| RSVP/CATHOLIC CHARITIES | N/A | | WHEELCHAIR RAMPS | Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 10,000. |
| MICHIGAN CITY IN 46360 | | | | |
| HEALTHY COMMUNITIES | N/A | | OPERATIONAL COSTS | Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 2,750. |
| LAPORTE IN 46350 | | | | |

Total

37,750.

Form 990-PF, Page 1, Part I

Line 16b - Accounting Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
| APPLEGATE & COMPANY, | ACCOUNTING & TAX SERVI | 3,970. | | | |

Total

3,970.

Form 990-PF, Page 2, Part II, Line 10a

L-10a Stmt

| Line 10a - Investments - US and State Government Obligations: | End of Year | | End of Year | |
|---|--|---------------------------------------|--|-------------------------------------|
| | State and Local Obligations Book Value | State and Local Obligations FMV | US Government Obligations Book Value | US Government Obligations FMV |
| MONEY MARKET - US GOVT/AGENCY | | | 43,170. | 43,170. |
| Total | | | <u>43,170.</u> | <u>43,170.</u> |

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

| Line 10b - Investments - Corporate Stock: | End of Year | |
|---|---------------|----------------------|
| | Book Value | Fair Market Value |
| PREFERRED STOCK | 759,013. | 716,304. |

Form 990-PF, Page 2, Part II, Line 10b
L-10b Stmt

Continued

| Line 10b - Investments - Corporate Stock: | End of Year | |
|---|-------------------|-------------------|
| | Book Value | Fair Market Value |
| COMMON STOCK | 671,066. | 759,700. |
| STOCK MUTUAL FUNDS | 2,638,651. | 2,600,513. |
| Total | <u>4,068,730.</u> | <u>4,076,517.</u> |

Form 990-PF, Page 2, Part II, Line 10c
L- 10c Stmt

| Line 10c - Investments - Corporate Bonds: | End of Year | |
|---|-------------------|-------------------|
| | Book Value | Fair Market Value |
| CORPORATE NOTES & BONDS | 643,713. | 695,784. |
| FIXED INCOME MUTUAL FUNDS | 1,782,248. | 1,794,595. |
| Total | <u>2,425,961.</u> | <u>2,490,379.</u> |

Form 990-PF, Page 2, Part II, Line 15
Other Assets Stmt

| Line 15 - Other Assets: | Beginning Year Book Value | End of Year | |
|--|---------------------------|----------------|-------------------|
| | | Book Value | Fair Market Value |
| HEALTH LINC PROGRAM RELATED INVESTMENT | 0. | 90,000. | 90,000. |
| Total | <u>0.</u> | <u>90,000.</u> | <u>90,000.</u> |

Supporting Statement of:

Form 990-PF, p1/Line 1(a)

| Description | Amount |
|--------------------------------------|---------------|
| HEALTH COMMUNITIES OF LAPORTE COUNTY | 2,000. |
| MISCELLANEOUS DONORS | 340. |
| Total | <u>2,340.</u> |

2009 Tax Information Statement

Account Number: 175005H
Recipient's Name and Address
DUNELAND HEALTH COUNCIL
P.O. BOX 9327
MICHIGAN CITY, IN 46361

Recipient's Tax ID number: XX-XXX1548
Payer's Federal ID number: 35-1560616
Questions? (888)873-2640

Payer's Name and Address
HORIZON TRUST & INVESTMENT MANAGEMENT
515 FRANKLIN SQUARE
MICHIGAN CITY, IN 46360

☐ Corrected ☐ 2nd TIN notice

2009 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS are Gross Proceeds less commissions and option premiums.

| Number of shares (Box 5) | CUSIP (Box 1b) | Description (Box 7) | Date Acquired | Date of Sale (Box 1a) | Stocks, Bonds, etc. (Box 2) | Cost or other Basis | Net Gain or Loss | Federal Income Tax Withheld (Box 4) |
|--|-------------------|---------------------------------------|---------------|--------------------------|--------------------------------|---------------------|------------------|--|
| Short Term Sales Reported on 1099-B | | | | | | | | |
| 106 0000 | 81369Y506 | Energy Select Sector SPDR | 08/26/2008 | 04/23/2009 | 4,715.89 | 7,960.04 | -3,244.15 | 0.00 |
| 2500 0000 | 76628T439 | Ridgeworth US Govt Ultra-Short Bond I | 04/23/2009 | 05/14/2009 | 25,100.00 | 25,050.00 | 50.00 | 0.00 |
| 2500 0000 | 76628T439 | Ridgeworth US Govt Ultra-Short Bond I | 04/23/2009 | 05/14/2009 | 25,100.00 | 25,050.00 | 50.00 | 0.00 |
| 4560 | 881624209 | ADR Teva Pharmaceutical Ind | 12/23/2008 | 06/04/2009 | 21.63 | 19.33 | 2.30 | 0.00 |
| 44 0000 | 81369Y506 | Energy Select Sector SPDR | 08/26/2008 | 08/20/2009 | 2,229.93 | 3,304.17 | -1,074.24 | 0.00 |
| 5000 0000 | 76628T439 | Ridgeworth US Govt Ultra-Short Bond I | VARIOUS | 10/14/2009 | 50,500.00 | 50,101.60 | 398.40 | 0.00 |
| 273 2940 | 694048661 | Pacific Capital Small Cap Y | 08/19/2009 | 12/28/2009 | 3,156.54 | 2,804.00 | 352.54 | 0.00 |
| Total Short Term Sales Reported on 1099-B | | | | | | 110,823.99 | -3,465.15 | 0.00 |
| Long Term 15% Sales Reported on 1099-B | | | | | | | | |
| 50000 0000 | 3133X4SM4 | Federal Home Loan Bks 3.550% 03/10/09 | 03/12/2004 | 03/10/2009 | 50,000.00 | 50,037.68 | -37.68 | 0.00 |
| 164 0000 | 001055102 | Aflac Inc | 08/03/2006 | 04/23/2009 | 4,548.69 | 7,108.03 | -2,559.34 | 0.00 |
| 1371 7360 | 233203827 | DFA US Large Cap Value I | 02/14/2006 | 04/23/2009 | 16,995.81 | 31,261.86 | -14,266.05 | 0.00 |
| 496 3360 | 233203827 | DFA US Large Cap Value I | 02/14/2006 | 04/23/2009 | 6,149.60 | 11,311.50 | -5,161.90 | 0.00 |
| 1070 1550 | 233203827 | DFA US Large Cap Value I | 02/14/2006 | 04/23/2009 | 13,259.22 | 24,388.83 | -11,129.61 | 0.00 |
| 5952 2534 | 233203827 | DFA US Large Cap Value I | 02/14/2006 | 04/23/2009 | 73,748.42 | 135,651.86 | -61,903.44 | 0.00 |
| 472 3579 | 316448877 | Fidelity Export & Multinational Fund | 02/14/2006 | 04/23/2009 | 6,891.70 | 10,113.18 | -3,221.48 | 0.00 |

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2009 Tax Information Statement

Page 8 of 24

Ref: DGM

Recipient's Name and Address

DUNELAND HEALTH COUNCIL

P.O. BOX 9327

MICHIGAN CITY, IN 46361

175005H

XX-XXX1548

35-1560616

(888)873-2640

☐ 2nd TIN notice

Account Number:

Recipient's Tax ID number:

Payer's Federal ID number:

Questions?

☐ Corrected

Payer's Name and Address

HORIZON TRUST & INVESTMENT MANAGEMENT

515 FRANKLIN SQUARE

MICHIGAN CITY, IN 46360

| Number of shares | CUSIP | Description | Date Acquired | Date of Sale | Stocks, Bonds, etc. | Cost or other Basis | Net Gain or Loss | Federal Income Tax Withheld |
|------------------|------------|---|---------------|--------------|---------------------|---------------------|------------------|-----------------------------|
| (Box 5) | (Box 1b) | (Box 7) | | (Box 1a) | (Box 2) | | | (Box 4) |
| 41 0000 | 459200101 | International Business Machines | 10/14/2004 | 04/23/2009 | 4,135.90 | 3,471.71 | 664.19 | 0.00 |
| 16 6779 | 471023598 | Janus Perkins Mid Cap Value Fund-Investor | 01/22/2004 | 04/23/2009 | 253.84 | 352.24 | -98.40 | 0.00 |
| 88 0000 | 50540R409 | Laboratory Corp Of America Holdings | 11/21/2007 | 04/23/2009 | 5,389.58 | 6,118.15 | -728.57 | 0.00 |
| 358 1863 | 52106N889 | Lazard Emerging Markets Equity Fund | 01/19/2006 | 04/23/2009 | 4,266.00 | 6,766.14 | -2,500.14 | 0.00 |
| 1777 2132 | 544006505 | Lord Abbett Developing Growth I | 01/17/2008 | 04/23/2009 | 21,237.70 | 32,114.24 | -10,876.54 | 0.00 |
| 214 0000 | 555849106 | Marathon Oil Corporation | 08/21/2007 | 04/23/2009 | 6,288.05 | 10,982.83 | -4,694.78 | 0.00 |
| 142 4150 | 626124242 | Munder Mid Cap Select Y | 07/17/2006 | 04/23/2009 | 2,443.84 | 3,247.06 | -803.22 | 0.00 |
| 65 5612 | 626124242 | Munder Mid Cap Select Y | 07/17/2006 | 04/23/2009 | 1,125.03 | 1,494.80 | -369.77 | 0.00 |
| 64 4950 | 626124242 | Munder Mid Cap Select Y | 07/17/2006 | 04/23/2009 | 1,106.73 | 1,470.49 | -363.76 | 0.00 |
| 407 1460 | 626124242 | Munder Mid Cap Select Y | 07/17/2006 | 04/23/2009 | 6,986.63 | 9,282.93 | -2,296.30 | 0.00 |
| 105 0000 | 681919106 | Omnicom Group | 06/24/2003 | 04/23/2009 | 2,883.44 | 3,881.48 | -998.04 | 0.00 |
| 124 9241 | 694048661 | Pacific Capital Small Cap Y | 05/04/2005 | 04/23/2009 | 1,076.85 | 2,010.03 | -933.18 | 0.00 |
| 526 7063 | 741479109 | T Rowe Price Growth Stock Fund | 01/22/2007 | 04/23/2009 | 10,760.61 | 16,812.47 | -6,051.86 | 0.00 |
| 84 0000 | 92204A207 | Vanguard Consumer Staples ETF | 01/16/2008 | 04/23/2009 | 4,448.00 | 5,774.21 | -1,326.21 | 0.00 |
| 1027 0000 | 060505104 | Bank of America Corp | VARIOUS | 05/05/2009 | 11,008.62 | 22,217.22 | -11,208.60 | 0.00 |
| 4 3960 | 0930001402 | William Blair International Growth Fd C I N | 02/17/2004 | 08/19/2009 | 72.67 | 86.47 | -13.80 | 0.00 |
| 198 0730 | 0930001402 | William Blair International Growth Fd C I N | 02/17/2004 | 08/19/2009 | 3,274.15 | 3,896.10 | -621.95 | 0.00 |
| 128 9260 | 0930001402 | William Blair International Growth Fd C I N | 02/17/2004 | 08/19/2009 | 2,131.15 | 2,535.98 | -404.83 | 0.00 |
| 497 8379 | 0930001402 | William Blair International Growth Fd C I N | VARIOUS | 08/19/2009 | 8,229.26 | 9,786.09 | -1,556.83 | 0.00 |

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2009 Tax Information Statement

Page 9 of 24

Ref: DGM

Recipient's Name and Address

DUNELAND HEALTH COUNCIL
P.O. BOX 9327
MICHIGAN CITY, IN 46361

175005H

XX-XXX1548

35-1560616

(888)873-2640

☐ 2nd TIN notice

Account Number:

Recipient's Tax ID number:

Payer's Federal ID number:

Questions?

☐ Corrected

Payer's Name and Address

HORIZON TRUST & INVESTMENT MANAGEMENT
515 FRANKLIN SQUARE
MICHIGAN CITY, IN 46360

| Number of shares (Box 5) | CUSIP (Box 1b) | Description (Box 7) | Date Acquired | Date of Sale (Box 1a) | Stocks, Bonds, etc. (Box 2) | Cost or other Basis | Net Gain or Loss | Federal Income Tax Withheld (Box 4) |
|-----------------------------|-------------------|--|---------------|--------------------------|--------------------------------|---------------------|------------------|--|
| 325 9308 | 233203827 | DFA US Large Cap Value I | VARIOUS | 08/19/2009 | 5,016 08 | 7,325 65 | -2,309 57 | 0 00 |
| 359 3960 | 52106N889 | Lazard Emerging Markets Equity Fund | 01/19/2006 | 08/19/2009 | 5,610 17 | 6,788 99 | -1,178 82 | 0 00 |
| 160 0315 | 52106N889 | Lazard Emerging Markets Equity Fund | 01/19/2006 | 08/19/2009 | 2,498 09 | 3,022 99 | -524 90 | 0 00 |
| 459 1164 | 55273E822 | MFS International Value I | 09/28/2004 | 08/19/2009 | 10,022 51 | 10,192 38 | -169 87 | 0 00 |
| 295 2920 | 921909701 | Vanguard Developed Markets Index Fund #227 | 06/29/2006 | 08/19/2009 | 2,592 66 | 3,271 84 | -679 18 | 0 00 |
| 158 8240 | 921909701 | Vanguard Developed Markets Index Fund #227 | 06/29/2006 | 08/19/2009 | 1,394 47 | 1,759 77 | -365 30 | 0 00 |
| 242 9007 | 921909701 | Vanguard Developed Markets Index Fund #227 | 06/29/2006 | 08/19/2009 | 2,132 67 | 2,691 34 | -558 67 | 0 00 |
| 99 7100 | 921909701 | Vanguard Developed Markets Index Fund #227 | 06/29/2006 | 08/19/2009 | 875 45 | 1,104 79 | -229 34 | 0 00 |
| 526 0000 | 81369Y506 | Energy Select Sector SPDR | VARIOUS | 08/20/2009 | 26,657 79 | 34,518 41 | -7,860 62 | 0 00 |
| 430 0000 | 92204A405 | Vanguard Financials ETF | VARIOUS | 08/20/2009 | 12,212 54 | 25,914 03 | -13,701 49 | 0 00 |
| 450 0000 | 92204A504 | Vanguard Health Care ETF | VARIOUS | 08/20/2009 | 22,443 75 | 25,854 41 | -3,410 66 | 0 00 |
| 250 0000 | 92204A603 | Vanguard Industrials ETF | VARIOUS | 08/20/2009 | 11,413 60 | 16,798 56 | -5,384 96 | 0 00 |
| 80 0000 | 92204A884 | Vanguard Telecom Services ETF | 04/23/2007 | 08/20/2009 | 3,948 53 | 6,278 26 | -2,329 73 | 0 00 |
| 150 0000 | 931142103 | Wal-Mart Stores | VARIOUS | 08/20/2009 | 7,716 18 | 7,924 92 | -208 74 | 0 00 |
| 100000 0000 | 459200AZ4 | IBM Corporate Note 4 250% 09/15/09 | 12/22/2003 | 09/15/2009 | 100,000 00 | 103,180 59 | -3,180 59 | 0 00 |
| 7086 0020 | 694048661 | Pacific Capital Small Cap Y | 05/04/2005 | 12/28/2009 | 81,843 32 | 114,013 77 | -32,170 45 | 0 00 |
| 694 7420 | 694048661 | Pacific Capital Small Cap Y | VARIOUS | 12/28/2009 | 8,024 27 | 11,963 16 | -3,938 89 | 0 00 |

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2009 Tax Information Statement

Page 10 of 24

Ref: DGM

Recipient's Name and Address
DUNELAND HEALTH COUNCIL
P.O. BOX 9327
MICHIGAN CITY, IN 46361

Account Number: 175005H
Recipient's Tax ID number: XX-XXX1548
Payer's Federal ID number: 35-1560616
Questions? (888)873-2640

Payer's Name and Address
HORIZON TRUST & INVESTMENT MANAGEMENT
515 FRANKLIN SQUARE
MICHIGAN CITY, IN 46360

☐ Corrected ☐ 2nd TIN notice

| Number of shares | CUSIP (Box 1b) | Description (Box 7) | Date Acquired | Date of Sale (Box 1a) | Stocks, Bonds, etc. (Box 2) | Cost or other Basis | Net Gain or Loss | Federal Income Tax Withheld (Box 4) |
|--|----------------|-----------------------------|---------------|-----------------------|-----------------------------|---------------------|------------------|-------------------------------------|
| 454 7660 | 694048661 | Pacific Capital Small Cap Y | 05/25/2006 | 12/28/2009 | 5,252 55 | 8,476.84 | -3,224.29 | 0.00 |
| 599 7320 | 694048661 | Pacific Capital Small Cap Y | 01/22/2007 | 12/28/2009 | 6,926.90 | 11,185.00 | -4,258.10 | 0.00 |
| 521 2250 | 694048661 | Pacific Capital Small Cap Y | 08/23/2007 | 12/28/2009 | 6,020 15 | 9,700.00 | -3,679.85 | 0.00 |
| 273.2940 | 694048661 | Pacific Capital Small Cap Y | 01/17/2008 | 12/28/2009 | 3,156 55 | 3,607.48 | -450.93 | 0.00 |
| 3298 3150 | 694048661 | Pacific Capital Small Cap Y | VARIOUS | 12/28/2009 | 38,095 54 | 43,518.09 | -5,422.55 | 0.00 |
| 3178 1820 | 694048661 | Pacific Capital Small Cap Y | VARIOUS | 12/28/2009 | 36,708 00 | 28,973.71 | 7,734.29 | 0.00 |
| 281 9910 | 694048661 | Pacific Capital Small Cap Y | 12/08/2008 | 12/28/2009 | 3,257 00 | 2,509.72 | 747.28 | 0.00 |
| Total Long Term 15% Sales Reported on 1099-B | | | | | 672,530 26 | 902,748.28 | -230,218.02 | 0.00 |

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December 01, 2009 To December 31, 2009

Account Name : Duneland Health Council

Account No : 175005H

Summary Of Investment Holdings

| Shares or Par Value | Investment Category | Cost Basis | Unit Value | Market Value | Estimated Ann Inc | Curr Yield | % Port |
|---------------------------------------|---|-------------------|---------------|-------------------|----------------------|---------------|--------------|
| Money Market Funds | | | | | | | |
| 43,169.48 | Northern Gov Portfolio Service Shs 010% | 43,169.48 | 100.00 | 43,169.48 | 4.32 | 0.01% | 0.60% |
| Totals | | 43,169.48 | | 43,169.48 | 4.32 | 0.01% | 0.60% |
| Certificate Of Deposit - Other | | | | | | | |
| 99,000 | The River Bank | 99,000.00 | 1.00 | 99,000.00 | 4,455.00 | 4.50% | 1.38% |
| 100,000 | The Farmers National Bank of | 100,000.00 | 1.00 | 100,000.00 | 5,250.00 | 5.25% | 1.39% |
| 50,000 | Discover Bank | 50,000.00 | 1.00 | 50,000.00 | 2,264.03 | 4.53% | 0.70% |
| 100,000 | Cornerstone National Bank | 100,000.00 | 1.00 | 100,000.00 | 3,000.00 | 3.00% | 1.39% |
| 100,000 | Pinnacle Bank | 100,000.00 | 1.00 | 100,000.00 | 4,498.34 | 4.50% | 1.39% |
| 100,000 | Worlds Foremost Bank, NA | 100,000.00 | 1.00 | 100,000.00 | 4,399.95 | 4.40% | 1.39% |
| Totals | | 549,000.00 | | 549,000.00 | 23,867.32 | 4.35% | 7.64% |
| Corporate Bonds | | | | | | | |
| 50,000 | Goldman Sach Group Inc 6 | 50,433.90 | 106.04 | 53,021.30 | 3,437.50 | 6.48% | 0.74% |
| 50,000 | Wells Fargo Finl Inc Nt | 51,321.50 | 107.56 | 53,778.90 | 3,062.50 | 5.69% | 0.75% |
| 100,000 | Wells Fargo & Co New Nt | 100,316.20 | 106.76 | 106,757.40 | 5,250.00 | 4.92% | 1.49% |
| 100,000 | Goldman Sachs Group Sr Nt | 92,759.00 | 107.52 | 107,517.90 | 5,450.00 | 5.07% | 1.50% |
| 100,000 | General Electric Cap | 101,385.39 | 105.80 | 105,796.00 | 5,000.00 | 4.73% | 1.47% |
| 100,000 | Pepsico Inc Sr Nt | 96,800.06 | 106.82 | 106,816.60 | 4,650.00 | 4.35% | 1.49% |
| 50,000 | Berkshire Hathaway Fin Corp | 50,812.81 | 105.61 | 52,804.95 | 2,300.00 | 4.36% | 0.74% |
| 100,000 | Pfizer Inc Sr Note | 99,884.00 | 109.29 | 109,290.50 | 5,350.00 | 4.90% | 1.52% |
| Totals | | 643,712.86 | | 695,783.55 | 34,500.00 | 4.96% | 9.70% |
| Mutual Fund - Fixed Income | | | | | | | |
| 36,222.614 | PIMCO Total Return Fund Institutional | 390,000.00 | 10.80 | 391,204.23 | 22,028.13 | 5.63% | 5.45% |
| 28,683.118 | Ridgeworth US Govt Ultra-Short Bond I | 289,798.40 | 10.08 | 289,125.83 | 10,894.82 | 3.77% | 4.02% |
| 4,533.092 | SIT US Government Securities Fund Inc | 50,000.00 | 11.07 | 50,181.33 | 2,325.02 | 4.63% | 0.70% |



December 01, 2009 To December 31, 2009

Account Name : Duneland Health Council

Account No : 175005H

Summary Of Investment Holdings

| Shares or Par Value | Investment Category | Cost Basis | Unit Value | Market Value | Estimated Ann Inc | Curr Yield | % Port |
|------------------------|---|---------------------|---------------|---------------------|----------------------|---------------|---------------|
| 47,819 601 | Vanguard GNMA Admiral Fund | 500,000 00 | 10.64 | 508,800 55 | 20,987 83 | 4 12% | 7 08% |
| 26,216 873 | Vanguard Inflation Protected Sec Fund #119 | 327,450 01 | 12 55 | 329,021 76 | 5,610.41 | 1 71% | 4 58% |
| 21,365 568 | Vanguard Short-Term Investment Admiral Fund | 225,000 00 | 10 59 | 226,261.37 | 9,254 77 | 4.09% | 3 15% |
| Totals | | 1,782,248.41 | | 1,794,595.07 | 71,100.98 | 3.96% | 24.98% |
| Preferred Stock | | | | | | | |
| 5,000 | AT&T Inc 6.375% PFD | 125,255 15 | 26 69 | 133,450 00 | 7,968 75 | 5 97% | 1 86% |
| 4,700 | Callable 02/15/12 BAC Capital Trust II 7 0% | 122,555 97 | 22 25 | 104,575 00 | 8,225.00 | 7 87% | 1 46% |
| 5,000 | Optional Call 02/01/07 Maturity 02/01/32 Entergy Ark Inc 1st Mtg Ser 6% Pfd | 128,797 99 | 25 28 | 126,400 00 | 7,500 00 | 5 93% | 1 76% |
| 5,000 | First Optional Call 11/12/2007 @ 100% of face or stated value General Electric Capital Corp 6 100% | 129,077 00 | 23 98 | 119,900 00 | 7,625 00 | 6 36% | 1 67% |
| 5,000 | General Electric Capital Corp 6 100% Call 11/15/2007 Georgia Pwr Co 6 375% Pfd | 126,516 03 | 26 67 | 133,340 00 | 7,968.75 | 5 98% | 1 86% |
| 4,800 | First Optional Call 7/15/2012 @ \$25 Merrill Lynch 7% PFD Cap Tr III | 126,810 75 | 20 55 | 98,640 00 | 8,400 00 | 8 52% | 1 37% |
| Totals | | 759,012.89 | | 716,305.00 | 47,687.50 | 6.66% | 9.98% |
| Common Stock | | | | | | | |
| 525 | Accenture PLC | 19,271 12 | 41 50 | 21,787 50 | 393 75 | 1 81% | 0 30% |
| 886 | Aflac Inc | 37,929 27 | 46 25 | 40,977.50 | 992 32 | 2 42% | 0 57% |
| 1,440 | Ameritrade Hldg Corp | 26,827 20 | 19 38 | 27,907 20 | 0 00 | 0 00% | 0 39% |
| 350 | Caterpillar Inc | 21,070 87 | 56 99 | 19,946.50 | 588.00 | 2 95% | 0 28% |
| 616 | Chevron Corp | 25,002 46 | 76 99 | 47,425 84 | 1,675 52 | 3 53% | 0 66% |
| 735 | Cisco Systems Incorporated | 19,838 17 | 23 94 | 17,595 90 | 0.00 | 0.00% | 0 24% |
| 900 | Conagra Foods | 21,498 01 | 23 05 | 20,745 00 | 720 00 | 3.47% | 0 29% |
| 846 | DirecTV Group Inc | 18,795 74 | 33 35 | 28,214 10 | 0 00 | 0 00% | 0 39% |
| 389 | Du Pont E I De Nemours & Co | 16,272 98 | 33 67 | 13,097 63 | 637 96 | 4 87% | 0 18% |

December 01, 2009 To December 31, 2009

Account Name : Duneland Health Council

Account No : 175005H

Summary Of Investment Holdings

| Shares or Par Value | Investment Category | Cost Basis | Unit Value | Market Value | Estimated Ann Inc | Curr Yield | % Port |
|-------------------------------|--|-------------------|---------------|-------------------|----------------------|---------------|---------------|
| 300 | Fluor Corp | 16,343.10 | 45.04 | 13,512.00 | 150.00 | 1.11% | 0.19% |
| 975 | General Electric Co | 22,417.68 | 15.13 | 14,751.75 | 390.00 | 2.64% | 0.21% |
| 279 | International Business Machines | 24,661.82 | 130.90 | 36,521.10 | 613.80 | 1.68% | 0.51% |
| 547 | Johnson & Johnson | 17,181.00 | 64.41 | 35,232.27 | 1,072.12 | 3.04% | 0.49% |
| 665 | Johnson Controls Incorporated | 21,049.41 | 27.24 | 18,114.60 | 345.80 | 1.91% | 0.25% |
| 440 | L-3 Communication Holdings Corporation | 22,365.51 | 86.95 | 38,258.00 | 616.00 | 1.61% | 0.53% |
| 496 | Laboratory Corp Of America Holdings | 34,076.61 | 74.84 | 37,120.64 | 0.00 | 0.00% | 0.52% |
| 825 | Marathon Oil Corporation | 35,343.16 | 31.22 | 25,756.50 | 792.00 | 3.07% | 0.36% |
| 962 | Microsoft Corporation | 18,362.76 | 30.48 | 29,321.76 | 500.24 | 1.71% | 0.41% |
| 660 | National Oil Well Varco | 24,971.76 | 44.09 | 29,099.40 | 0.00 | 0.00% | 0.41% |
| 487 | Omnicom Group | 18,002.65 | 39.15 | 19,066.05 | 292.20 | 1.53% | 0.27% |
| 700 | Paychex Incorporated | 24,663.81 | 30.64 | 21,448.00 | 868.00 | 4.05% | 0.30% |
| 465 | Pepsico Incorporated | 21,373.89 | 60.80 | 28,272.00 | 837.00 | 2.96% | 0.39% |
| 261 | Research In Motion | 26,583.30 | 67.54 | 17,627.94 | 0.00 | 0.00% | 0.25% |
| 690 | Tjx Cos Inc New | 20,671.39 | 36.55 | 25,219.50 | 331.20 | 1.31% | 0.35% |
| 400 | Wal-Mart Stores | 20,321.06 | 53.45 | 21,380.00 | 436.00 | 2.04% | 0.30% |
| 600 | Walgreen Company | 18,688.60 | 36.72 | 22,032.00 | 330.00 | 1.50% | 0.31% |
| 1,865 | Wells Fargo & Company New | 47,402.73 | 26.99 | 50,336.35 | 373.00 | 0.74% | 0.70% |
| Totals | | 640,986.06 | | 720,767.03 | 12,954.91 | 1.80% | 10.05% |
| Common Stock-Foreign | | | | | | | |
| 693 | ADR Teva Pharmaceutical Ind | 30,079.97 | 56.18 | 38,932.74 | 334.36 | 0.86% | 0.54% |
| Totals | | 30,079.97 | | 38,932.74 | 334.36 | 0.86% | 0.54% |
| Equity Large Cap Value | | | | | | | |
| 13,285.128 | Columbia Dividend Income Z | 126,350.76 | 11.85 | 157,428.77 | 4,102.45 | 2.61% | 2.19% |
| 9,294.118 | DFA US Large Cap Value I | 173,143.28 | 17.06 | 158,557.65 | 2,602.35 | 1.64% | 2.21% |

December 01, 2009 To December 31, 2009

Account Name : Duneland Health Council

Account No : 175005H

Summary Of Investment Holdings

| Shares or Par Value | Investment Category | Cost Basis | Unit Value | Market Value | Estimated Ann Inc | Curr Yield | % Port |
|---------------------------------------|--|---------------|---------------|-----------------|----------------------|---------------|-----------|
| Totals | | 299,494.04 | | 315,986.42 | 6,704.80 | 2.12% | 4.40% |
| <u>Equity Large Blend</u> | | | | | | | |
| 3,356 036 | Vanguard Large Cap Index | 55,224.60 | 20.47 | 68,698.06 | 1,349.13 | 1.96% | 0.96% |
| Totals | | 55,224.60 | | 68,698.06 | 1,349.13 | 1.96% | 0.96% |
| <u>Equity Large Cap Growth</u> | | | | | | | |
| 8,258 154 | Fidelity Export & Multinational Fund | 174,439.34 | 19.62 | 162,024.98 | 1,024.01 | 0.63% | 2.26% |
| 6,055,219 | T Rowe Price Growth Stock Fund | 183,120.60 | 27.51 | 166,579.07 | 302.76 | 0.18% | 2.32% |
| Totals | | 357,559.94 | | 328,604.05 | 1,326.77 | 0.40% | 4.58% |
| <u>Equity Mid Cap Value</u> | | | | | | | |
| 9,506 262 | Janus Perkins Mid Cap Value Fund-Investor | 198,332.29 | 19.80 | 188,223.99 | 338.31 | 0.18% | 2.62% |
| Totals | | 198,332.29 | | 188,223.99 | 338.31 | 0.18% | 2.62% |
| <u>Equity Mid Cap Growth</u> | | | | | | | |
| 8,484 582 | Munder Mid Cap Select Y | 184,755.23 | 22.68 | 192,430.32 | 699.98 | 0.36% | 2.68% |
| Totals | | 184,755.23 | | 192,430.32 | 699.98 | 0.36% | 2.68% |
| <u>Equity Small Cap Value</u> | | | | | | | |
| 9,052 925 | FMI Common Stock | 195,000.00 | 21.27 | 192,555.71 | 379.15 | 0.20% | 2.68% |
| Totals | | 195,000.00 | | 192,555.71 | 379.15 | 0.20% | 2.68% |
| <u>Equity Small Cap Growth</u> | | | | | | | |
| 12,055 085 | Lord Abbett Developing Growth I | 194,871.98 | 16.48 | 198,667.80 | 0.00 | 0.00% | 2.77% |
| Totals | | 194,871.98 | | 198,667.80 | 0.00 | 0.00% | 2.77% |
| <u>Equity International</u> | | | | | | | |
| 4,403 846 | Lazard Emerging Markets Equity Fund | 72,501.30 | 18.01 | 79,313.27 | 2,046.60 | 2.58% | 1.10% |
| 7,562,327 | MFS International Value I | 188,730.58 | 23.66 | 178,924.66 | 1,719.37 | 0.96% | 2.49% |
| 9,896 907 | Vanguard Developed Markets Index Fund #227 | 102,170.08 | 9.53 | 94,317.52 | 1,078.76 | 1.14% | 1.31% |

December 01, 2009 To December 31, 2009

Account Name : Duneland Health Council

Account No : 175005H

Summary Of Investment Holdings

| Shares or Par Value | Investment Category | Cost Basis | Unit Value | Market Value | Estimated Ann Inc | Curr Yield | % Port |
|--------------------------|---|-------------------|---------------|-------------------|----------------------|---------------|---------------|
| 9,933,293 | William Blair International Growth Fd C/N | 228,370.91 | 18.55 | 184,262.59 | 1,129.22 | 0.61% | 2.56% |
| Totals | | 591,772.87 | | 536,818.04 | 5,973.95 | 1.11% | 7.46% |
| Notes - Secured | | | | | | | |
| 25,000 | United Way of LaPorte County | 25,000.00 | 1.00 | 25,000.00 | 750.00 | 3.00% | 0.35% |
| Totals | | 25,000.00 | | 25,000.00 | 750.00 | 3.00% | 0.35% |
| Notes - Unsecured | | | | | | | |
| 90,000 | HealthLinc, Inc Note | 90,000.00 | 1.00 | 90,000.00 | 2,700.00 | 3.00% | 1.25% |
| | HealthLinc, Inc Note 3% 12/23/2014 | | | | | | |
| Totals | | 90,000.00 | | 90,000.00 | 2,700.00 | 3.00% | 1.25% |
| Liabilities | | | | | | | |
| -90,000 | Honzon Bank LOC #996677 | -90,000.00 | 1.00 | -90,000.00 | -4,725.00 | -5.25% | -1.25% |
| | Honzon Bank LOC # 996677 | | | | | | |
| Totals | | -90,000.00 | | -90,000.00 | -4,725.00 | -5.25% | -1.25% |
| ETF-Equity | | | | | | | |
| 1,028 | Energy Select Sector SPDR | 50,666.41 | 57.01 | 58,606.28 | 1,251.98 | 2.14% | 0.82% |
| 1,900 | iShares S&P North Amer Technology | 76,193.41 | 54.22 | 103,018.00 | 385.30 | 0.37% | 1.43% |
| 1,295 | PowerShares WilderHill Clean Energy | 19,188.33 | 11.00 | 14,245.00 | 0.00 | 0.00% | 0.20% |
| 1,681 | Utilities Select Sector SPDR | 50,989.54 | 31.02 | 52,144.62 | 2,481.76 | 4.76% | 0.73% |
| 665 | Vanguard Consumer Discretionary ETF | 35,505.38 | 46.77 | 31,102.05 | 290.61 | 0.93% | 0.43% |
| 1,077 | Vanguard Consumer Staples ETF | 69,585.18 | 65.69 | 70,748.13 | 1,871.83 | 2.65% | 0.98% |
| 2,405 | Vanguard Financials ETF | 77,269.51 | 29.04 | 69,841.20 | 1,856.66 | 2.66% | 0.97% |
| 1,221 | Vanguard Health Care ETF | 59,424.18 | 54.19 | 66,165.99 | 1,815.63 | 2.74% | 0.92% |
| 597 | Vanguard Industrials ETF | 34,523.27 | 51.58 | 30,793.26 | 426.86 | 1.39% | 0.43% |
| 523 | Vanguard Materials ETF | 36,209.11 | 67.82 | 35,469.86 | 482.73 | 1.36% | 0.49% |
| 821 | Vanguard Telecom Services ETF | 52,085.63 | 56.51 | 46,394.71 | 1,240.53 | 2.67% | 0.65% |

Port Sum

Holdings - HLDCTB

Page 1

December 01, 2009 To December 31, 2009

Account No : 175005H

Account Name : Duneland Health Council

Summary Of Investment Holdings

| Shares or Par Value | Investment Category | Cost Basis | Unit Value | Market Value | Estimated Ann Inc | Curr Yield | % Port |
|------------------------|---------------------------|---------------|---------------|-----------------|----------------------|---------------|-----------|
| | <i>Totals</i> | 561,639.95 | | 578,529.10 | 12,103.89 | 2.09% | 8.05% |
| | <i>Total Investments</i> | 7,111,860.57 | | 7,184,066.36 | 218,050.37 | 3.04% | 100.00% |
| | <i>Plus Net Cash</i> | | | 0.00 | | | |
| | <i>Total Market Value</i> | | | 7,184,066.36 | | | |

Requests Most Likely To Be Considered:

- Proposals that demonstrate coordination with other organizations
- Proposals that identify matching grants
- Proposals that can be replicated in other areas and communities
- Proposals that address an unmet need.
- Proposals that address prevention
- Proposals that identify future funding sources

Duneland Health Council Will Look Less Favorably On Proposals For:

- Capital for building, repairs and leasehold improvements
- Scholarship awards and travel
- Research
- Debt reduction
- Financial straits or crisis situations

Duneland Health Council Will Not Consider Grant Proposals For:

- Political contributions or lobbying efforts
- Religious organizations (except for nonsectarian purposes)
- Endowments
- Fund raising events
- Program advertising, tickets or raffles
- Programs that benefit individual applicants

Additional Guidelines:

Organizations may be asked to provide an on-site visit to help clarify applications. If your grant request is awarded, you will be required to execute a Grant Agreement outlining the conditions of the grant. An organization representative may be asked to make a presentation at a Grants Committee meeting. The Grants Committee meets quarterly or as necessary to review applications.

Grant Performance Reports:

All successful grant applicants must submit a performance report to Duneland Health Council within 30 days of the project completion date. Multi-year grants require annual performance reports. No further support will be considered unless the required performance report is on file with the Duneland Health Council.

The Duneland Health Council

Foundation does not guarantee further support or a pledge for future support.

Applications and correspondence should be addressed to:

Duneland Health Council
Grants Committee
P.O. Box 9327
Michigan City IN 46361

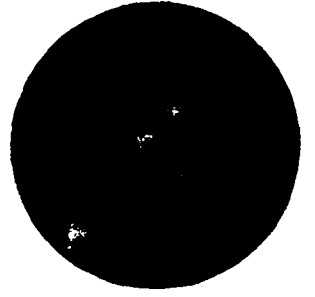
is a private, not-for-profit foundation formed on July 1, 1997.

Grant Eligibility for Grants: nonprofit, tax exempt, 501(c)(3) organizations whose purpose reflects the Duneland Health Council mission.

Application Procedure: Applicants must complete an Application for Grant form which includes a statement of need, definition of program or project, program or project budget, statement of funding sources, description of how program's or project's success will be measured, copy of most recent annual financial statement, copy of IRS 501(c)(3) designation letter.

Deadlines For Application: Open Application process at this time.

Duneland Health Council
Grants Committee
P.O. Box 5297
Michigan City, IN 46361



DUNELAND HEALTH COUNCIL