



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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Aug. 20, 2013 LTR 2694C 0 R
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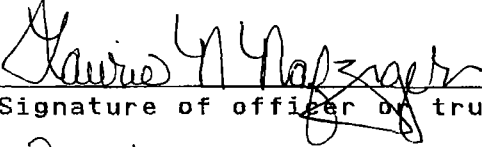
OAKLAWN FDTN FOR MENTAL HEALTH INC
PO BOX 809
GOSHEN IN 46527



015380

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.



Signature of officer or trustee

9-10-2013
Date

President & CEO
Title