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Form **990-PF**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0052

2011

For calendar year 2011, or tax year beginning , 2011, and ending ,

Name of foundation
DUNELAND HEALTH COUNCIL

A Employer identification number
35-2021548

Number and street (or P O box number if mail is not delivered to street address)
P.O. BOX 9327

Room/suite

B Telephone number (see the instructions)
(219) 874-4193

City or town
MICHIGAN CITY

State ZIP code
IN 46361

C If exemption application is pending, check here ▶ ☐

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

D 1 Foreign organizations, check here ▶ ☐

2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

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

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, column (c), line 16)
▶$ 7,159,662.

J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify)
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

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 instructions))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc, received (att sch)	50.			
2 Ck ▶ ☒ if the foundn is not req to att Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	222,830.	222,830.		
5a Gross rents				
b Net rental income or (loss)		L-6a Stmt		
6a Net gain/(loss) from sale of assets not on line 10	163,478.			
b Gross sales price for all assets on line 6a 1,767,124.				
7 Capital gain net income (from Part IV, line 2)		163,478.		
8 Net short-term capital gain			0.	
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)				
12 **Total.** Add lines 1 through 11	386,358.	386,308.	0.	
13 Compensation of officers, directors, trustees, etc	45,667.	45,667.		
14 Other employee salaries and wages				
15 Pension plans, employee benefits	15,527.	15,527.		
16a Legal fees (attach schedule)				
b Accounting fees (attach sch) L-16b Stmt	6,185.	6,185.		
c Other prof fees (attach sch)				
17 Interest				
18 Taxes (attach schedule)(see instrs) PAYROLL TAXES	4,132.	4,132.		
19 Depreciation (attach sch) and depletion				
20 Occupancy	11,057.	11,057.		
21 Travel, conferences, and meetings	3,821.	3,821.		
22 Printing and publications				
23 Other expenses (attach schedule) See Line 23 Stmt	73,431.	71,645.		
24 **Total operating and administrative expenses.** Add lines 13 through 23	159,820.	158,034.		
25 Contributions, gifts, grants paid	335,464.			335,464.
26 **Total expenses and disbursements.** Add lines 24 and 25	495,284.	158,034.		335,464.
27 Subtract line 26 from line 12:				
a **Excess of revenue over expenses and disbursements**	-108,926.			
b **Net investment income** (if negative, enter -0-)		228,274.		
c **Adjusted net income** (if negative, enter -0-)			0.	

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1 Cash – non-interest-bearing			
	2 Savings and temporary cash investments	400,000.	342,588.	342,588.
	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 instructions)			
	7 Other notes and loans receivable (attach sch) ►			
	Less allowance for doubtful accounts ►	0.	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	45,716.	50,000.	50,093.
	b Investments – corporate stock (attach schedule) L-10b Stmt	3,874,455.	3,920,061.	4,231,431.
	c Investments – corporate bonds (attach schedule) L-10c Stmt	2,462,631.	2,378,637.	2,478,470.
	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)	74,490.	57,080.	57,080.
	16 **Total assets** (to be completed by all filers – see the instructions Also, see page 1, item I)	6,857,292.	6,748,366.	7,159,662.
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)	0.	0.	
	22 Other liabilities (describe ►)			
	23 **Total liabilities** (add lines 17 through 22)	0.	0.	
NET ASSETS OR FUND BALANCES	**Foundations that follow SFAS 117, check here ► ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ► ☒ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, building, and equipment fund	6,857,292.	6,748,366.	
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	6,857,292.	6,748,366.	
	31 **Total liabilities and net assets/fund balances** (see instructions)	6,857,292.	6,748,366.	

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	6,857,292.
2	Enter amount from Part I, line 27a	2	-108,926.
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3	4	6,748,366.
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	6,748,366.

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	03/16/11	05/18/11
b	SHORT TERM - SEE ATTACHED STATEMENT	P	09/10/10	05/18/11
c	LONG TERM - SEE ATTACHED STATEMENT	P	11/08/06	05/18/11
d	CAPITAL GAIN DISTRIBUTION	P	03/19/08	05/18/11
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	22,222.		22,445.	-223.
b	471,768.		472,100.	-332.
c	1,233,849.		1,109,101.	124,748.
d	39,285.		0.	39,285.
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(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	(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
a				-223.
b				-332.
c				124,748.
d				39,285.
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	163,478.
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 instructions) If (loss), enter -0- in Part I, line 8	3	-555.

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))
2010	324,549.	7,142,957.	0.045436
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

2	**Total** of line 1, column (d)	2	0.203234
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	0.040647
4	Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	7,381,243.
5	Multiply line 4 by line 3	5	300,025.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	2,283.
7	Add lines 5 and 6	7	302,308.
8	Enter qualifying distributions from Part XII, line 4	8	335,464.

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 instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ► ☐ and enter 'N/A' on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary – see instrs)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► ☒ and enter 1% of Part I, line 27b	1	2,283.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	2,283.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	2,283.
6	Credits/Payments		
a	2011 estimated tax pmts and 2010 overpayment credited to 2011 — 6a: 1,048.		
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	1,048.
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ 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	1,235.
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ►	10	0.
11	Enter the amount of line 10 to be **Credited to 2012 estimated tax** ► 0. **Refunded** ►	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	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
	*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?	1c		X
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*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If 'Yes,' attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If 'Yes,' attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
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	X	
8a	Enter the states to which the foundation reports or with which it is registered (see 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 (or designate) of each state as required by *General Instruction G? If 'No,' attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? *If 'Yes,' complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? *If 'Yes,' attach a schedule listing their names and addresses*	10		X

Part VII-A Statements Regarding Activities (continued)

			Yes	No
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 make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	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

			Yes	No
16	At any time during calendar year 2011, 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		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.

				Yes	No
1a	During the year did the foundation (either directly or indirectly)				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ 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 instructions)?			1b	N/A
	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 2011?			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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?	☐ 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 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 2011 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 2011)*			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 2011?			4b	X

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)?			5b N/A
	Organizations relying on a current notice regarding disaster assistance check here ► ☐			
c	If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes	☐ No	
	If 'Yes,' attach the statement required by Regulations section 53 4945-5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b X
	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?			7b N/A

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
BURTON B. RUBY 601 FRANKLIN ST, STE 100 MICHIGAN CITY IN 46360	CHAIRMAN 2.00	0.	0.	0.
GEORGE R. AVERITT 212 PEARL ST MICHIGAN CITY IN 46360	VICE CHAIRMAN 2.00	0.	0.	0.
NORMAN D. STEIDER 619 FRANKLIN MICHIGAN CITY IN 46360	EXECUTIVE DIRECTOR 32.00	45,667.	15,527.	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
NONE				
0				
0				
0				
0				

Total number of other employees paid over $50,000 ► **None**

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 **Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'**

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

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 ►	

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
a	Average monthly fair market value of securities	1a	7,493,648.
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets (see instructions)	1c	
d	**Total** (add lines 1a, b, and c)	1d	7,493,648.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	7,493,648.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	112,405.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	7,381,243.
6	**Minimum investment return.** Enter 5% of line 5	6	369,062.

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	369,062.
2a	Tax on investment income for 2011 from Part VI, line 5	2a	2,283.		
b	Income tax for 2011. (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	2,283.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	366,779.
4	Recoveries of amounts treated as qualifying distributions			4	17,410.
5	Add lines 3 and 4			5	384,189.
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	384,189.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		
a	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	335,464.
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	335,464.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	2,283.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	333,181.

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 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				384,189.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			318,405.	
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2011				
a From 2006 0.				
b From 2007 0.				
c From 2008 0.				
d From 2009 0.				
e From 2010 0.				
f **Total** of lines 3a through e	0.			
4 Qualifying distributions for 2011 from Part XII, line 4 ► $ 335,464.				
a Applied to 2010, but not more than line 2a			318,405.	
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 2011 distributable amount				17,059.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011 *(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 2010 Subtract line 4a from line 2a Taxable amount – see instructions			0.	
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				367,130.
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 2006 not applied on line 5 or line 7 (see instructions)	0.			
9 **Excess distributions carryover to 2012.** Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2007 0.				
b Excess from 2008 0.				
c Excess from 2009 0.				
d Excess from 2010 0.				
e Excess from 2011 0.				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling ►

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

	Tax year	Prior 3 years			
	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon.					
a 'Assets' alternative test – enter (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test – enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

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

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

a The name, address, and telephone number of the person to whom applications should be addressed

DUNELAND HEALTH COUNCIL GRANTS COMMITTEE
P.O. BOX 9327
MICHIGAN CITY IN 46360 (219) 874-4193

b The form in which applications should be submitted and information and materials they should include

DUNELAND HEALTH COUNCIL GRANT APPLICATION FORM

c Any submission deadlines.

OPEN APPLICATION PROCESS

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors·

SEE ATTACHED COPY OF DUNELAND HEALTH COUNCIL GRANT APPLICATION INFORMATION PAMPHLET

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVEN START MICHIGAN CITY IN 46360	N/A		SUPPORT FOR AT RISK TEEN PARENTS	1,815.
DUNEBROOK MICHIGAN CITY IN 46360	N/A		HEALTHY FAMILY & PRENATAL	20,000.
PARENT INFO CFR MICHIGAN CITY IN 46360			PARENTING	1,000.
SAMARITAN CENTER MICHIGAN CITY IN 46360	N/A		PATIENT FEES	21,000.
STEPPING STONE SHELTER FOR WOMEN MICHIGAN CITY IN 46360	N/A		CHILD ADVOCACY PROGRAM	49,999.
COVERING KIDS AND FAMILIES MICHIGAN CITY IN 46360	N/A		HELP CLIENTS OBTAIN INSURANCE COVERAGE	6,000.
NEW PRAIRIE SCHOOL CORP 5333 N. COUGAR RD NEW CARLISLE IN 46552			STUDENT SERVICE	3,603.
UNITED WAY MICHIGAN CITY IN 46360	N/A		"211" SYSTEM STARTUP COSTS	66,606.
PURDUE UNIVERSITY ENDOWMENT MICHIGAN CITY IN 46360	N/A		NURSING SCHOLARSHIPS	14,000.
See Line 3a statement				151,441.
Total			► 3a	335,464.
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 instructions)
	(a) Business code	(b) Amount	(c) Exclusion 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			14	222,830.	
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			18	163,478.	0.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)				386,308.	0.
13 **Total.** Add line 12, columns (b), (d), and (e)				13	386,308.

(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 instructions)
N/A	

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

		Yes	No
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	1a(1)		X
(2) Other assets	1a(2)		X
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
(3) Rental of facilities, equipment, or other assets	1b(3)		X
(4) Reimbursement arrangements	1b(4)		X
(5) Loans or loan guarantees	1b(5)		X
(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	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

(a) Line no	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

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

Sign Here

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) is based on all information of which preparer has any knowledge

Norman D. Stiedlen | July 12, 2012 | Executive Director
Signature of officer or trustee | Date | Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
PAUL E. APPLEGATE, CPA	Paul E. Applegate CPA	7-3-12		

Firm's name ► APPLEGATE & CO., CPAs — Firm's EIN ►

Firm's address ► 1421 S. WOODLAND AVE. MICHIGAN CITY IN 46360 — Phone no (219) 871-7880

Form 990-PF Part I, Line 6a	Net Gain or Loss From Sale of Assets	2011

Name: DUNELAND HEALTH COUNCIL

Employer Identification Number: 35-2021548

Asset Information:

Description of Property: SEE HORIZON TRUST BROKERAGE TRANSACTION STATEMENT
Date Acquired: Various — How Acquired: Purchased
Date Sold: Various — Name of Buyer: UNKNOWN
Sales Price: 1,727,839. — Cost or other basis (do not reduce by depreciation): 1,603,646.
Sales Expense: — Valuation Method:
Total Gain (Loss): 124,193. — 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: 39,285. — Cost or other basis (do not reduce by depreciation):
Sales Expense: — Valuation Method:
Total Gain (Loss): 39,285. — 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, 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	52,864.	52,864.		
INSURANCE EXPENSE	980.	980.		
MEALS & ENTERTAINMENT	3,573.	1,787.		
CONTRACT LABOR	4,326.	4,326.		
OFFICE EXPENSE	7,593.	7,593.		
DUES & SUBSCRIPTIONS	2,035.	2,035.		
TELEPHONE	922.	922.		
MISCELLANEOUS EXPENSE	657.	657.		
MEETING ROOM	481.	481.		
Total	73,431.	71,645.		

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 [X] Business [ ] ALLAN WHITLOW 301 E. 8TH STREET MICHIGAN CITY IN 46360	DIRECTOR 2.00	0.	0.	0.
Person [X] Business [ ] LINDA ANAST-MAY 2423 HIDEAWAY POINTE MICHIGAN CITY IN 46360	DIRECTOR 3.00	0.	0.	0.
Person [X] Business [ ] LINDA BECHINSKI 3613 N. EVERGREEN TRAIL LAPORTE IN 46350	DIRECTOR 2.00	0.	0.	0.
Person [X] Business [ ] H. FRED MILLER 2207 FAIRWAY DR MICHIGAN CITY IN 46360	TREASURER 3.00	0.	0.	0.
Person [X] Business [ ] GIL R. PONTIUS PO BOX 737 MICHIGAN CITY IN 46360	GRANT COMMITTEE C 3.00	0.	0.	0.
Person [X] Business [ ] JUDY JACOBI 128 VALENTINE CT MICHIGAN CITY IN 46360	DIRECTOR 2.00	0.	0.	0.
Person [X] Business [ ] JOE COAR 3768 N. 525 W. LAPORTE IN 46350	DIRECTOR 2.00	0.	0.	0.
Person [X] Business [ ] BARBARA EASON-WATKINS 408 S. CARROLL 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 [X] Business [ ] TOM CIPARES 1685 RIDGEVIEW RD 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 Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a *Paid during the year*				
SINAI SUNDAY FORUM MICHIGAN CITY IN 46360	N/A		SPEAKER FEES	Person or [ ] Business [X] 5,000.
RSVP/CATHOLIC CHARITIES MICHIGAN CITY IN 46360	N/A		WHEELCHAIR RAMPS	Person or [ ] Business [X] 15,000.
PARENTS & FRIENDS MICHIGAN CITY IN 46360			PARENTING	Person or [ ] Business [X] 3,006.
MEALS ON WHEELS MICHIGAN CITY IN 46360	N/A		OPERATIONAL COSTS	Person or [ ] Business [X] 10,400.
THE LUBEZNIK CENTER MICHIGAN CITY IN 46360	N/A		OPERATIONAL COSTS	Person or [ ] Business [X] 20,103.
BOY & GIRLS CLUB MICHIGAN CITY IN 46360	N/A		SUPPORT FOR HOTSPOT CURRICULUM	Person or [ ] Business [X] 11,432.
IVY TECH FOUNDATION MICHIGAN CITY IN 46360	N/A		SCHOLARSHIPS	Person or [ ] Business [X] 11,000.
ADOLESCENT HEALTH CENTER MICHIGAN CITY IN 46360			STUDENT SERVICE @ MCHS	Person or [ ] Business [X] 25,500.

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

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a *Paid during the year* PURDUE FOUNDATION MICHIGAN CITY IN 46360			STUDENT SERVICE & ACTIVITIES COMPLEX	Person or Business [X] 50,000.
Total				151,441.

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	6,185.			
Total		6,185.			

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

L-10a Stmt

Line 10a - Investments - US and State Government Obligations:	End of Year State and Local Obligations Book Value	End of Year State and Local Obligations FMV	End of Year US Government Obligations Book Value	End of Year US Government Obligations FMV
MONEY MARKET - US GOVT/AGENCY			50,000.	50,093.
Total			50,000.	50,093.

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

L-10b Stmt

Line 10b - Investments - Corporate Stock:	End of Year Book Value	End of Year Fair Market Value
PREFERRED STOCK	755,777.	716,049.
COMMON STOCK	629,555.	783,701.
STOCK MUTUAL FUNDS	2,534,729.	2,731,681.
Total	3,920,061.	4,231,431.

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

Line 10c - Investments - Corporate Bonds:	End of Year Book Value	End of Year Fair Market Value
CORPORATE NOTES & BONDS	795,267.	831,723.
FIXED INCOME MUTUAL FUNDS	1,583,370.	1,646,747.
Total	2,378,637.	2,478,470.

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

Line 15 - Other Assets:	Beginning Year Book Value	End of Year Book Value	End of Year Fair Market Value
HEALTH LINC PROGRAM RELATED INVESTMENT	74,490.	57,080.	57,080.
Total	74,490.	57,080.	57,080.

2011 Tax Information Statement

Account Number:	**27891000877**
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

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

2011 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is Sales Price less commissions and option premiums.

Cusip Number		Description	Date of Sale	Date of Acquisition	Sales Price of Stocks Bonds, etc.	Cost or Other Basis	Net Gain or Loss	Federal Income Tax Withheld
Covered *(Box 6 is not checked)*		*(Box 9)*	*(Box 1a)*	*(Box 1b)*	*(Box 2)*	*(Box 3)*		*(Box 4)*
Short Term Sales Reported on 1099-B								
001055102	45.0000	AFLAC INC	05/18/2011	03/16/2011	2,366 95	2,320 65	46.30	0.00
126408103	20.0000	CSX CORP	05/18/2011	03/16/2011	1,476.97	1,488 20	-11.23	0 00
126650100	15.0000	CVS CAREMARK CORP	05/18/2011	03/16/2011	576.60	495.60	81 00	0 00
166764100	20 0000	CHEVRON CORP	05/18/2011	03/16/2011	2,017 56	2,036.20	-18 64	0,00
263534109	10 0000	DU PONT E I DE NEMOURS & CO	05/18/2011	03/16/2011	524.09	522 30	1 79	0 00
343412102	5 0000	FLUOR CORP	05/18/2011	03/16/2011	341.44	344.85	-3 41	0 00
478160104	40.0000	JOHNSON & JOHNSON	05/18/2011	03/16/2011	2,643 15	2,340 80	302.35	0 00
637071101	40 0000	NATIONAL OIL WELL VARCO INC	05/18/2011	03/16/2011	2,649 15	2,994 80	-345 65	0 00
718172109	15.0000	PHILIP MORRIS INTERNATIONAL INC	05/18/2011	03/16/2011	1,030 03	937 05	92 98	0 00
87236Y108	55.0000	AMERITRADE HOLDING CORP	05/18/2011	03/16/2011	1,130 94	1,132.43	-1.49	0 00
881624209	60 0000	ADR TEVA PHARMACEUTICAL IND	05/18/2011	03/16/2011	2,972 94	2,898.60	74 34	0.00
G1151C101	25 0000	ACCENTURE PLC	05/18/2011	03/16/2011	1,420 22	1,247 75	172 47	0 00
H5833N103	70 0000	NOBLE CORPORATION SWITZERLAND	05/18/2011	03/16/2011	2,832 14	3,077.89	-245.75	0.00
760975102	10 0000	RESEARCH IN MOTION	10/12/2011	03/16/2011	240.30	607.60	-367 30	0.00
Total Short Term Sales Reported on 1099-B					**22,222.48**	**22,444.72**	**-222.24**	**0 00**

Report on Form 8949, Part I, with Box A checked

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). 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. The taxpayer is ultimately responsible for the accuracy of their own tax return

2011 Tax Information Statement

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

Account Number: 27891000877
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

2011 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is Sales Price less commissions and option premiums.
For noncovered securites shown on this statement, cost basis information including wash sale disallowed loss is not being reported to the Internal Revenue Service.

Cusip Number	Description	Date of Sale	Date of Acquisition	Sales Price of Stocks Bonds, etc.	Cost or Other Basis	Net Gain or Loss	Federal Income Tax Withheld
Noncovered *(Box 6 is checked)*	*(Box 9)*	*(Box 1a)*		*(Box 2)*			*(Box 4)*
Short Term Sales Reported on 1099-B							
94976Y207	2500.0000 WELLS FARGO CAP PFD 7.000% 09/01/2031	04/25/2011	11/10/2010	62,500 00	63,682 00	-1,182 00	0 00
126408103	10 0000 CSX CORP	05/18/2011	09/10/2010	738 48	548 67	189 81	0 00
126650100	20.0000 CVS CAREMARK CORP	05/18/2011	09/10/2010	768 79	582 94	185 85	0 00
464287549	105 0000 ISHARES S&P NORTH AMERICA TECHNOLOGY SEC	05/18/2011	03/16/2011	6,613 82	6,384 00	229 82	0.00
718172109	10 0000 PHILIP MORRIS INTERNATIONAL INC	05/18/2011	09/10/2010	686 68	548 07	138 61	0 00
81369Y506	60.0000 SPDR ENERGY SELECT SECTOR	05/18/2011	03/16/2011	4,438.12	4,513.80	-75 68	0.00
92204A603	35 0000 VANGUARD INDUSTRIALS ETF	05/18/2011	03/16/2011	2,409 71	2,336.95	72.76	0 00
76628T439	1116.8820 RIDGEWORTH US GOVT ULTRA-SHORT BOND I	07/12/2011	05/23/2011	11,280.51	11,280.51	0.00	0.00
3136FP7M3	100000 0000 FNMA STEP 4% 02/25/2026	08/25/2011	02/03/2011	100,000.00	99,750 00	250 00	0 00
126408103	17.0000 CSX CORP	09/01/2011	09/10/2010	366.51	310 91	55 60	0 00
76628T439	8784.1080 RIDGEWORTH US GOVT ULTRA-SHORT BOND I	09/01/2011	05/23/2011	88,807.33	88,719 49	87 84	0.00
313373W32	100000 0000 FHLB STEP 2 5% 12/14/2018-2011	09/14/2011	05/20/2011	100,000 00	100,000 00	0 00	0 00

TFP148843 4 177 15 rd 36

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). 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. For noncovered securities shown on this statement, cost basis information including wash sale disallowed loss is not being reported to the Internal Revenue Service The taxpayer is ultimately responsible for the accuracy of their own tax return.

2011 Tax Information Statement

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

Account Number: 27891000877
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

Cusip Number		Description (Box 9)	Date of Sale (Box 1a)	Date of Acquisition	Sales Price of Stocks Bonds, etc. (Box 2)	Cost or Other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
Noncovered (Box 6 is checked)								
316448877	609 8850	FIDELITY EXPORT & MULTINATIONAL	10/13/2011	09/01/2011	12,337 97	12,642 91	-304 94	0 00
76628T439	3000.0000	RIDGEWORTH US GOVT ULTRA-SHORT BOND I	10/26/2011	09/19/2011	30,270.00	30,300.00	-30.00	0 00
76628T439	5000 0000	RIDGEWORTH US GOVT ULTRA-SHORT BOND I	12/06/2011	09/19/2011	50,550 00	50,500 00	50 00	0 00
Total Short Term Sales Reported on 1099-B **Report on Form 8949, Part I, with Box B checked**					**471,767.92**	**472,100.25**	**-332.33**	**0.00**
Long Term 15% Sales Reported on 1099-B								
38141GAZ7	50000.0000	GOLDMAN SACHS GROUP INC SACH GROUP INC	01/15/2011	02/06/2002	50,000.00	50,000 00	0 00	0 00
19765N245	467 1410	COLUMBIA DIVIDEND INCOME Z	03/11/2011	04/23/2009	6,297.05	4,409 81	1,887.24	0 00
233203827	1042.1730	DFA US LARGE CAP VALUE I	03/11/2011		22,375 47	24,793 41	-2,417 94	0 00
30249V109	27 4620	FMI COMMON STOCK	03/11/2011	12/28/2009	718 95	591 53	127 42	0 00
316448877	560.9080	FIDELITY EXPORT & MULTINATIONAL	03/11/2011	02/14/2006	12,609 20	12,009 03	600.17	0 00
544006505	839 4220	LORD ABBETT DEVELOPING GROWTH I	03/11/2011	01/17/2008	19,751 60	15,168 35	4,583 25	0 00
626124242	185 1400	MUNDER MID CAP SELECT Y	03/11/2011	07/17/2006	5,519 03	4,221 19	1,297.84	0 00
626124242	64 4950	MUNDER MID CAP SELECT Y	03/11/2011	07/17/2006	1,922 60	1,470 49	452 11	0 00
741479109	553.2150	T ROWE PRICE GROWTH STOCK	03/11/2011	01/22/2007	18,305.89	17,658 62	647.27	0 00
149123101	115 0000	CATERPILLAR INC	03/16/2011	11/08/2006	11,657.91	6,923 28	4,734.63	0 00

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2011 Tax Information Statement

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

Account Number: 27891000877
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

Cusip Number		Description	Date of Sale	Date of Acquisition	Sales Price of Stocks Bonds, etc.	Cost or Other Basis	Net Gain or Loss	Federal Income Tax Withheld
Noncovered *(Box 6 is checked)*		*(Box 9)*	*(Box 1a)*		*(Box 2)*			*(Box 4)*
25490A101	155 0000	DIRECTV GROUP INC	03/16/2011	08/21/2007	6,963.39	3,391 90	3,571.49	0 00
478366107	85 0000	JOHNSON CONTROLS INC	03/16/2011	03/19/2007	3,384 03	2,690.53	693 50	0.00
502424104	135 0000	L-3 COMMUNICATIONS HOLDINGS CORP	03/16/2011		10,451 68	7,129.37	3,322 31	0 00
50540R409	35 0000	LABORATORY CORP AMERICA HLDGS NEW	03/16/2011	11/21/2007	3,084 80	2,433.36	651 44	0 00
81369Y886	65.0000	SPDR UTILITIES	03/16/2011	08/16/2005	2,040 50	2,063.65	-23 15	0 00
872540109	135 0000	TJX COS INC NEW	03/16/2011	01/19/2007	6,607.58	4,044 40	2,563 18	0.00
92204A108	115 0000	VANGUARD CONSUMER DISCRETIONARY ETF	03/16/2011	09/21/2007	7,013 94	6,986 73	27 21	0 00
92204A207	175 0000	VANGUARD CONSUMER STAPLES ETF	03/16/2011		12,738 71	11,924 50	814.21	0 00
92204A504	10 0000	VANGUARD HEALTH CARE ETF	03/16/2011	03/19/2008	574 39	543 24	31 15	0 00
92204A884	35 0000	VANGUARD TELECOM SERVICES ETF	03/16/2011	11/21/2007	2,226.77	2,625 96	-399 19	0.00
931142103	140 0000	WAL MART STORES INC	03/16/2011	12/17/2003	7,225 68	7,271.09	-45 41	0 00
949746101	60.0000	WELLS FARGO & CO COMPANY NEW	03/16/2011	06/17/2003	1,910.41	1,561.77	348 64	0 00
001055102	30 0000	AFLAC INC	05/18/2011	08/03/2006	1,577 97	1,300 25	277.72	0 00
093001402	198 0730	WILLIAM BLAIR INTL GROWTH CL N	05/18/2011	05/25/2006	4,359.59	5,340.05	-980 46	0 00
093001402	431.8090	WILLIAM BLAIR INTL GROWTH CL N	05/18/2011	05/25/2006	9,504 12	11,641 57	-2,137 45	0 00
093001402	4.3960	WILLIAM BLAIR INTL GROWTH CL N	05/18/2011	05/25/2006	96 76	118 52	-21 76	0 00
149123101	20 0000	CATERPILLAR INC	05/18/2011	11/08/2006	2,048 96	1,204 05	844.91	0 00

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2011 Tax Information Statement

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

Account Number: 27891000877
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

Cusip Number		Description	Date of Sale	Date of Acquisition	Sales Price of Stocks Bonds, etc.	Cost or Other Basis	Net Gain or Loss	Federal Income Tax Withheld
Noncovered *(Box 6 is checked)*		*(Box 9)*	*(Box 1a)*		*(Box 2)*			*(Box 4)*
166764100	30.0000	CHEVRON CORP	05/18/2011	04/24/2003	3,026.33	967.72	2,058.61	0.00
17275R102	65.0000	CISCO SYSTEMS INC	05/18/2011	11/21/2006	1,071.82	1,754.40	-682.58	0.00
191216100	20.0000	COCA COLA CO	05/18/2011	04/16/2010	1,358.18	1,087.20	270.98	0.00
19765N245	315.8330	COLUMBIA DIVIDEND INCOME Z	05/18/2011	04/23/2009	4,393.24	2,981.46	1,411.78	0.00
19765N245	706.1280	COLUMBIA DIVIDEND INCOME Z	05/18/2011	04/23/2009	9,822.24	6,665.85	3,156.39	0.00
205887102	55.0000	CONAGRA FOODS	05/18/2011	01/19/2007	1,382.67	1,471.44	-88.77	0.00
233203827	679.9350	DFA US LARGE CAP VALUE I	05/18/2011	08/23/2007	14,931.37	17,154.75	-2,223.38	0.00
25490A101	50.0000	DIRECTV GROUP INC	05/18/2011	08/21/2007	2,453.95	1,094.16	1,359.79	0.00
263534109	25.0000	DU PONT E I DE NEMOURS & CO	05/18/2011	04/24/2003	1,310.24	1,045.82	264.42	0.00
30249V109	704.4040	FMI COMMON STOCK	05/18/2011	12/28/2009	19,131.61	15,172.86	3,958.75	0.00
316448877	640.5890	FIDELITY EXPORT & MULTINATIONAL	05/18/2011		14,707.92	13,684.04	1,023.88	0.00
343412102	30.0000	FLUOR CORP	05/18/2011	08/20/2009	2,048.66	1,634.31	414.35	0.00
369604103	65.0000	GENERAL ELECTRIC CO	05/18/2011	10/20/1997	1,263.57	1,494.51	-230.94	0.00
459200101	20.0000	INTERNATIONAL BUSINESS MACHINES	05/18/2011		3,401.33	2,142.98	1,258.35	0.00
464287549	65.0000	ISHARES S&P NORTH AMERICA TECHNOLOGY SEC	05/18/2011	04/28/2005	4,094.27	2,625.38	1,468.89	0.00
471023598	194.4560	JANUS PERKINS MID CAP VALUE INV	05/18/2011	01/22/2004	4,717.50	4,106.91	610.59	0.00
471023598	122.2420	JANUS PERKINS MID CAP VALUE INV	05/18/2011	01/22/2004	2,965.59	2,581.75	383.84	0.00
471023598	146.3380	JANUS PERKINS MID CAP VALUE INV	05/18/2011	01/22/2004	3,550.16	3,090.66	459.50	0.00

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2011 Tax Information Statement

Account Number: 27891000877
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

Cusip Number		Description	Date of Sale	Date of Acquisition	Sales Price of Stocks Bonds, etc.	Cost or Other Basis	Net Gain or Loss	Federal Income Tax Withheld
Noncovered	*(Box 6 is checked)*	*(Box 9)*	*(Box 1a)*		*(Box 2)*			*(Box 4)*
471023598	300 7520	JANUS PERKINS MID CAP VALUE INV	05/18/2011	01/22/2004	7,296 24	6,351 89	944 35	0 00
478160104	10 0000	JOHNSON & JOHNSON	05/18/2011	10/20/1997	660 79	290 13	370 66	0 00
478366107	45 0000	JOHNSON CONTROLS INC	05/18/2011	03/19/2007	1,716.26	1,424 40	291 86	0.00
502424104	25.0000	L-3 COMMUNICATIONS HOLDINGS CORP	05/18/2011	10/28/2003	2,102.20	1,159.16	943 04	0 00
50540R409	40 0000	LABORATORY CORP AMERICA HLDGS NEW	05/18/2011	11/21/2007	3,994 72	2,780 98	1,213 74	0.00
52106N889	359 3960	LAZARD EMERGING MARKETS EQUITY INSTL	05/18/2011		7,694.67	6,756 29	938.38	0 00
52106N889	299 8590	LAZARD EMERGING MARKETS EQUITY INSTL	05/18/2011	05/25/2006	6,419.98	5,622.36	797 62	0 00
544006505	941 3720	LORD ABBETT DEVELOPING GROWTH I	05/18/2011	01/17/2008	23,449 58	17,010.59	6,438 99	0 00
55273E822	511 6390	MFS INTERNATIONAL VALUE I	05/18/2011	09/28/2004	13,839 83	11,358.38	2,481.45	0 00
565849106	80.0000	MARATHON OIL CORP	05/18/2011	08/21/2007	4,087 92	4,105 73	-17 81	0 00
594918104	105 0000	MICROSOFT CORP	05/18/2011		2,549.67	2,867 80	-318 13	0.00
626124242	142.4150	MUNDER MID CAP SELECT Y	05/18/2011	07/17/2006	4,413 44	3,247.06	1,166.38	0 00
626124242	64.4950	MUNDER MID CAP SELECT Y	05/18/2011	07/17/2006	1,998 70	1,470 49	528 21	0 00
626124242	407.1460	MUNDER MID CAP SELECT Y	05/18/2011	07/17/2006	12,617.45	9,282 93	3,334.52	0 00
626124242	23.1090	MUNDER MID CAP SELECT Y	05/18/2011	07/17/2006	716 15	526 88	189 27	0 00
637071101	35 0000	NATIONAL OIL WELL VARCO INC	05/18/2011	08/20/2009	2,318 00	1,324 26	993.74	0.00
681919106	40 0000	OMNICOM GROUP	05/18/2011		1,893.56	1,577 14	316 42	0 00

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2011 Tax Information Statement

Account Number: 27891000877
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

Cusip Number	Description	Date of Sale	Date of Acquisition	Sales Price of Stocks Bonds, etc.	Cost or Other Basis	Net Gain or Loss	Federal Income Tax Withheld
Noncovered *(Box 6 is checked)*	*(Box 9)*	*(Box 1a)*		*(Box 2)*			*(Box 4)*
704326107	55.0000 PAYCHEX INCORPORATED	05/18/2011	09/14/2006	1,742 36	1,937 87	-195.51	0 00
713448108	20.0000 PEPSICO INC	05/18/2011	09/08/2003	1,420 17	898 36	521.81	0 00
73935X500	155.0000 POWERSHARES WILDERHILL CLEAN ENERGY PORT	05/18/2011	05/19/2006	1,458 99	3,156 56	-1,697 57	0 00
741479109	453 8140 T ROWE PRICE GROWTH STOCK	05/18/2011	01/22/2007	15,393 37	14,485.74	907 63	0 00
760975102	30.0000 RESEARCH IN MOTION	05/18/2011	08/26/2008	1,365 87	3,790 27	-2,424 40	0.00
76628T439	1000.0000 RIDGEWORTH US GOVT ULTRA-SHORT BOND I	05/18/2011	08/25/2009	10,100.00	10,110 00	-10.00	0.00
81369Y506	25.0000 SPDR ENERGY SELECT SECTOR	05/18/2011	02/09/2006	1,849 21	1,324 77	524.44	0 00
81369Y886	100 0000 SPDR UTILITIES	05/18/2011	08/16/2005	3,392 94	3,174 85	218 09	0.00
87236Y108	100.0000 AMERITRADE HOLDING CORP	05/18/2011	08/20/2009	2,056 26	1,863 00	193.26	0 00
872540109	40 0000 TJX COS INC NEW	05/18/2011	01/19/2007	2,104.76	1,198 34	906 42	0 00
921909701	158 8240 VANGUARD DEVELOPED MARKETS INDEX FUND #2	05/18/2011	06/29/2006	1,672 42	1,759 77	-87 35	0 00
921909701	295.2920 VANGUARD DEVELOPED MARKETS INDEX FUND #2	05/18/2011	06/29/2006	3,109 42	3,271 84	-162 42	0 00
921909701	99 7100 VANGUARD DEVELOPED MARKETS INDEX FUND #2	05/18/2011	06/29/2006	1,049 95	1,104 79	-54 84	0 00
921909701	381 8430 VANGUARD DEVELOPED MARKETS INDEX FUND #2	05/18/2011	06/29/2006	4,020 81	4,230 82	-210 01	0 00
92204A108	40 0000 VANGUARD CONSUMER DISCRETIONARY ETF	05/18/2011	09/21/2007	2,592 75	2,430 16	162.59	0 00

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2011 Tax Information Statement

Account Number: 27891000877
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

Cusip Number		Description	Date of Sale	Date of Acquisition	Sales Price of Stocks Bonds, etc.	Cost or Other Basis	Net Gain or Loss	Federal Income Tax Withheld
Noncovered *(Box 6 is checked)*		*(Box 9)*	*(Box 1a)*		*(Box 2)*			*(Box 4)*
92204A207	40 0000	VANGUARD CONSUMER STAPLES ETF	05/18/2011	03/19/2008	3,239.53	2,725.60	513 93	0 00
92204A405	265.0000	VANGUARD FINANCIALS ETF	05/18/2011		8,745 61	14,588 75	-5,843 14	0.00
92204A504	80 0000	VANGUARD HEALTH CARE ETF	05/18/2011	03/19/2008	5,201 49	4,345 90	855 59	0 00
92204A603	20 0000	VANGUARD INDUSTRIALS ETF	05/18/2011	09/14/2006	1,376 97	1,213.43	163 54	0 00
92204A801	55 0000	VANGUARD MATERIALS ETF	05/18/2011	03/19/2008	4,638 06	4,806 14	-168 08	0.00
92204A884	45.0000	VANGUARD TELECOM SERVICES ETF	05/18/2011	11/21/2007	3,170 63	3,376 24	-205 61	0 00
922908454	418 1090	VANGUARD LARGE CAP INDEX SIGNAL	05/18/2011	12/08/2008	11,355 84	7,533.15	3,822 69	0.00
931142103	20.0000	WAL MART STORES INC	05/18/2011	12/17/2003	1,100 77	1,038 73	62.04	0 00
949746101	135.0000	WELLS FARGO & CO COMPANY NEW	05/18/2011	06/17/2003	3,861 33	3,513 98	347.35	0 00
G1151C101	20.0000	ACCENTURE PLC	05/18/2011	01/19/2007	1,136.17	734 14	402.03	0 00
544006505	7644.7540	LORD ABBETT DEVELOPING GROWTH I	05/26/2011		191,118 86	115,177 30	75,941 56	0 00
76628T439	2300.0000	RIDGEWORTH US GOVT ULTRA-SHORT BOND I	06/08/2011	08/25/2009	23,253 00	23,253 00	0 00	0 00
76628T439	2383.1180	RIDGEWORTH US GOVT ULTRA-SHORT BOND I	07/12/2011	08/25/2009	24,069 49	24,093 32	-23 83	0 00
56585A102	5000	MARATHON PETE CORP	07/28/2011	08/21/2007	20 99	20 21	0.78	0 00
829800101	2800 0000	SIT US GOVERNMENT SECURITIES FUND INC	08/10/2011	09/15/2009	31,836 00	30,884 00	952 00	0 00
829800101	35.7140	SIT US GOVERNMENT SECURITIES FUND INC	08/18/2011	09/15/2009	406 43	393 93	12 50	0 00

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2011 Tax Information Statement

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515 FRANKLIN SQUARE
MICHIGAN CITY, IN 46360

Account Number: 27891000877
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☐ **Corrected** ☐ **2nd TIN notice**

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

Cusip Number		Description	Date of Sale	Date of Acquisition	Sales Price of Stocks Bonds, etc.	Cost or Other Basis	Net Gain or Loss	Federal Income Tax Withheld
Noncovered *(Box 6 is checked)*		*(Box 9)*	*(Box 1a)*		*(Box 2)*			*(Box 4)*
829800101	4464 2860	SIT US GOVERNMENT SECURITIES FUND INC	08/18/2011		50,803 57	49,573.09	1,230 48	0 00
829800101	2700 0000	SIT US GOVERNMENT SECURITIES FUND INC	09/01/2011		30,726 00	30,154 13	571 87	0 00
922031836	3690 0370	VANGUARD SHORT-TERM INVESTMENT ADMIRAL F	09/01/2011	04/24/2008	39,594.10	38,892.99	701.11	0 00
922031836	109.9630	VANGUARD SHORT-TERM INVESTMENT ADMIRAL F	09/01/2011	04/24/2008	1,179.90	1,159 01	20 89	0 00
922031869	4000 0000	VANGUARD INFLATION PROTECTED SEC FUND #1	09/01/2011	08/26/2004	56,760 00	50,040 00	6,720 00	0 00
92204A405	903 0000	VANGUARD FINANCIALS ETF	09/01/2011		24,963 85	24,921 81	42 04	0 00
92204A801	55.0000	VANGUARD MATERIALS ETF	09/01/2011	02/09/2006	4,204.94	3,437 10	767 84	0 00
949746101	86.0000	WELLS FARGO & CO COMPANY NEW	09/01/2011	06/17/2003	2,173.44	2,238.54	-65 10	0 00
922031794	4600 0000	VANGUARD GNMA ADMIRAL FUND	09/13/2011	08/26/2004	51,474 00	48,024 00	3,450 00	0 00
922031836	3690.0370	VANGUARD SHORT-TERM INVESTMENT ADMIRAL F	09/13/2011		39,520 30	39,002 84	517.46	0 00
922031836	959 9630	VANGUARD SHORT-TERM INVESTMENT ADMIRAL F	09/13/2011	05/27/2008	10,281 20	10,156.41	124 79	0 00
760975102	231 0000	RESEARCH IN MOTION	10/12/2011		5,550 81	22,793 03	-17,242 22	0 00
316448877	6148 7480	FIDELITY EXPORT & MULTINATIONAL	10/13/2011		124,389 16	128,843 60	-4,454 44	0 00
Total Long Term 15% Sales Reported on 1099-B Report on Form 8949, Part II, with Box B checked					**1,233,848.51**	**1,109,100 83**	**124,747 68**	**0 00**

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2011 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 293

Capital Gain Distributions (15%)

Description	Amount of dividend
Reported on 1099 Forms DIV, INT, OID or B	
DFA FIVE YEAR GLOBAL FIXED INCOME I	2,043.41
FIDELITY EXPORT & MULTINATIONAL	838.07
FMI COMMON STOCK	13,550 65
IVY SMALL CAP GROWTH I	6,032 74
JANUS PERKINS MID CAP VALUE INV	12,547 04
LAUDUS GROWTH INVESTORS US LARGE CAP GR	2,973 16
LAZARD EMERGING MARKETS EQUITY INSTL	3,707 57
VANGUARD GNMA ADMIRAL FUND	864.39
VANGUARD INFLATION PROTECTED SEC FUND #1	399 90
VANGUARD SHORT-TERM INVESTMENT ADMIRAL F	726.61
Total Reported on 1099 Forms DIV, INT, OID or B	**43,683.54**
Total capital gain distributions (15%)	**43,683.54**

The Duneland Health Council

is dedicated to

improving the health

and general welfare

of the greater Michigan City

community.

Requests Most Likely To Be Considered:

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

Duneland Health Council Will Look Less Favorably On Proposals For:

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

Duneland Health Council Will Not Consider Grant Proposals For:

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

Additional Guidelines:

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

Grant Performance Reports:

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

The Duneland Health Council Foundation does not guarantee further support or a pledge for fut support.

Applications and correspondei should be addressed to:

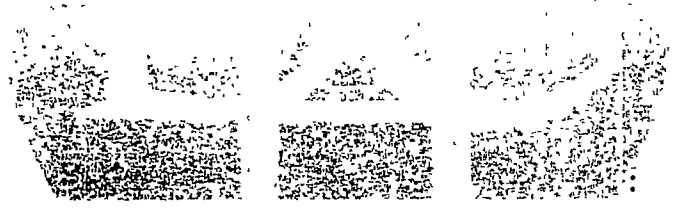
Duneland Health Council
Grants Committee
P.O Box 9327
Michigan City IN 46361

Duneland Health Council 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.

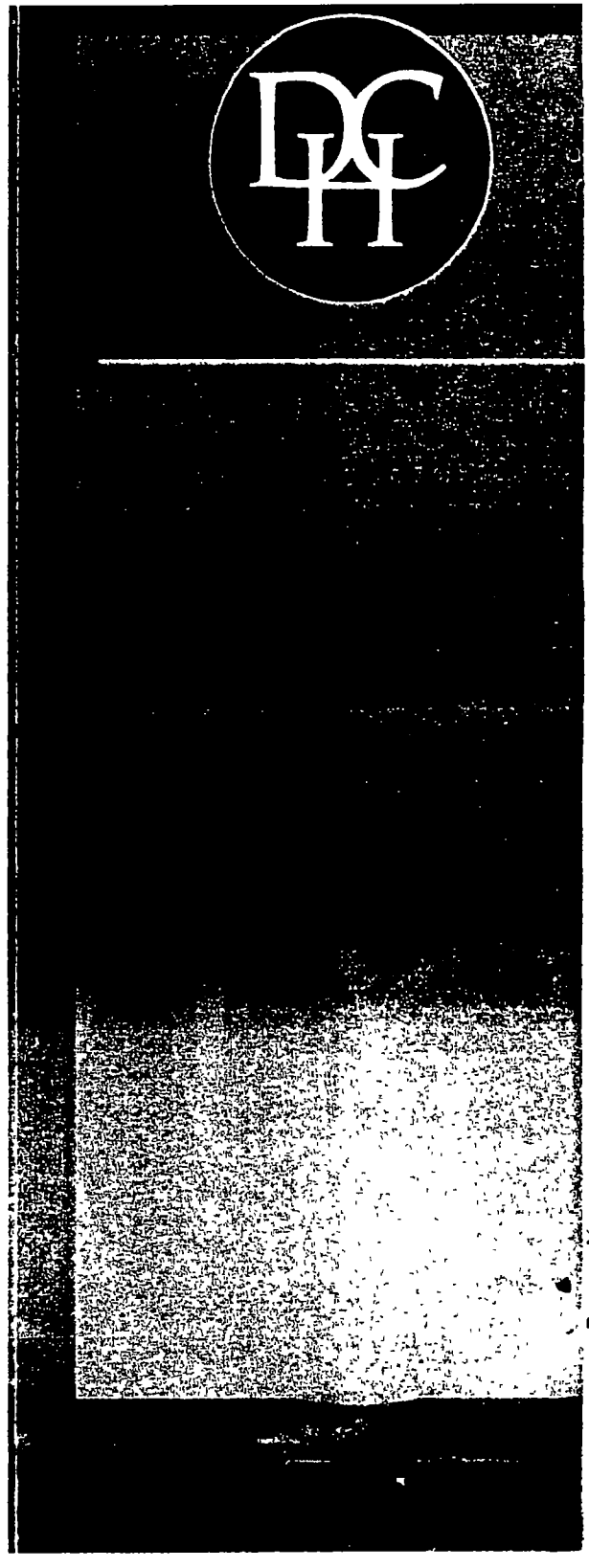
Application Procedure:
Applicants must complete an Application for Grant form which includes a statement of need, definition of program or project, program or project budget, statement of funding sources, description of how program's or project's success will be measured, copy of most recent annual financial 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 [illegible]
Michigan City, IN [illegible]

DUNELAND HEALTH COUNCIL



Form **8868**
(Rev January 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545-1709

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

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return See instructions

Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
DUNELAND HEALTH COUNCIL	[X] 35-2021548
Number, street, and room or suite number If a P O box, see instructions	Social security number (SSN)
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	01	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 ► _____

  Telephone No ► _____ FAX 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 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► [X] calendar year 20 11 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.

DUNELAND HEALTH COUNCIL 35-2021548

Form **990-W**

(Worksheet)

Department of the Treasury
Internal Revenue Service

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.)

OMB No 1545-0976

2012

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 2,283.		
b	Enter the tax shown on the 2011 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 2,283.		
c	**2012 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	2,283.

		(a)	(b)	(c)	(d)
11 **Installment due dates** (see instructions)	11	05/15/12	06/15/12	09/17/12	12/17/12
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	571.	571.	571.	571.
13 **2011 Overpayment.** (see instructions)	13	0.	0.	0.	0.
14 **Payment due.** (Subtract line 13 from line 12)	14	571.	571.	571.	571.

BAA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2012)