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

2010

Department of the Treasury
Internal Revenue ServiceNote The foundation may be able to use a copy of this return to satisfy state reporting requirements
For calendar year 2010, or tax year beginning **, 2010, and ending**

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

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

City or town

State ZIP code

IN 46361

H Check type of organization Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, column (c), line 16) **J** Accounting method Cash Accrual
 Other (specify) **► \$ 7,505,663.** (Part I, column (d) must be on cash basis)

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)	0.			
	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	237,884.	237,884.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain/(loss) from sale of assets not on line 10	-14,905.			
	b Gross sales price for all assets on line 6a	1,007,949.			
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit/(loss) (att sch)				
	11 Other income (attach schedule) ..				
	SECURITIES LITIGATION PAYMENTS	560.	560.		
	12 Total. Add lines 1 through 11	223,539.	238,444.		
ADMINISTRATIVE EXPENSES	13 Compensation of officers, directors, trustees, etc	40,000.	40,000.		
	14 Other employee salaries and wages				
	15 Pension plans (employee benefits)	12,955.	12,955.		
	16a Legal fees (attach schedule)	6,335.	6,335.		
	b Accounting fees (attach sch)				
	c Other prof fees (attach sch)				
	17 Interest	2,988.	2,988.		
	18 Taxes (attach schedule X see instr) See Line 18 Stmt	4,631.	3,631.		
	19 Depreciation (attach sch) and depletion				
	20 Occupancy	8,502.	8,502.		
	21 Travel, conferences, and meetings	3,823.	3,823.		
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	See Line 23 Stmt	73,421.	69,846.		
	24 Total operating and administrative expenses. Add lines 13 through 23	152,655.	148,080.		
	25 Contributions, gifts, grants paid ..	325,453.			325,453.
	26 Total expenses and disbursements. Add lines 24 and 25 ..	478,108.	148,080.		325,453.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-254,569.			
	b Net investment income (if negative, enter -0-)		90,364.		
	c Adjusted net income (if negative, enter -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				
	2	Savings and temporary cash investments	549,000.	400,000.	400,000.	
	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)				
		Less: allowance for doubtful accounts	25,000.	0.	0.	
	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	43,170.	45,716.	45,716.
	b	Investments – corporate stock (attach schedule)	L-10b Stmt	4,068,730.	3,874,455.	4,430,380.
	c	Investments – corporate bonds (attach schedule)	L-10c Stmt	2,425,961.	2,462,631.	2,555,077.
	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)		90,000.	74,490.	74,490.	
16	Total assets (to be completed by all filers – see instructions Also, see page 1, item I)		7,201,861.	6,857,292.	7,505,663.	
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)		90,000.	0.	
	22	Other liabilities (describe ►)				
	23	Total liabilities (add lines 17 through 22)		90,000.	0.	
NET ASSETS	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		7,111,861.	6,857,292.	
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	Total net assets or fund balances (see the instructions)		7,111,861.	6,857,292.	
	31	Total liabilities and net assets/fund balances (see the instructions)		7,201,861.	6,857,292.	

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	7,111,861.
2	Enter amount from Part I, line 27a	2	-254,569.
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3	4	6,857,292.
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	6,857,292.

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 DISTRIBUTION			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 110,239.			106,926.	3,313.	
b 885,061.			915,927.	-30,866.	
c 12,649.			0.	12,649.	
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			
a 0.		0.	0.	3,313.	
b				-30,866.	
c 0.		0.	0.	12,649.	
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	-14,904.	
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		

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))
2009	186,845.	6,491,349.	0.028784
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

2 Total of line 1, column (d)	2	0.203775
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	0.040755
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	7,142,957.
5 Multiply line 4 by line 3	5	291,111.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	904.
7 Add lines 5 and 6	7	292,015.
8 Enter qualifying distributions from Part XII, line 4	8	325,453.

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	1 904. 2 0. 3 904. 4 0. 5 904.
• 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 checked="" type="checkbox"/> and enter 1% of Part I, line 27b	
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-)	
3 Add lines 1 and 2	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	
6 Credits/Payments:	
a 2010 estimated tax pmts and 2009 overpayment credited to 2010	6a 1,952.
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 1,952.
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 1,048.
11 Enter the amount of line 10 to be: Credited to 2011 estimated tax ► 1,048. Refunded	11

Part VII-A 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?

1a	Yes	No
1a	<input checked="" type="checkbox"/>	

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

1b	Yes	No
1b	<input checked="" type="checkbox"/>	

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

1c	Yes	No
1c	<input checked="" type="checkbox"/>	

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

1c	Yes	No
1c	<input checked="" type="checkbox"/>	

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 ► \$ _____

1c	Yes	No
1c	<input checked="" type="checkbox"/>	

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

1c	Yes	No
1c	<input checked="" type="checkbox"/>	

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.

2	Yes	No
2	<input checked="" type="checkbox"/>	

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

3	Yes	No
3	<input checked="" type="checkbox"/>	

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

4a	Yes	No
4a	<input checked="" type="checkbox"/>	

b If 'Yes,' has it filed a tax return on Form 990-T for this year?

4b	Yes	No
4b	<input checked="" type="checkbox"/>	

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

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

5	Yes	No
5	<input checked="" type="checkbox"/>	

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?

6	Yes	No
6	<input checked="" type="checkbox"/>	

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 XV

7	Yes	No
7	<input checked="" type="checkbox"/>	

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

IN - Indiana

8b	Yes	No
8b	<input checked="" type="checkbox"/>	

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 General Instruction G? If 'No,' attach explanation

9	Yes	No
9	<input checked="" type="checkbox"/>	

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

10	Yes	No
10	<input checked="" type="checkbox"/>	

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? 13 X

Website address ► N/A

14 The books are in care of ► NORMAN D. STEIDER Telephone no. ► (219) 874-4193
Located at ► P.O. BOX 9327, MICHIGAN CITY, IN ZIP + 4 ► 46360

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15

16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 Yes No X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country ►

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 ► 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 2010? 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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? □ Yes No
If '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) 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. ► 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 2010 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 2010) 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 2010? 4b X

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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 Nob 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 Nob If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

5b N/A

 Yes No

6b X

 Yes No

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
<u>BURTON B. RUBY</u> 601 FRANKLIN ST, STE 100 MICHIGAN CITY IN 46360	CHAIRMAN 2.00	0.	0.	0.
<u>GEORGE R. AVERITT</u> 212 PEARL ST MICHIGAN CITY IN 46360	VICE CHAIRMAN 2.00	0.	0.	0.
<u>NORMAN D. STEIDER</u> 2612 ORIOLE TR MICHIGAN CITY IN 46360	EXECUTIVE DIRECTOR 25.00	40,000.	12,955.	0.
See Information about Officers, Directors, Trustees, Etc.		0.	0.	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
<u>NONE</u>				
<u>0</u>				

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.

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.

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1	----- -----	
2	----- -----	

All other program-related investments See instructions

3 _____

Total. Add lines 1 through 3 ►

Total. Add lines 1 through 3

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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)
- 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	7,251,733.
1b	
1c	
1d	7,251,733.
2	
3	7,251,733.
4	108,776.
5	7,142,957.
6	357,148.

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
- 2a Tax on investment income for 2010 from Part VI, line 5
- b Income tax for 2010 (This does not include the tax from Part VI.)
- c Add lines 2a and 2b
- 3 Distributable amount before adjustments. Subtract line 2c from line 1
- 4 Recoveries of amounts treated as qualifying distributions
- 5 Add lines 3 and 4
- 6 Deduction from distributable amount (see instructions)
- 7 **Distributable amount as adjusted.** Subtract line 6 from line 5. Enter here and on Part XIII, line 1

1	357,148.
2a	904.
2b	
2c	904.
3	356,244.
4	15,510.
5	371,754.
6	
7	371,754.

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
 - b Program-related investments – total from Part IX-B
- 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes
- 3 Amounts set aside for specific charitable projects that satisfy the
 - a Suitability test (prior IRS approval required)
 - b Cash distribution test (attach the required schedule)
- 4 **Qualifying distributions** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4
- 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 **Adjusted qualifying distributions.** Subtract line 5 from line 4

1a	325,453.
1b	
2	
3a	
3b	
4	325,453.
5	904.
6	324,549.

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 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				371,754.
2 Undistributed income, if any, as of the end of 2010:				
a Enter amount for 2009 only			272,104.	
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2010:				
a From 2005	0.			
b From 2006	0.			
c From 2007	0.			
d From 2008	0.			
e From 2009	0.			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from Part XII, line 4: ► \$ 325,453.			272,104.	
a Applied to 2009, 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 2010 distributable amount				53,349.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (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 2009. Subtract line 4a from line 2a. Taxable amount – see instructions			0.	
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				318,405.
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 2005 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2006	0.			
b Excess from 2007	0.			
c Excess from 2008	0.			
d Excess from 2009	0.			
e Excess from 2010	0.			

BAA

Form 990-PF (2010)

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

N/A

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

B. O. BOX 9327

170. BOX 9827
MICHIGAN CITY

MICHIGAN CITY

TN 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 XVII 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)				
<i>a Paid during the year</i>				
EVEN START			SUPPORT FOR AT RISK TEEN PARENTS	
MICHIGAN CITY DUNEBROOK	IN 46360 N/A		HEALTHY FAMILY & PRENATAL	3,090.
MICHIGAN CITY HEALTHLINC	IN 46360 N/A		DENTAL FACILITY	55,000.
MICHIGAN CITY SAMARITAN CENTER	IN 46360 N/A		PATIENT FEES	26,590.
MICHIGAN CITY STEPPING STONE SHELTER FOR WOMEN	IN 46360 N/A		CHILD ADVOCACY PROGRAM	24,000.
MICHIGAN CITY COVERING KIDS AND FAMILIES	IN 46360 N/A		HELP CLIENTS OBTAIN INSURANCE COVERAGE	50,000.
MICHIGAN CITY SERVICE LEAGUE	IN 46360 N/A		OFFICE EQUIPMENT AND FURNISHINGS	6,000.
MICHIGAN CITY UNITED WAY	IN 46360 N/A		"211" SYSTEM STARTUP COSTS	3,205.
MICHIGAN CITY PURDUE UNIVERSITY ENDOWMENT	IN 46360 N/A		NURSING SCHOLARSHIPS	12,477.
MICHIGAN CITY See Line 3a statement	IN 46360			-790.
				145,881.
Total				► 3a 325,453.
<i>b Approved for future payment</i>				
Total				► 3b
BAA				Form 990-PF (2010)

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 SECURITIES - LITIGATION PAYMENTS					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)					
13 Total Add line 12, columns (b), (d), and (e)					
(See worksheet in line 13 instructions 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	

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**
(and on Investment Income for Private Foundations)
(Keep for your records. Do not send to the Internal Revenue Service.)

2011

1 Unrelated business taxable income expected in the tax year

1

2 Tax on the amount on line 1. See instructions for tax computation

2

3 Alternative minimum tax (see instructions)

3

4 Total Add lines 2 and 3

4

5 Estimated tax credits (see instructions)

5

6 Subtract line 5 from line 4

6

7 Other taxes (see instructions)

7

8 Total. Add lines 6 and 7

8

9 Credit for federal tax paid on fuels (see instructions)

9

10a Subtract line 9 from line 8. **Note.** If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions

10a 904.

b Enter the tax shown on the 2010 return (see instructions). **Caution.** If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c

10b 904.

c 2011 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c

10c 904.

	(a)	(b)	(c)	(d)
11 Installment due dates (see instructions)	11 05/16/11	06/15/11	09/15/11	12/15/11
12 Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a 'large organization.' (see instructions)	12 226.	226.	226.	226.
13 2010 Overpayment. (see instructions)	13 48.	0.	0.	0.
14 Payment due. (Subtract line 13 from line 12.)	14 178.	226.	226.	226.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 990-W (2011)

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	1,000.	0.		
PAYROLL TAXES	2,884.	2,884.		
FOREIGN TAXES	747.	747.		
Total	<u>4,631.</u>	<u>3,631.</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	51,864.	51,864.		
INSURANCE EXPENSE	208.	208.		
MEALS & ENTERTAINMENT	7,149.	3,574.		
CONTRACT LABOR	6,861.	6,861.		
OFFICE EXPENSE	3,812.	3,812.		
DUES & SUBSCRIPTIONS	1,795.	1,795.		
TELEPHONE	874.	874.		
MISCELLANEOUS EXPENSE	855.	855.		
INVESTMENT INTEREST EXPENSE	3.	3.		
Total	<u>73,421.</u>	<u>69,846.</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"/> ALLAN WHITLOW 1010 E COOLSPRING AVE	DIRECTOR	0.	0.	0.
MICHIGAN CITY IN 46360	2.00			
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> LINDA ANAST-MAY 2423 HIDEAWAY POINTE	DIRECTOR	0.	0.	0.
MICHIGAN CITY IN 46360	3.00			
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> LINDA BECHINSKI 3613 N. EVERGREEN TRAIL	DIRECTOR	0.	0.	0.
LAPORTE IN 46350	2.00			
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> H. FRED MILLER 2207 FAIRWAY DR	TREASURER	0.	0.	0.
MICHIGAN CITY IN 46360	3.00			
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> GIL R. PONTIUS PO BOX 737	DIRECTOR	0.	0.	0.
MICHIGAN CITY IN 46360	3.00			

Form 990-PF, Page 6, Part VIII, Line 1
Information about Officers, Directors, Trustees, Etc.

Continued

(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"/> JUDY JACOBI 128 VALENTINE CT MICHIGAN CITY IN 46360	DIRECTOR 2.00	0.	0.	0.

Total

0. 0. 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	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox
Name and address (home or business)				Amount
a Paid during the year SINAI SUNDAY FORUM -----	N/A		SPEAKER FEES	Person or Business <input checked="" type="checkbox"/> 5,000.
MICHIGAN CITY IN 46360				
RSVP/CATHOLIC CHARITIES -----	N/A		WHEELCHAIR RAMPS	Person or Business <input checked="" type="checkbox"/> 10,000.
MICHIGAN CITY IN 46360				
HEALTHY COMMUNITIES -----	N/A		OPERATIONAL COSTS	Person or Business <input checked="" type="checkbox"/> 23,250.
LAPORTE IN 46350				
MEALS ON WHEELS -----	N/A		OPERATIONAL COSTS	Person or Business <input checked="" type="checkbox"/> 9,400.
MICHIGAN CITY IN 46360				
THE LUBEZNICK CENTER -----	N/A		OPERATIONAL COSTS	Person or Business <input checked="" type="checkbox"/> 19,841.
MICHIGAN CITY IN 46360				
BOY & GIRLS CLUB -----	N/A		SUPPORT FOR HOTSPOT CURRICULUM	Person or Business <input checked="" type="checkbox"/> 12,400.
MICHIGAN CITY IN 46360				
IVY TECH FOUNDATION -----	N/A		SCHOLARSHIPS	Person or Business <input checked="" type="checkbox"/> 5,000.
MICHIGAN CITY IN 46360				
IMAGINATION STATION -----	N/A		OPERATIONAL COSTS	Person or Business <input checked="" type="checkbox"/> 50.
MICHIGAN CITY IN 46360				

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>CITIZENS CONCERNED FOR THE HOMELESS</u>	<u>N/A</u>		<u>SUPPORT FOR THE HOMELESS</u>	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> <u>7,000.</u>
<u>MICHIGAN CITY IN 46360</u>			<u>CHILD ABUSE PREVENTION</u>	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> <u>3,940.</u>
<u>DUNEBROOK</u>				
<u>MICHIGAN CITY IN 46360</u>			<u>STUDENT SERVICE AND ACTIVITIES</u>	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> <u>50,000.</u>
<u>PURDUE FOUNDATION</u>			<u>COMPLEX</u>	
<u>MICHIGAN CITY IN 46360</u>				
Total				<u>145,881.</u>

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
<u>APPLEGATE & COMPANY,</u>	<u>ACCOUNTING & TAX SERVI</u>	<u>6,335.</u>			
Total	<u>6,335.</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
<u>MONEY MARKET - US GOVT/AGENCY</u>			<u>45,716.</u>	<u>45,716.</u>
Total			<u>45,716.</u>	<u>45,716.</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	756,512.	748,014.
COMMON STOCK	653,323.	812,809.
STOCK MUTUAL FUNDS	2,464,620.	2,869,557.
Total	<u>3,874,455.</u>	<u>4,430,380.</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	742,725.	800,404.
FIXED INCOME MUTUAL FUNDS	1,719,906.	1,754,673.
Total	<u>2,462,631.</u>	<u>2,555,077.</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	90,000.	74,490.	74,490.
Total	<u>90,000.</u>	<u>74,490.</u>	<u>74,490.</u>

2010 Tax Information Statement

Page 7 of 28
Ref: DGM

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? (888)873-2640

Corrected 2nd TIN notice

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

2010 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 1b)	CUSIP (Box 7)	Description (Box 7)	Date Acquired (Box 1a)	Date of Sale (Box 1a)	Stocks (Box 2)	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									
116 0000 637071101	National Oil Well Varco		08/20/2009	01/22/2010	4,966.24		4,388.98	577.26	0.00
70 0000 166764100	Chevron Corp		08/20/2009	04/16/2010	5,701.40		4,793.49	907.91	0.00
289 0810 19765N245	Columbia Dividend Income Z		04/23/2009	04/16/2010	3,627.97		2,728.92	899.05	0.00
80 0000 25490A101	DirectTV Group Inc		08/20/2009	04/16/2010	2,884.75		1,976.67	908.08	0.00
594.7630 30249V109	FMI Common Stock		12/28/2009	04/16/2010	14,220.78		12,811.19	1,409.59	0.00
3000 0000 76828T439	Ridgeworth US Govt Ultra-Short Bond I		07/31/2009	04/19/2010	30,180.00		30,300.00	-120.00	0.00
34 0000 191216100	Coca Cola Company		04/16/2010	07/13/2010	1,789.38		1,848.24	-58.86	0.00
20 0000 25490A101	DirectTV Group Inc		08/20/2009	07/13/2010	733.59		494.17	239.42	0.00
17 0000 459200101	International Business Machines		08/20/2009	07/13/2010	2,218.63		2,027.25	191.38	0.00
30 0000 478160104	Johnson & Johnson		04/16/2010	07/13/2010	1,818.57		1,967.10	-148.53	0.00
39 0000 502424104	L-3 Communication Holdings Corporation		08/20/2009	07/13/2010	2,824.72		2,902.71	-77.99	0.00
30 0000 50540R409	Laboratory Corp Of America Holdings		04/16/2010	07/13/2010	2,258.66		2,329.80	-71.14	0.00
91 0000 594918104	Microsoft Corporation		04/16/2010	07/13/2010	2,280.47		2,806.44	-525.97	0.00
61 0000 637071101	National Oil Well Varco		08/20/2009	07/13/2010	2,194.13		2,308.00	-113.87	0.00
36 0000 681919106	Omnicom Group		04/16/2010	07/13/2010	1,286.25		1,478.52	-192.27	0.00
100 0000 87236Y108	Amentraida Hldg Corp		08/20/2009	07/13/2010	1,572.27		1,863.00	-290.73	0.00

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

2010 Tax Information Statement

Page 8 of 28
Ref: DGM

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? (888)873-2640

Corrected 2nd TIN notice

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

Number of shares	CUSIP	Description	Date Acquired	Date of Sale	Stocks (Box 1a)	Bonds, etc. (Box 2)	Cost or Other Basis	Net Gain or Loss	Federal Income Tax Withheld
(Box 1b)	(Box 7)				(Box 1a)	(Box 2)			(Box 4)
84 0000 881624209	ADR Teva Pharmaceutical Ind		VARIOUS	07/13/2010	4,546.84		4,797.88	-251.04	0.00
150 0000 949746101	Wells Fargo & Company New		08/20/2009	07/13/2010	4,144.52		4,139.26	6.26	0.00
57 0000 H5833N103	Noble Corporation Switzerland		04/16/2010	07/13/2010	1,834.22		2,374.73	-540.51	0.00
690 5490 30249V109	FMI Common Stock		12/28/2009	07/14/2010	15,364.72		14,874.43	490.29	0.00
172 5390 30249V109	FMI Common Stock		12/28/2009	09/10/2010	3,790.68		3,716.49	74.19	0.00
Total Short Term Sales Reported on 1099-B					110,238.79		106,928.27	3,312.52	0.00
Long Term 15% Sales Reported on 1099-B									
62 0000 001055102	Aflac Inc		08/03/2006	01/22/2010	3,050.99		2,687.18	363.81	0.00
97 0000 464287549	iShares S&P North America Technology Sector		01/26/2005	01/22/2010	5,008.04		4,178.44	829.60	0.00
111 0000 81369Y506	Select Sector SPDR Energy		VARIOUS	01/22/2010	6,273.97		6,025.30	248.67	0.00
142 0000 81369Y886	Select Sector SPDR Utilities		08/16/2005	01/22/2010	4,247.16		4,508.29	-261.13	0.00
253 0000 92204A207	Vanguard Consumer Staples ETF		VARIOUS	01/22/2010	16,563.43		17,286.31	-722.88	0.00
335 0000 92204A504	Vanguard Health Care ETF		05/07/2008	01/22/2010	18,438.16		18,534.34	-96.18	0.00
121 0000 92204A884	Vanguard Telecom Services ETF		VARIOUS	01/22/2010	6,451.63		9,147.35	-2,695.72	0.00
1025 4945 093001402	William Blair International Growth CI N		VARIOUS	01/26/2010	18,551.20		19,940.36	-1,389.16	0.00
4 3960 093001402	William Blair International Growth CI N		06/24/2004	01/25/2010	79.52		83.48	-3.96	0.00
198 0730 093001402	William Blair International Growth CI N		06/24/2004	01/25/2010	3,583.14		3,761.41	-178.27	0.00
497 8380 093001402	William Blair International Growth CI N		06/24/2004	01/25/2010	9,005.89		9,453.94	-448.05	0.00

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

2010 Tax Information Statement

Page 9 of 28
Ref. DGM

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? (888)873-2640

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

Corrected 2nd TIN notice

Number of shares	CUSIP	Description (Box 7)	Date Acquired (Box 1a)	Date of Sale (Box 1a)	Stocks (Box 2)	Bonds, etc. (Box 2)	Cost or other Basis (Box 2)	Net Gain or Loss (Box 2)	Federal Income Tax Withheld (Box 4)
285 2594	233203827	DFA US Large Cap Value I	03/09/2006	01/25/2010	4,849.41		6,392.66	-1,543.25	0.00
223 7453	316448877	Fidelity Export & Multinational Fund	02/14/2006	01/25/2010	4,269.06		4,790.39	-521.33	0.00
787 2572	544006505	Lord Abbett Developing Growth I	01/17/2008	01/25/2010	12,651.22		14,225.74	-1,574.52	0.00
1183 7713	55273E822	MFS International Value I	09/28/2004	01/25/2010	28,031.71		26,279.72	1,751.99	0.00
64 4950	626124242	Munder Mid Cap Select Y	07/17/2006	01/25/2010	1,450.49		1,470.49	-20.00	0.00
224 3789	626124242	Munder Mid Cap Select Y	07/17/2006	01/25/2010	5,046.28		5,115.84	-69.56	0.00
297 8588	741479109	T Rowe Price Growth Stock Fund	01/22/2007	01/25/2010	7,905.17		9,507.65	-1,602.48	0.00
148 9830	093001402	William Blair International Growth CI N	06/24/2004	04/16/2010	2,888.78		2,829.19	59.59	0.00
120 0000	166764100	Chevron Corp	VARIOUS	04/16/2010	9,773.84		6,467.28	3,306.56	0.00
254 9939	233203827	DFA US Large Cap Value I	VARIOUS	04/16/2010	4,903.53		6,013.03	-1,109.50	0.00
183.3540	316448877	Fidelity Export & Multinational Fund	02/14/2006	04/16/2010	3,824.76		3,925.61	-100.85	0.00
110 0000	369604103	General Electric Co	10/20/1997	04/16/2010	2,132.87		2,529.17	-396.30	0.00
60 0000	464287549	iShares S&P North America Technology Sector	01/26/2005	04/16/2010	3,471.54		2,584.60	886.94	0.00
142 9090	471023598	Janus Perkins Mid Cap Value Fund-Investor	01/22/2004	04/16/2010	3,061.11		3,018.24	42.87	0.00
194 4560	471023598	Janus Perkins Mid Cap Value Fund-Investor	01/22/2004	04/16/2010	4,185.25		4,106.91	58.34	0.00
185 6270	52106N889	Lazard Emerging Markets Equity Fund	01/19/2006	04/16/2010	3,595.59		3,506.50	89.09	0.00
322 5870	544006505	Lord Abbett Developing Growth I	01/17/2008	04/16/2010	5,958.18		5,829.15	129.03	0.00
117 0390	55273E822	MFS International Value I	09/28/2004	04/16/2010	2,863.94		2,598.27	265.67	0.00
64 4950	626124242	Munder Mid Cap Select Y	07/17/2006	04/16/2010	1,614.95		1,470.49	144.46	0.00

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2010 Tax Information Statement

Page 10 of 28
Ref: DGM

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? (888)873-2640

Corrected 2nd TIN notice

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

Number of shares	CUSIP (Box 1b)	Description (Box 7)	Date Acquired (Box 1a)	Date of Sale (Box 1a)	Stocks (Box 2)	Bonds, etc. (Box 2)	Cost or other Basis (Box 2)	Net Gain or Loss (Box 3)	Federal Income Tax Withheld (Box 4)
145 2580	626124242	Munder Mid Cap Select Y	07/17/2006	04/16/2010	3,637.26		3,311.88	325.38	0.00
200 0000	713448108	PepsiCo Incorporated	..	VARIOUS 04/16/2010	13,205.77		9,623.42	3,582.35	0.00
142 7130	741479109	T Rowe Price Growth Stock Fund	01/22/2007	04/16/2010	4,172.93		4,555.40	-382.47	0.00
140 0000	81369Y506	Select Sector SPDR Energy	02/09/2006	04/16/2010	8,387.54		7,418.74	968.80	0.00
99 7100	921909701	Vanguard Developed Markets Index Fund #227	06/29/2006	04/16/2010	977.16		1,104.79	-127.63	0.00
224 1330	921909701	Vanguard Developed Markets Index Fund #227	06/29/2006	04/16/2010	2,196.50		2,483.39	-286.89	0.00
80 0000	92204A108	Vanguard Consumer Discretionary ETF	09/21/2007	04/16/2010	4,439.92		4,860.33	-420.41	0.00
100 0000	92204A405	Vanguard Financials ETF	05/19/2006	04/16/2010	3,434.19		5,772.20	-2,338.01	0.00
71 3400	922908587	Vanguard Large Cap Index	12/08/2008	04/16/2010	1,567.34		1,178.54	388.80	0.00
92 0000	001055102	Aflac Inc.	08/03/2008	07/13/2010	4,507.00		3,987.43	519.57	0.00
32 0000	149123101	Caterpillar Inc.	11/08/2006	07/13/2010	2,144.60		1,926.48	218.12	0.00
39 0000	166764100	Chevron Corp.	04/24/2003	07/13/2010	2,852.80		1,258.04	1,594.76	0.00
140 0000	205887102	Conegra Foods	01/19/2007	07/13/2010	3,361.76		3,745.48	-383.72	0.00
42 0000	25490A101	DirectTV Group Inc	08/21/2007	07/13/2010	1,540.54		919.10	621.44	0.00
44 0000	263534109	DuPont E.I. De Nemours & Co.	04/24/2003	07/13/2010	1,638.09		1,840.65	-202.56	0.00
141 0000	484287549	iShares S&P North America Technology Sector	VARIOUS	07/13/2010	7,296.83		5,936.83	1,360.00	0.00
22 0000	478160104	Johnson & Johnson	12/05/2008	07/13/2010	1,333.61		1,251.83	81.78	0.00
26 0000	50540R409	Laboratory Corp Of America Holdings	11/21/2007	07/13/2010	1,957.50		1,807.63	149.87	0.00

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2010 Tax Information Statement

Page 11 of 28
Ref: DGM

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? (888)873-2640

Corrected

2nd TIN notice

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

Number of shares	CUSIP	Description	Date Acquired	Date of Sale	Stocks (Box 1a)	Bonds, etc. (Box 2)	Cost or Other Basis	Net Gain or Loss	Federal Income Tax (Box 4)	Tax Withheld (Box 4)
65 0000	565849106	Marathon Oil Corporation	08/21/2007	07/13/2010	2,129.36		3,335.90	-1,206.54	0.00	
30 0000	713448108	Pepsico Incorporated	09/08/2003	07/13/2010	1,902.26		1,347.54	554.72	0.00	
73 0000	81369Y506	Select Sector SPDR Energy	02/09/2006	07/13/2010	3,872.58		3,868.34	4.24	0.00	
172 0000	81369Y886	Select Sector SPDR Utilities	08/16/2005	07/13/2010	5,124.31		5,460.74	-336.43	0.00	
41 0000	872540109	TJX Cos Inc New	01/19/2007	07/13/2010	1,738.78		1,228.30	510.48	0.00	
46 0000	92204A108	Vanguard Consumer Discretionary ETF	09/21/2007	07/13/2010	2,265.00		2,794.69	-529.69	0.00	
92 0000	92204A207	Vanguard Consumer Staples ETF	04/23/2007	07/13/2010	6,158.37		6,269.53	-111.16	0.00	
178 0000	92204A405	Vanguard Financials ETF	05/19/2006	07/13/2010	5,378.35		10,274.51	-4,896.16	0.00	
99 0000	92204A504	Vanguard Health Care ETF	VARIOUS	07/13/2010	5,114.26		5,383.06	-268.80	0.00	
31 0000	92204A603	Vanguard Industrials ETF	VARIOUS	07/13/2010	1,656.03		1,902.70	-246.67	0.00	
40 0000	92204A801	Vanguard Materials ETF	03/19/2008	07/13/2010	2,580.85		3,495.38	-914.53	0.00	
78 0000	92204A884	Vanguard Telecom Services ETF	11/21/2007	07/13/2010	4,331.46		5,852.14	-1,520.68	0.00	
27 0000	931142103	Wal-Mart Stores	12/17/2003	07/13/2010	1,353.21		1,402.28	-49.07	0.00	
48 0000	931422109	Walgreen Company	09/08/2003	07/13/2010	1,381.41		1,502.64	-121.23	0.00	
44 0000	949746101	Wells Fargo & Company New	06/17/2003	07/13/2010	1,215.72		1,145.30	70.42	0.00	
198 0729	093001402	William Blair International Growth Cl N	VARIOUS	07/14/2010	3,765.37		4,250.76	-485.39	0.00	
4 3960	093001402	William Blair International Growth Cl N	05/24/2005	07/14/2010	83.57		96.54	-12.97	0.00	
66 1990	093001402	William Blair International Growth Cl N	05/24/2005	07/14/2010	1,258.44		1,453.72	-195.28	0.00	
497 8379	093001402	William Blair International Growth Cl N	VARIOUS	07/14/2010	9,463.90		13,307.53	-3,843.63	0.00	

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2010 Tax Information Statement

Page 12 of 28
Ref. DGM

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: 35-1580616
Questions? (888)873-2640

Corrected

2nd TIN notice

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

Number of shares	CUSIP	Description	Date Acquired	Date of Sale	Stocks (Box 1a)	Bonds, etc. (Box 2)	Cost or Other Basis	Net Gain or Loss	Federal Income Tax (Box 4)	Withheld
511 0750	19765N245	Columbia Dividend Income Z	04/23/2009	07/14/2010	5,938.69		4,824.55	1,114.14	0.00	
706 1280	19765N245	Columbia Dividend Income Z	04/23/2009	07/14/2010	8,205.21		6,665.85	1,539.36	0.00	
749.8830	233203827	DFA US Large Cap Value I	05/08/2006	07/14/2010	12,957.98		18,094.68	-5,136.70	0.00	
712 8290	316448877	Fidelity Export & Multinational Fund	02/14/2006	07/14/2010	13,486.72		15,261.67	-1,774.95	0.00	
199 3070	471023598	Janus Perkins Mid Cap Value Fund-Investor	01/22/2004	07/14/2010	3,962.22		4,209.36	-247.14	0.00	
300 7520	471023598	Janus Perkins Mid Cap Value Fund-Investor	01/22/2004	07/14/2010	5,978.95		6,351.88	-372.93	0.00	
194 4560	471023598	Janus Perkins Mid Cap Value Fund-Investor	01/22/2004	07/14/2010	3,865.79		4,106.91	-241.12	0.00	
128 6360	471023598	Janus Perkins Mid Cap Value Fund-Investor	01/22/2004	07/14/2010	2,557.28		2,716.79	-159.51	0.00	
359.3960	52106N889	Lazard Emerging Markets Equity Fund	01/19/2006	07/14/2010	6,673.98		6,788.99	-115.01	0.00	
255 2740	52106N889	Lazard Emerging Markets Equity Fund	01/19/2006	07/14/2010	4,740.44		4,822.13	-81.69	0.00	
934 2620	544006505	Lord Abbett Developing Growth I	01/17/2008	07/14/2010	16,200.10		16,882.11	-682.01	0.00	
594 4450	55273E822	MFS International Value I	09/28/2004	07/14/2010	13,642.51		13,198.68	445.83	0.00	
142 4150	626124242	Munder Mid Cap Select Y	07/17/2006	07/14/2010	3,368.11		3,247.06	121.05	0.00	
90 3660	626124242	Munder Mid Cap Select Y	07/17/2006	07/14/2010	2,137.16		2,060.34	76.82	0.00	
407 1460	626124242	Munder Mid Cap Select Y	07/17/2006	07/14/2010	9,629.00		9,282.93	346.07	0.00	
64 4950	626124242	Munder Mid Cap Select Y	07/17/2006	07/14/2010	1,525.31		1,470.49	54.82	0.00	
499 4810	741479109	T Rowe Price Growth Stock Fund	01/22/2007	07/14/2010	13,476.00		15,943.43	-2,467.43	0.00	
158 8240	921909701	Vanguard Developed Markets Index Fund	06/29/2006	07/14/2010	1,423.06		1,759.77	-336.71	0.00	
	#227									

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2010 Tax Information Statement

Page 13 of 28
Ref: DGM

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? (888)873-2640

Corrected

2nd TIN notice

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

Number of shares	CUSIP (Box 1b)	Description (Box 7)	Date Acquired (Box 1a)	Date of Sale (Box 1a)	Stocks (Box 2)	Bonds, etc. (Box 2)	Cost or Other Basis (Box 2)	Net Gain or Loss (Box 4)	Federal Income Tax (Box 4)	Withheld (Box 4)
295 2920	921909701	Vanguard Developed Markets Index Fund #227	06/29/2006	07/14/2010	2,645.82		3,271.84	-626.02	0.00	
331 0230	921909701	Vanguard Developed Markets Index Fund #227	06/29/2006	07/14/2010	2,965.97		3,687.73	-701.76	0.00	
99 7100	921909701	Vanguard Developed Markets Index Fund #227	06/29/2006	07/14/2010	893.40		1,104.79	-211.39	0.00	
298 6330	922998587	Vanguard Large Cap Index	12/08/2008	07/14/2010	6,017.45		4,933.42	1,084.03	0.00	
9000 0000	766287439	Ridgeworth US Govt Ultra-Short Bond I	VARIOUS	08/12/2010	90,720.00		90,900.00	-180.00	0.00	
25 0000	001055102	Aflac Inc	08/03/2008	09/10/2010	1,266.73		1,083.54	183.19	0.00	
780 9820	093001402	William Blair International Growth CI N	05/25/2006	09/10/2010	15,385.35		21,056.28	-5,669.93	0.00	
15 0000	149123101	Caterpillar Inc	11/08/2008	09/10/2010	1,067.98		903.04	164.94	0.00	
31 2410	19785N245	Columbia Dividend Income Z	04/23/2009	09/10/2010	372.39		294.92	77.47	0.00	
40 0000	25490A101	DirecTV Group Inc	08/21/2007	09/10/2010	1,601.19		875.33	725.86	0.00	
120 0000	369604103	General Electric Co	10/20/1997	09/10/2010	1,917.92		2,759.10	-841.18	0.00	
55 0000	464287549	iShares S&P North America Technology Sector	04/28/2005	09/10/2010	2,803.24		2,221.48	681.76	0.00	
26 2740	471023598	Janus Perkins Mid Cap Value Fund-Investor	01/22/2004	09/10/2010	524.95		554.91	-29.96	0.00	
30 0000	478160104	Johnson & Johnson	VARIOUS	09/10/2010	1,797.58		1,587.61	229.98	0.00	
25.0000	50540R409	Laboratory Corp Of America Holdings	11/21/2007	09/10/2010	1,916.97		1,738.11	178.86	0.00	
585 4310	544006505	Lord Abbett Developing Growth I	01/17/2008	09/10/2010	10,438.23		10,578.74	-140.51	0.00	
239 9570	55273EB22	MFS International Value I	09/28/2004	09/10/2010	5,629.39		5,327.04	302.35	0.00	

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2010 Tax Information Statement

Page 14 of 28
Ref: DGM

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? (888)873-2640

Corrected

2nd TIN notice

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

Number of shares (Box 1b)	CUSIP (Box 7)	Description (Box 1a)	Date Acquired (Box 1a)	Date of Sale (Box 1a)	Stocks (Box 2)	Bonds, etc. (Box 2)	Cost or Other Basis (Box 2)	Net Gain or Loss (Box 4)	Federal Income Tax Withheld (Box 4)
64 4950	626124242	Munder Mid Cap Select Y	07/17/2006	09/10/2010	1,558.20		1,470.49	87.71	0.00
277 0670	626124242	Munder Mid Cap Select Y	07/17/2006	09/10/2010	6,693.94		6,317.13	376.81	0.00
50 0000	704326107	Paychex Incorporated	09/14/2006	09/10/2010	1,288.47		1,761.70	-473.23	0.00
3000 0000	76628T439	Ridgeworth US Govt Ultra-Short Bond I	08/04/2009	09/10/2010	30,240.00		30,300.00	-60.00	0.00
25 0000	81369Y506	Select Sector SPDR Energy	02/09/2006	09/10/2010	1,360.97		1,324.78	36.19	0.00
55 0000	881624209	ADR Teva Pharmaceutical Ind	VARIOUS	09/10/2010	2,977.27		2,431.29	545.98	0.00
30 0000	92204A207	Vanguard Consumer Staples ETF	04/23/2007	09/10/2010	2,077.46		2,044.41	33.05	0.00
20 0000	92204A603	Vanguard Industrials ETF	09/14/2006	09/10/2010	1,111.38		1,213.43	-102.05	0.00
15 0000	92204A801	Vanguard Materials ETF	03/19/2008	09/10/2010	1,034.98		1,310.77	-275.79	0.00
30 0000	92204A884	Vanguard Telecom Services ETF	11/21/2007	09/10/2010	1,798.07		2,250.83	-454.76	0.00
552.0000	931422109	Walgreen Company	VARIOUS	09/10/2010	15,974.72		17,185.96	-1,211.24	0.00
55 0000	949746101	Wells Fargo & Company New	06/17/2003	09/10/2010	1,410.89		1,431.62	-20.73	0.00
30 0000	G1151C101	Accenture PLC	01/19/2007	09/10/2010	1,163.39		1,101.21	62.18	0.00
5000 0000	29364D795	Entergy Ark Inc 1st Mtg Ser 6% Pfd	VARIOUS	11/08/2010	125,000.00		128,797.99	-3,797.99	0.00
3500 0000	76628T439	Ridgeworth US Govt Ultra-Short Bond I	08/04/2009	11/18/2010	35,280.00		35,350.00	-70.00	0.00
4500 0000	76628T439	Ridgeworth US Govt Ultra-Short Bond I	VARIOUS	12/15/2010	45,225.00		45,492.08	-267.08	0.00
Total Long Term 15% Sales Reported on 1099-B							885,061.19	915,927.28	-30,866.10

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2010 Tax Information Statement

DUNELAND HEALTH COUNCIL

Page 21 of 28
Account Number:
Tax ID Number:
175005H
XX-XXX1548
Ref: DGM

Capital Gain Distributions (15%)

Description	Amount of dividend
SIT US Government Securities Fund Inc	42.27
Vanguard GNMA Admiral Fund	2,869.18
Vanguard Short-Term Investment Admiral Fund	150.33
Total Reported on 1099 Forms DIV, INT, OID or B	12,649.35
Total capital gain distributions (15%)	12,649.35

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.

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.

The Duneland Health Council is dedicated to improving the health and general welfare of the greater Michigan City community.

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

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.

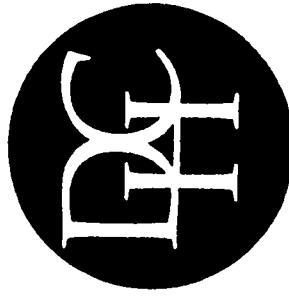
Grant Eligibility for Grants:
nonprofit, tax exempt, 501(c)(3)
organizations whose purpose
reflects the Duneland Health
Council mission.

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 5307
Michigan City, IN 46360



DUNELAND HEALTH COUNCIL

Name	Employer Identification Number		
DUNELAND HEALTH COUNCIL	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:	995,300.	Cost or other basis (do not reduce by depreciation)	1,022,854.
Sales Expense:		Valuation Method:	
Total Gain (Loss):	-27,554.	Accumulation Depreciation:	
Description of Property:	HORIZON TRUST CAPITAL GAIN DISTRIBUTION		
Date Acquired:	Various	How Acquired	Purchased
Date Sold:	Various	Name of Buyer	UNKNOWN
Sales Price	12,649.	Cost or other basis (do not reduce by depreciation)	
Sales Expense:		Valuation Method	
Total Gain (Loss):	12,649.	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:	
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:	

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions	Name of exempt organization DUNELAND HEALTH COUNCIL	Employer identification number 35-2021548
	Number, street, and room or suite number. If a P O box, see instructions P.O. BOX 9327	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MICHIGAN CITY	IN 46361

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► _____

FAX No. ► _____

- Telephone No. ► _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15, 20 11, to file the exempt organization return for the organization named above

The extension is for the organization's return for:

- calendar year 20 10 or
- tax year beginning _____, 20 ___, and ending _____, 20 ___.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions **3a \$ 0.**

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit **3b \$ 0.**

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions **3c \$ 0.**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)