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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 changeUse the
IRS label.
Otherwise,
print
or type.
See Specific
Instructions.

Name of foundation

DUNELAND HEALTH COUNCIL

Number and street (or P O box number if mail is not delivered to street address)

Room/suite

P.O. BOX 9327

State ZIP code

City or town

MICHIGAN CITY

IN 46361

H Check type of organization

 Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundationI Fair market value of all assets at end of year
(from Part II, column (c), line 16)

J Accounting method

 Cash Accrual Other (specify)

► \$ 7,274,066.

(Part I, column (d) must be on cash basis)

A Employer identification number

35-2021548

B Telephone number (see the instructions)

(219) 874-4193

C If exemption application is pending, check here ► D 1 Foreign organizations, check here ► 2 Foreign organizations meeting the 85% test, check here and attach computation ► E If private foundation status was terminated under section 507(b)(1)(A), check here ► F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ►

Part II Analysis of Revenue and

Expenses (The total of amounts in
columns (b), (c), and (d) may not neces-
sarily 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)

R E V E N U E	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			
A D M I N 	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) 1-16b 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.)

ASSETS

LIABILITIES

NET FUND BALANCE

Part III Analysis of Changes in Net Assets or Fund Balances

	Beginning of year	End of year	
	(a) Book Value	(b) Book Value	(c) Fair Market Value
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.
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.	
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 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)
1a 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				(i) 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)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	-230,218.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8		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

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.)	
1	1,772.	
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	
2	0.	
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)	
3	1,772.	
2	0.	
4	1,772.	
5	0.	
6	1,772.	
6a	2,724.	
6b		
6c		
6d		
7	2,724.	
8		
9		
10	952.	
11	952.	Refunded

Part VIIA | Statements Regarding Activities

1 a 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?

	Yes	No
1a	X	

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?

1b	X
1c	X

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

c Did the foundation file Form 1120-POL for this year?

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year

(1) On the foundation ► \$ _____ (2) On foundation managers ► \$ _____

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?

If 'Yes,' attach a detailed description of the activities

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? If 'Yes,' attach a conformed copy of the changes

4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

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?

If 'Yes,' attach the statement required by General Instruction T

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?

7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XIV

8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) ► _____

IN - Indiana

b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (designee) of each state as required by General Instruction G? If 'No,' attach explanation

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)? If 'Yes,' complete Part XIV

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

6	X
7	X
8b	X
9	X
10	X

Part VII-A Statements Regarding Activities Continued

11	X
12	X
13	X
Website address ► <u>N/A</u>	
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 checked="" type="checkbox"/> 15 and enter the amount of tax-exempt interest received or accrued during the year	

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.

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? Yes No
- (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No
- (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No
- (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 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)? Yes 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) Yes 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 ►

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?

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? Yes NoIf 'Yes,' list the years ► 20__ , 20__ , 20__ , 20__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)c If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here► 20__ , 20__ , 20__ , 20__3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes 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)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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?

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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?

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

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

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 VII-C 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

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TEEA0306 07/06/09

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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
<u>NONE</u>		

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	<u>HEALTH LINC, INC - PURPOSE OF THE LOAN IS FOR OPERATING FUNDS TO CREATE AN ORAL HEALTH CLINIC BY A FEDERALLY QUALIFIED HEALTH CENTER (FQHC).</u>	90,000.
2		

All other program-related investments. See instructions

3		

Total. Add lines 1 through 3 ► 90,000.

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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

b Average of monthly cash balances

c Fair market value of all other assets (see instructions)

d **Total** (add lines 1a, b, and c)

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

3 Subtract line 2 from line 1d

4 Cash deemed held for charitable activities Enter 1-1/2% of line 3
(for greater amount, see instructions)

5 **Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4

6 **Minimum investment return.** Enter 5% of line 5

1a	6,590,202.
1b	
1c	
1d	6,590,202.
2	
3	6,590,202.
4	98,853.
5	6,491,349.
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

1a 186,845.

a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26

1b 90,000.

b Program-related investments – total from Part IX-B

2

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes

3

3 Amounts set aside for specific charitable projects that satisfy the

3a

a Suitability test (prior IRS approval required)

3b

b Cash distribution test (attach the required schedule)

4 276,845.

4 **Qualifying distributions** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

5

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)

6 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				226,154.
a Enter amount for 2008 only				
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.				226,154.
a Applied to 2008, but not more than line 2a				
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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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				<input type="checkbox"/> 4942(j)(3) or	<input type="checkbox"/> 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				<table border="1"> <thead> <tr> <th rowspan="2">Tax year</th> <th colspan="3">Prior 3 years</th> <th rowspan="2">(e) Total</th> </tr> <tr> <th>(a) 2009</th> <th>(b) 2008</th> <th>(c) 2007</th> <th>(d) 2006</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		Tax year	Prior 3 years			(e) Total	(a) 2009	(b) 2008	(c) 2007	(d) 2006																																								
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 XIV | 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	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
Name and address (home or business)				
a Paid during the year				
EVEN START		N/A	SUPPORT FOR AT RISK TEEN PARENTS	
MICHIGAN CITY DUNEBROOK	IN 46360	N/A	HEALTHY FAMILY & PRENATAL	13,326.
MICHIGAN CITY HEALTHLINC	IN 46360	N/A	DENTAL FACILITY	48,000.
MICHIGAN CITY MICHIANA RESOURCES	IN 46360	N/A	2 AED UNITS	0.
MICHIGAN CITY SAMARITAN CENTER	IN 46360	N/A	PATIENT FEES	2,600.
MICHIGAN CITY STEPPING STONE SHELTER FOR WOMEN	IN 46360	N/A	CHILD ADVOCACY PROGRAM	20,002.
MICHIGAN CITY COVERING KIDS AND FAMILIES	IN 46360	N/A	HELP CLIENTS OBTAIN INSURANCE COVERAGE	50,004.
MICHIGAN CITY SERVICE LEAGUE	IN 46360	N/A	OFFICE EQUIPMENT AND FURNISHINGS	8,504.
MICHIGAN CITY UNITED WAY	IN 46360	N/A	"211" SYSTEM STARTUP COSTS	2,500.
MICHIGAN CITY See Line 3a statement	IN 46360			4,159.
				37,750.
Total			► 3a	186,845.
b Approved for future payment				
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see the instructions)
		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1	Program service revenue					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue					
a	<u>SECURITIES - LITIGATION PAYMENTS</u>					
b	<u>CONVERT TO CASH BASIS</u>					
c						
d						
e						
12	Subtotal Add columns (b), (d), and (e)					
13	Total Add line 12, columns (b), (d), and (e)					

(See worksheet in the instructions for line 13 to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions)
N/A	
	</td

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting foundation to a noncharitable exempt organization of**

- (1) Cash
 - (2) Other assets

- Other transactions

 - (1) Sales of assets to a noncharitable exempt organization
 - (2) Purchases of assets from a noncharitable exempt organization
 - (3) Rental of facilities, equipment, or other assets
 - (4) Reimbursement arrangements
 - (5) Loans or loan guarantees
 - (6) Performance of services or membership or fundraising solicitations

- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

	Yes	No
1a (1)	X	
1a (2)	X	
1b (1)	X	
1b (2)	X	
1b (3)	X	
1b (4)	X	
1b (5)	X	
1b (6)	X	
1c		X

- d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

- b** If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

► Norman D.
Signature of officer or trustee

Date

Tales

Paid Preparer's Use Only	Preparer's signature	► <i>Paul E. Applegate CPA</i>	Date	Check if self-employed	Preparer's Identifying number (See Signature in the instrs)
	Firm's name (or yours if self-employed), address, and ZIP code	► APPLEGATE & CO., C.P.A.'S ► 1421 S. WOODLAND AVE.	4-21-10	<input checked="" type="checkbox"/>	
	MICHIGAN CITY	IN 46360	EIN		Phone no ► (219) 871-7880

BAA

Form 990-PF (2009)

Name

DUNELAND HEALTH COUNCIL

Employer Identification Number

35-2021548

Asset Information:Description of Property SEE HORIZON TRUST BROKERAGE TRANSACTION STATEMENTDate Acquired Various How Acquired PurchasedDate Sold Various Name of Buyer UNKNOWNSales Price 783,354. Cost or other basis (do not reduce by depreciation) 1,017,037.Sales Expense _____ Valuation Method CostTotal Gain (Loss) -233,683. Accumulation Depreciation _____Description of Property HORIZON TRUST CAPITAL GAIN DISTRIBUTIONSDate Acquired Various How Acquired PurchasedDate Sold Various Name of Buyer UNKNOWNSales 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 <u>3</u>	Lenders Title	
Lender Name <u>HORIZON BANK</u>		
Check Box, if Lender is a Business <input checked="" type="checkbox"/>		
Relationship of Lender	Borrower's Security	
Purchase Terms	Repayment Terms <u>DUE 11/02/2009</u>	
Purpose of Loan <u>OPERATIONS</u>	Description of Consideration	
Original Amount <u>350,000.</u>	Beginning Year Balance	0 . Year End Balance <u>90,000.</u>
FMV of Consideration	Date of Note <u>11/02/08</u>	
Maturity Date <u>11/02/09</u>	Interest Rate <u>3.00</u>	
Loan Payable Type	Lenders Title	
Lender Name		
Check Box, if Lender is a Business <input type="checkbox"/>		
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	Lenders Title	
Lender Name		
Check Box, if Lender is a Business <input type="checkbox"/>		
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	Lenders Title	
Lender Name		
Check Box, if Lender is a Business <input type="checkbox"/>		
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 JOHNRUUE 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"/> <u>LINDA ANAST-MAY</u> <u>2423 HIDEAWAY POINTE</u> <u>MICHIGAN CITY IN 46360</u>	DIRECTOR 3.00	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> <u>LINDA BECHINSKI</u> <u>3613 N. EVERGREEN TRAIL</u> <u>LAPORTE IN 46350</u>	DIRECTOR 2.00	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> <u>H. FRED MILLER</u> <u>2207 FAIRWAY DR</u> <u>MICHIGAN CITY IN 46360</u>	TREASURER 3.00	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> <u>GIL R. PONTIUS</u> <u>PO BOX 737</u> <u>MICHIGAN CITY IN 46360</u>	DIRECTOR 3.00	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> <u>JUDY JACOBI</u> <u>128 VALENTINE CT</u> <u>MICHIGAN CITY IN 46360</u>	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	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- da- tion status of re- cipi- ent	Purpose of grant or contribution	Person or Business Checkbox
Name and address (home or business)	Amount			
<u>a Paid during the year</u>				
<u>PURDUE UNIVERSITY ENDOWMENT</u>	<u>N/A</u>		<u>NURSING</u> <u>SCHOLARSHIPS</u>	Person or Business <input checked="" type="checkbox"/> 20,000.
<u>MICHIGAN CITY IN 46360</u>				
<u>SINAI SUNDAY FORUM</u>	<u>N/A</u>		<u>SPEAKER FEES</u>	Person or Business <input checked="" type="checkbox"/> 5,000.
<u>MICHIGAN CITY IN 46360</u>				

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

Continued

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

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	<u>3,970.</u>			
Total		<u>3,970.</u>			

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			<u>43,170.</u>	<u>43,170.</u>
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	<u>759,013.</u>	<u>716,304.</u>

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	End of Year	
	Year Book Value	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.
MISCELLANOUS DONORS	340.
Total	<u>2,340.</u>

2009 Tax Information Statement

Page 7 of 24
Ref: DGM

Account Number: 175005H
Recipient's Tax ID number: XX-XXX1548
Payer's Federal ID number: 35-1560616
Questions? (888)873-2640
 Corrected
 2nd TIN notice

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

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

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 (Box 1a)	Date of Sale (Box 1a)	Stocks Bonds, etc. (Box 2)	Cost or other Basis (Box 2)	Net Gain or Loss (Box 4)	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	114,289.14	-3,465.15
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 3369 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
Recipient's Name and Address
 Ref: DGM

DUNELAND HEALTH COUNCIL
 P.O. BOX 9327
 MICHIGAN CITY, IN 46361
 (888)873-2640

Payer's Name and Address
 HORIZON TRUST & INVESTMENT MANAGEMENT
 5115 FRANKLIN SQUARE
 MICHIGAN CITY, IN 46360

Account Number: 175005H
 Recipient's Tax ID number: XX-XXX1548
 Payer's Federal ID number: 35-1560616
 Questions? Corrected 2nd TIN notice

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired (Box 1a)	Date of Sale (Box 2)	Stocks Bonds, etc. (Box 2)	Cost or other Basis (Box 4)	Net Gain or Loss (Box 4)	Federal Income Tax Withheld (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 565849106		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		Various	05/05/2009		11,008.62	22,217.22	-11,208.60	0.00
4 3960 093001402		William Blair International Growth Fd Cl N	02/17/2004	08/19/2009	72.67	86.47	-13.80	0.00
198 0730 093001402		William Blair International Growth Fd Cl N	02/17/2004	08/19/2009	3,274.15	3,896.10	-621.95	0.00
128 9260 093001402		William Blair International Growth Fd Cl N	02/17/2004	08/19/2009	2,131.15	2,535.98	-404.83	0.00
497 8379 093001402		William Blair International Growth Fd Cl 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
Recipient's Name and Address Ref: DGM
 DUNELAND HEALTH COUNCIL

P.O. BOX 9327
 MICHIGAN CITY, IN 46361
 35-1560616
 (888)873-2640

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

Account Number: 175005H
Recipient's Tax ID number: XX-XXX1548
Payer's Federal ID number: 35-1560616
Questions? **Corrected** **2nd TIN notice**

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired (Box 1a)	Date of Sale (Box 2)	Stocks Bonds, etc. (Box 2)	Cost or other Basis (Box 4)	Net Gain or Loss (Box 4)	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	#227	Vanguard Developed Markets Index Fund	06/29/2006 08/19/2009		2,592.66	3,271.84	-679.18	0.00
158 8240 921909701	#227	Vanguard Developed Markets Index Fund	06/29/2006 08/19/2009		1,394.47	1,759.77	-365.30	0.00
242 9007 921909701	#227	Vanguard Developed Markets Index Fund	06/29/2006 08/19/2009		2,132.67	2,691.34	-558.67	0.00
99 7100 921909701	#227	Vanguard Developed Markets Index Fund	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
1000000000 459200A24		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	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
 Recipient's Name and Address Ref: DGM
 DUNELAND HEALTH COUNCIL

P.O. BOX 9327
 MICHIGAN CITY, IN 46361
 2nd TIN notice

Account Number: 175005H
 Recipient's Tax ID number: XX-XXX1548
 Payer's Federal ID number: 35-1560616
 Questions? (888)873-2640
 Corrected
 2nd TIN notice

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

Number (Box 5)	of shares (Box 1b)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired (Box 1a)	Date of Sale (Box 1a)	Stocks Bonds, etc. (Box 2)	Cost or other Basis (Box 4)	Net Gain or Loss (Box 4)	Federal Income Tax Withheld (Box 4)
									Ref: DGM
454 7660	694048661		Pacific Capital Small Cap Y	05/25/2006	12/28/2009	5,252.55	8,476.84		
599 7320	694048661		Pacific Capital Small Cap Y	01/22/2007	12/28/2009	6,926.90	11,185.00		
521 2250	694048661		Pacific Capital Small Cap Y	08/23/2007	12/28/2009	6,020.15	9,700.00		
273 2940	694048661		Pacific Capital Small Cap Y	01/17/2008	12/28/2009	3,156.55	3,607.48		
3298 3150	694048661		Pacific Capital Small Cap Y	VARIOUS	12/28/2009	38,095.54	43,518.09		
3178 1820	694048661		Pacific Capital Small Cap Y	VARIOUS	12/28/2009	36,708.00	28,973.71		
281 9910	694048661		Pacific Capital Small Cap Y	12/08/2008	12/28/2009	3,257.00	2,509.72		
Total Long Term 15% Sales Reported on 1099-B						672,530.26	902,748.28		
								230,218.02	0.00

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Summary Of Investment Holdings

Shares or Par Value	Investment Category	Cost Basis	Unit Value	Market Value	Estimated Ann Inc	Curr Yield	% Port
43,169.48	<u>Money Market Funds</u>						
	Northern Gov Portfolio Service Shs	010%		43,169.48	100.00	43,169.48	4.32 0.01% 0.60%
			43,169.48		43,169.48		4.32 0.01% 0.60%
	<i>Totals</i>						
				43,169.48			
	<u>Certificate Of Deposit - Other</u>						
99,000	The River Bank	4 500%	01/25/2010	99,000.00	1 00	99,000.00	4,455.00 4.50% 1.38%
100,000	The Farmers National Bank of	5 250%	08/25/2010	100,000.00	1 00	100,000.00	5,250.00 5.25% 1.39%
50,000	Discover Bank	4 528%	10/21/2010	50,000.00	1 00	50,000.00	2,264.03 4.53% 0.70%
100,000	Cornerstone National Bank	3 000%	01/18/2011	100,000.00	1 00	100,000.00	3,000.00 3.00% 1.39%
100,000	Pinnacle Bank	4 498%	11/21/2011	100,000.00	1 00	100,000.00	4,498.34 4.50% 1.39%
100,000	Worlds Foremost Bank, NA	4.400%	10/24/2012	100,000.00	1 00	100,000.00	4,399.95 4.40% 1.39%
				549,000.00		549,000.00	23,867.32 4.35% 7.64%
	<i>Totals</i>						
	<u>Corporate Bonds</u>						
50,000	Goldman Sach Group Inc	6	6.875%	01/15/2011	50,433.90	106.04	53,021.30 3,437.50 6.48% 0.74%
50,000	Wells Fargo Finl Inc Nt	6 125%	04/18/2012	51,321.50	107.56	53,778.90	3,062.50 5.69% 0.75%
100,000	Wells Fargo & Co New Nt	5 250%	10/23/2012	100,316.20	106.76	106,757.40	5,250.00 4.92% 1.49%
100,000	Goldman Sachs Group Sr Nt	5 450%	11/01/2012	92,759.00	107.52	107,517.90	5,450.00 5.07% 1.50%
100,000	General Electric Cap	5 000%	02/01/2013	101,385.39	105.80	105,796.00	5,000.00 4.73% 1.47%
100,000	Pepsico Inc Sr Nt	4.650%	02/15/2013	96,800.06	106.82	106,816.60	4,650.00 4.35% 1.49%
50,000	Berkshire Hathaway Fin Corp	4.600%	05/15/2013	50,812.81	105.61	52,804.95	2,300.00 4.36% 0.74%
100,000	Pfizer Inc Sr Note	5 350%	03/15/2015	99,884.00	109.29	109,290.50	5,350.00 4.90% 1.52%
				643,712.86		695,783.55	34,500.00 4.96% 9.70%
	<i>Totals</i>						
	<u>Mutual Fund - Fixed Income</u>						
36,222.614	PIMCO Total Return Fund Institutional						
28,683.118	Ridgeworth US Govt Ultra-Short Bond I						
4,533.092	SIT US Government Securities Fund Inc						



Account Name : Duneland Health Council

December 01, 2009 To December 31, 2009

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%
	<i>Totals</i>	1,782,248.41		1,794,595.07	71,100.98	3.96%	24.98%
	<u>Preferred Stock</u>						
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%
	<i>Totals</i>	128,797.99	25.28	126,400.00	7,500.00	5.93%	1.76%
5,000	Entergy Ark Inc 1st Mtg Ser 6% Pfd Maturity 02/01/32	129,077.00	23.98	119,900.00	7,625.00	6.36%	1.67%
5,000	First Optional Call 11/12/2007 @ 100% of face or stated value General Electric Capital Corp 6 100%	126,516.03	26.67	133,340.00	7,968.75	5.98%	1.86%
5,000	General Electric Capital Corp 6 100% Call 11/15/2007 Georgia Pwr Co 6 37.5% Pfd	126,810.75	20.55	98,640.00	8,400.00	8.52%	1.37%
4,800	First Optional Call 7/15/2012 @ \$25 Merrill Lynch 7% PFD Cap Tr III	759,012.89		716,305.00	47,687.50	6.66%	9.98%
	<u>Common Stock</u>						
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%

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	28,277.00	837.00	2.98%	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%
Port Sum Holdings - HLDCTB							

Summary Of Investment Holdings

Shares or Par Value	Investment Category	Cost Basis	Unit Value	Market Value	Estimated Ann Inc	Curr Yield	% Port
3,356 036	Vanguard Large Cap Index	55,224.60	20.47	68,698.06	1,349.13	1.96%	0.96%
	Totals	299,494.04		315,986.42	6,704.80	2.12%	4.40%
		55,224.60		68,698.06	1,349.13	1.96%	0.96%
	Equity Large Blend						
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%
	Equity Large Cap Growth						
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%
	Equity Mid Cap Value						
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%
	Equity Mid Cap Growth						
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%
	Equity Small Cap Value						
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%
	Equity Small Cap Growth						
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%
	Equity International						
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%
	<i>Port Sum and Holdings : HLDCTB</i>						

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 CIN	228,370.91	18.55	184,262.59	1,129.22	0.61%	2.56%
	<i>Totals</i>	591,772.87		536,818.04	5,973.95	1.11%	7.46%
	<u>Notes - Secured</u>						
25,000	United Way of LaPorte County	3,000%	04/08/2010	25,000.00	1.00	25,000.00	750.00
	<i>Totals</i>	25,000.00		25,000.00	750.00	3.00%	0.35%
	<u>Notes - Unsecured</u>						
90,000	HealthLinc, Inc Note	3,000%	12/23/2014	90,000.00	1.00	90,000.00	2,700.00
	HealthLinc, Inc Note 3% 12/23/2014						
	<i>Totals</i>	90,000.00		90,000.00	2,700.00	3.00%	1.25%
	<u>Liabilities</u>						
-90,000	Honzon Bank LOC #996677	5.250%	12/01/10	-90,000.00	1.00	-90,000.00	-4,725.00
	Honzon Bank LOC # 996677						
	<i>Totals</i>	-90,000.00		-90,000.00	-4,725.00	-5.25%	-1.25%
	<u>ETF-Equity</u>						
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%

Account Name : Duneland Health Council

December 01, 2009 To December 31, 2009

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
		561,639.95		578,529.10	12,103.89	2.09%	8.05%
	<i>Totals</i>						
	<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

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 application.

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

Grant Performance Reports:
All successful grant applicants must submit a performance report to Duneland Health Council within 90 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 full 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
PO Box 5727
Michigan City, IN 46360

