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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

2012

Open to Public Inspection

For calendar year 2012, or tax year beginning 07-01-2012 , and ending 06-30-2013

Name of foundation
DUKES HEALTH CARE FOUNDATION OF
MIAMI COUNTY INC

A Employer identification number
20-1672681

Number and street (or P O box number if mail is not delivered to street address) Room/suite
C/O COMERFORD CO 35 W 5TH ST

B Telephone number (see instructions)
(765) 472-2387

City or town, state, and ZIP code
PERU, IN 46970

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, col. (c), line 16)*▶$ 7,812,215

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)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	22,176			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	23,398	23,398		
	4	Dividends and interest from securities.	193,705	193,705		
	5a	Gross rents				
	b	Net rental income or (loss) ________				
	6a	Net gain or (loss) from sale of assets not on line 10	411,766			
	b	Gross sales price for all assets on line 6a 3,363,601				
	7	Capital gain net income (from Part IV, line 2) . . .		12,437		
	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 or (loss) (attach schedule)				
	11	Other income (attach schedule)	8,214	8,177		
	12	**Total.** Add lines 1 through 11	659,259	237,717		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	13,127	9,845		3,282
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)	540	540		
	b	Accounting fees (attach schedule)	4,980	3,735		1,245
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	1,135	1,135		
	19	Depreciation (attach schedule) and depletion . . .	88			
	20	Occupancy	2,850	2,137		713
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	25,320	25,186		
	24	**Total operating and administrative expenses.** Add lines 13 through 23	48,040	42,578		5,240
	25	Contributions, gifts, grants paid	246,638			246,638
	26	**Total expenses and disbursements.** Add lines 24 and 25	294,678	42,578		251,878
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	364,581			
	b	**Net investment income** (if negative, enter -0-)		195,139		
	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	52,312	225,386	225,386
	2	Savings and temporary cash investments	42,464	42,648	42,648
	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 page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	3,938	3,032	3,032
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	6,849,774	7,123,846	7,541,149
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ 47,377 Less accumulated depreciation (attach schedule) ▶ 25,663	103,705	21,714	
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ 1,000 Less accumulated depreciation (attach schedule) ▶ 924	164	76	
	15	Other assets (describe ▶)			
	16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	7,052,357	7,416,702	7,812,215
Liabilities	**17**	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)	312	76	
	23	**Total liabilities** (add lines 17 through 22)	312	76	
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	7,052,045	7,416,626	
	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, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	**Total net assets or fund balances** (see page 17 of the instructions)	7,052,045	7,416,626	
	31	**Total liabilities and net assets/fund balances** (see page 17 of the instructions)	7,052,357	7,416,702	

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**	7,052,045
2	Enter amount from Part I, line 27a	**2**	364,581
3	Other increases not included in line 2 (itemize) ▶	**3**	
4	Add lines 1, 2, and 3	**4**	7,416,626
5	Decreases not included in line 2 (itemize) ▶	**5**	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	**6**	7,416,626

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 shs MLC Co)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
1a				

	(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				
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			**(l)** Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	**(j)** Adjusted basis as of 12/31/69	**(k)** Excess of col (i) over col (j), if any	
a				
b				
c				
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**	12,437
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**	

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 page 18 of 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 (col (b) divided by col (c))
2011			
2010			
2009			
2008			
2007			

2	**Total** of line 1, column (d).	**2**	
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**	
4	Enter the net value of noncharitable-use assets for 2012 from Part X, line 5.	**4**	
5	Multiply line 4 by line 3.	**5**	
6	Enter 1% of net investment income (1% of Part I, line 27b).	**6**	
7	Add lines 5 and 6.	**7**	
8	Enter qualifying distributions from Part XII, line 4.	**8**	

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 page 18 of the 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 instructions)**				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b			1	3,903
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			2	
3	Add lines 1 and 2			3	3,903
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			4	
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-			5	3,903
6	Credits/Payments				
a	2012 estimated tax payments and 2011 overpayment credited to 2012	6a			
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	
8	Enter any **penalty** for underpayment of estimated tax Check here ☑ if Form 2220 is attached			8	88
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶			9	3,991
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶			10	
11	Enter the amount of line 10 to be **Credited to 2013 estimated tax** ▶		**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		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		No
	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		
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		No
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		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
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	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶IN			
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		
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

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**		**No**
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**		**No**
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	**13**	**Yes**	

Website address ▶N/A

14 The books are in care of ▶COMERFORD & CO PC Telephone no ▶(765) 472-2387

Located at ▶36 W FIFTH STREET PERU IN ZIP+4 ▶46970

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 2012, 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**		**No**

See 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 page 20 of the instructions)?	**1b**		
	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 2012?	**1c**		
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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? ☐ **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**		
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 2012 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 2012.)*	**3b**		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	**4a**		**No**
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 2012?	**4b**		**No**

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**

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** **No**

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**

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
See Additional Data Table				

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				

Total number of other employees paid over $50,000. ▶

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. . . . . ▶

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 N/A	
2	
All other program-related investments See page 24 of the 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**	7,409,148
b	Average of monthly cash balances.			**1b**	164,793
c	Fair market value of all other assets (see instructions).			**1c**	21,715
d	**Total** (add lines 1a, b, and c).			**1d**	7,595,656
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**	7,595,656
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).			**4**	113,935
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4			**5**	7,481,721
6	**Minimum investment return.** Enter 5% of line 5.			**6**	374,086

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**	374,086
2a	Tax on investment income for 2012 from Part VI, line 5.	**2a**	3,903		
b	Income tax for 2012 (This does not include the tax from Part VI).	**2b**			
c	Add lines 2a and 2b.			**2c**	3,903
3	Distributable amount before adjustments Subtract line 2c from line 1.			**3**	370,183
4	Recoveries of amounts treated as qualifying distributions.			**4**	
5	Add lines 3 and 4.			**5**	370,183
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**	370,183

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**	251,878
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**	251,878
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**	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4.	**6**	251,878

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 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7					370,183
2 Undistributed income, if any, as of the end of 2012					
a Enter amount for 2011 only.					
b Total for prior years 20___ , 20___ , 20___					
3 Excess distributions carryover, if any, to 2012					
a From 2007.					
b From 2008.					
c From 2009.					
d From 2010.					
e From 2011.					
f **Total** of lines 3a through e.					
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ $ 251,878					
a Applied to 2011, 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 2012 distributable amount.					251,878
e Remaining amount distributed out of corpus					
5 Excess distributions carryover applied to 2012 *(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					
b Prior years' undistributed income Subtract line 4b from line 2b					
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					
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see instructions					
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013					118,305
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 2007 not applied on line 5 or line 7 (see instructions) . . .					
9 **Excess distributions carryover to 2013.** Subtract lines 7 and 8 from line 6a					
10 Analysis of line 9					
a Excess from 2008. . . .					
b Excess from 2009. . . .					
c Excess from 2010. . . .					
d Excess from 2011. . . .					
e Excess from 2012. . . .					

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling. . . . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2012	**(b)** 2011	**(c)** 2010	**(d)** 2009	
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))

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

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 or e-mail of the person to whom applications should be addressed

DUKES HEALTH CARE FOUNDATION
13 E MAIN STREET
PERU,IN 46970
(765) 472-2236

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

EACH APPLICANT MUST COMPLETE A GRANT APPLICATION COVER SHEET WITH BASIC INFORMATION ON THE AGENCY AND PROJECT FOR WHICH THE GRANT IS REQUESTED ATTACHED TO THIS COVER SHEET IS THE FOLLOWING EXECUTIVE SUMMARY - WHY AGENCY IS REQUESTING GRANT, WHAT OUTCOMES THEY HOPE TO ACHIEVE, AND HOW THEY WILL SPEND THE FUNDS APPLICATION NARRATIVE - PURPOSE OF THE GRANT, PLANS FOR EVALUATION OF RESULTS OF GRANT, AGENCY INFORMATION GRANT APPLICATION BUDGET IRS DETERMINATION LETTER INDICATING TAX EXEMPT STATUS LIST OF BOARD OF DIRECTORS

c Any submission deadlines

APPLICATION MUST BE FILED ANNUALLY BY NOVEMBER 30

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

APPLICANTS MUST USE GRANT FUNDS TO BENEFIT THE HEALTH OF MIAMI COUNTY, INDIANA RESIDENTS

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* See Additional Data Table				
Total . . . . ▶ **3a**				246,638
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					23,398
4 Dividends and interest from securities. . . .					193,705
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					411,766
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory. .					
11 Other revenue **a** MISCELLANEOUS					37
b					8,177
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .					637,083

13 Total. Add line 12, columns (b), (d), and (e). **13** 637,083

(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)

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

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

****** | 2014-05-14 | ******

Signature of officer or trustee | Date | Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
KEVIN R COMERFORD	KEVIN R COMERFORD	2014-05-14		

Firm's name ▶ COMERFORD & CO PC

Firm's EIN ▶

Firm's address ▶ 36 W FIFTH ST
PERU, IN 469702219

Phone no (765)472-2387

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(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
JON FAUST 253 N WALNUT PERU,IN 46970	TRUSTEE 1 00	1,800	0	0
SALLY KEITH 2 N BROADWAY PERU,IN 46970	PRESIDENT 1 00	1,800	0	0
KEVIN COMERFORD 1532 N STATE RD 19 PERU,IN 46970	TREASURER 1 00	1,800	0	0
JOHN CLAXTON C/O COMERFORD CO PC 36 W 5 TH ST PERU,IN 46970	VICE PRES 4 00	2,327	0	0
BOB SCHWARTZ C/O COMERFORD CO PC 36 W 5TH ST PERU,IN 46970	SECRETARY 1 00	1,800	0	0
RALPH DUCKWALL 2336 AIRPORT RD PERU,IN 46970	TRUSTEE 1 00	1,800	0	0
RICHARD WILES C/O COMERFORD CO PC 36 W 5TH ST PERU,IN 46970	TRUSTEE 1 00	1,800	0	0

Form 990PF Part XV Line 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*				
MIAMI COUNTY SHERIFF'S DEPT 1104 W 200 N PERU,IN 46970	NONE		EMERGENCY RESPONSE KITS	4,920
NORTHERN INDIANA COMM FOUND 715 MAIN STREET ROCHESTER,IN 46975	NONE		NURSING SCHOLARSHIPS	10,000
MIAMI COUNTY BOARD OF HEALTH 35 COURT STREET PERU,IN 46970	NONE		FLU VACCINES	19,755
ST JOHNS LUTHERAN CHURCH 181 W MAIN STREET PERU,IN 46970	NONE		AUTOMATIC DOOR OPENER	988
BETA SIGMA PHI DENTAL CLINIC 10392 S ELM STREET MIAMI,IN 46959	NONE		EMERGENCY DENTAL TREATMENT	5,000
BONA VISTA 105 S BENTON STREET PERU,IN 46970	NONE		SOLOLIFT (HOYER LIFT)	5,365
DUKES HOSPITAL AUXILIARY 4748 W DIVISION ROAD PERU,IN 46970	NONE		NURSING SCHOLARSHIPS	6,000
MEXICO COMM FIRE ASSOC 2264 W MAIN STREET MEXICO,IN 46958	NONE		MEDICAL BAGS, BOARDS & WRAPS	549
MIAMI CO EMERGENCY MGMT 78 MCKINSTRY AVENUE PERU,IN 46970	NONE		AMBULANCE MED & TRNG SUPPLIES	2,579
MIAMI COUNTY YMCA 34 E SIXTH STREET PERU,IN 46970	NONE		HEALTH EQUIPMENT	15,490
NORTH MIAMI COMM SCHOOLS 394 E 900 N DENVER,IN 46926	NONE		HEALTH SERVICES TO STUDENTS	3,000
WABASH-MIAMI HOME HEALTH 400 ASH STREET SUITE B WABASH,IN 46992	NONE		HOME HEALTH CARE FOR NEEDY	30,000
IVY TECH FOUNDATION INC 1815 E MORGAN STREET KOKOMO,IN 46903	NONE		IMPLEMENT RN PROGRAM-STAGE 1	130,492
SALVATION ARMY 80-84 W SECOND STREET PERU,IN 46970	NONE		MEDICAL ASSISTANCE TO NEEDY	12,500
Total . . . . ▶ **3a**				246,638

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**

OMB No 1545-0047

2012

Name of the organization
DUKES HEALTH CARE FOUNDATION OF
MIAMI COUNTY INC

Employer identification number
20-1672681

Organization type (check one)

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor Complete Parts I and II

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the $33\frac{1}{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not total to more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more during the year . . . . ▶ $ ____________________

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
DUKES HEALTH CARE FOUNDATION OF
MIAMI COUNTY INC

Employer identification number
20-1672681

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CLARENCE C HOLMES TRUST P O BOX 147 PERU, IN 46970	$ 11,797	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
2	LYMAN BANKS TRUST P O BOX 147 PERU, IN 46970	$ 9,037	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Name of organization
DUKES HEALTH CARE FOUNDATION OF
MIAMI COUNTY INC

Employer identification number
20-1672681

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization
DUKES HEALTH CARE FOUNDATION OF
MIAMI COUNTY INC

Employer identification number
20-1672681

Part III ***Exclusively*** **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.** Complete columns **(a)** through **(e) and** the following line entry
For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc ,
contributions of **$1,000 or less** for the year (Enter this information once See instructions) ▶ $
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2012

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
DUKES HEALTH CARE FOUNDATION OF MIAMI COUNTY INC	INDIRECT DEPRECIATION	20-1672681

Part I **Election To Expense Certain Property Under Section 179**
Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6			

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	8,538

Part III **MACRS Depreciation (Do not** include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	88
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	8,626
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	**(b)** Date placed in service	**(c)** Business/ investment use percentage	**(d)** Cost or other basis	**(e)** Basis for depreciation (business/investment use only)	**(f)** Recovery period	**(g)** Method/ Convention	**(h)** Depreciation/ deduction	**(i)** Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 . . . . **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1	**(b)** Vehicle 2	**(c)** Vehicle 3	**(d)** Vehicle 4	**(e)** Vehicle 5	**(f)** Vehicle 6
30 Total business/investment miles driven during the year (**do not** include commuting miles) . . .						
31 Total commuting miles driven during the year .						
32 Total other personal(noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						

	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use? .												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . .		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	**(b)** Date amortization begins	**(c)** Amortizable amount	**(d)** Code section	**(e)** Amortization period or percentage	**(f)** Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions)					

43 Amortization of costs that began before your 2012 tax year **43**

44 Total. Add amounts in column (f) See the instructions for where to report **44**

TY 2012 Accounting Fees Schedule

Name: DUKES HEALTH CARE FOUNDATION OF
MIAMI COUNTY INC

EIN: 20-1672681

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	4,980	3,735		1,245

TY 2012 Compensation Explanation

Name: DUKES HEALTH CARE FOUNDATION OF
MIAMI COUNTY INC
EIN: 20-1672681

Person Name	Explanation
JON FAUST	
SALLY KEITH	
KEVIN COMERFORD	
JOHN CLAXTON	
BOB SCHWARTZ	
RALPH DUCKWALL	
RICHARD WILES	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2012 Depreciation Schedule

Name: DUKES HEALTH CARE FOUNDATION OF
MIAMI COUNTY INC

EIN: 20-1672681

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FILE CABINET	2007-04-06	1,000	836	200DB	7 0000	88			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2012 Gain/Loss from Sale of Other Assets Schedule

Name: DUKES HEALTH CARE FOUNDATION OF
MIAMI COUNTY INC
EIN: 20-1672681

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
GE ANESTHESIA MACHINE	2007-07	PURCHASE	2012-10		28,495	75,986			-8,231	39,260
GE ANESTHESIA MACHINE	2007-07	PURCHASE	2012-10		28,495	75,986			-8,231	39,260
500 SHS ISHARES BARCLAYS	2011-07	PURCHASE	2012-07		52,239	52,421			-182	
750 SHS ISHARES BARCLAY	2011-07	PURCHASE	2012-07		63,239	63,224			15	
61 SHS BRIDGEPOINT EDU	2011-11	PURCHASE	2012-08		666	1,423			-757	
189 SHS BRIDGEPOINT EDU	2011-11	PURCHASE	2012-08		2,065	4,408			-2,343	
1000 SHS FORD MOTOR CO	2011-07	PURCHASE	2012-08		9,470	11,980			-2,510	
120 SHS BRIDGEPOINT EDU	2011-11	PURCHASE	2012-08		1,205	2,799			-1,594	
BANK OF AMER INTERNOTES	2007-02	PURCHASE	2012-08		40,000	40,000				
GA POWER CO	2007-08	PURCHASE	2012-09		22,000	22,000				
75,000 FEDERAL NATIONAL	2011-07	PURCHASE	2012-09		75,000	72,000			3,000	
1996 87 SHS JAMES ADVANTAGE	2011-09	PURCHASE	2012-10		22,225	21,680			545	
900 SHS SUNOCO LOGISTICS	2009-03	PURCHASE	2012-10		45,044	17,515			27,529	
260 SHS ARCHER DANIELS	2011-07	PURCHASE	2012-10		7,054	8,460			-1,406	
600 SHS DOLLAR TREE	2011-07	PURCHASE	2012-11		22,628	5,336			17,292	
725 SHS LIFEPOINT HOSPITALS	2011-07	PURCHASE	2012-11		25,589	18,195			7,394	
225 SHS COINSTAR	2012-07	PURCHASE	2012-11		9,770	15,835			-6,065	
150 SHS DU PONT	2011-07	PURCHASE	2012-11		6,310	6,612			-302	
210 SHS DOLLAR TREE	2011-07	PURCHASE	2012-11		8,244	1,868			6,376	
210 SHS EATON CORP	2011-07	PURCHASE	2012-12		10,848	8,023			2,825	
210 SHS DOLLAR TREE	2011-07	PURCHASE	2012-12		8,598	1,868			6,730	
2240 121 ALGER SMALL/MID	2011-07	PURCHASE	2012-12		37,544	39,180			-1,636	
3129 286 EATON VANCE LG CAP VALUE	2011-07	PURCHASE	2012-12		62,429	58,902			3,527	
4978 025 GOLDMAN SACHS COMM STRAT	2011-07	PURCHASE	2012-12		28,375	27,927			448	
1480 065 HOTCHKIS & WILEY	2011-07	PURCHASE	2012-12		42,641	40,087			2,554	
3537 034 JOHN HANCOCK CLASSIC	2011-07	PURCHASE	2012-12		62,464	61,056			1,408	
3406 875 INVESCO GROWTH	2011-07	PURCHASE	2012-12		71,690	68,985			2,705	
1217 950 HARBOR INTERNATIONAL	2011-07	PURCHASE	2012-12		75,208	73,265			1,943	
1589 030 HARBOR CAPITAL	2011-07	PURCHASE	2012-12		68,249	69,480			-1,231	
3173 301 JH DISCIPLD VAL MID CAP FUN	2011-07	PURCHASE	2012-12		42,173	37,503			4,670	

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
2216 407 MORGAN STANLEY GLOB REAL ES	2011-07	PURCHASE	2012-12		21,300	18,618			2,682	
2553 305 MAINSTARY ICAP INTERNATIONA	2011-07	PURCHASE	2012-12		76,293	74,845			1,448	
954 760 MUNDER VERACIY SM CAP VAL	2011-07	PURCHASE	2012-12		21,215	18,618			2,597	
2499 693 OPPENHEIMER INTL GROWTH	2011-07	PURCHASE	2012-12		76,391	71,918			4,473	
1111 490 RAINIER MID CAP EQUITY	2011-07	PURCHASE	2012-12		49,884	50,284			-400	
2151 386 RS EMERGING MARKETS	2011-07	PURCHASE	2012-12		50,708	53,122			-2,414	
2869 663 T ROWE PRICE INTL STOCK	2011-07	PURCHASE	2012-12		41,122	39,773			1,349	
2001 648 SENTINEL FUNDS COMMON STOCK	2011-07	PURCHASE	2012-12		71,639	69,937			1,702	
5307 420 TURNER CORE GROWTH	2011-07	PURCHASE	2012-12		67,776	70,111			-2,335	
940 782 DELAWARE SELECT GROWTH	2011-07	PURCHASE	2012-12		39,569	40,469			-900	
450 SHS CAPITAL ONE FIN CORP	2011-07	PURCHASE	2013-01		25,407	17,492			7,915	
50000 UNITS US TREAS NOTE	2012-10	PURCHASE	2013-01		49,679	50,168			-489	
19897 533 SHS JAMES ADVANT FDS	2011-09	PURCHASE	2013-01		247,724	216,030			31,694	
4664 179 SHS JAMES ADVANT FDS	2013-01	PURCHASE	2013-01		51,306	50,047			1,259	
1675 SHS ACETO CORP	2012-06	PURCHASE	2013-02		17,489	14,724			2,765	
940 SHS STURM RUGER & CO	2012-06	PURCHASE	2013-02		48,332	13,336			34,996	
600 SHS PFIZER INC	2012-06	PURCHASE	2013-02		16,592	10,682			5,910	
500 SHS ISHARES BARCLAYS MBS BOND FD	2012-04	PURCHASE	2013-02		53,829	54,023			-194	
245 SHS VIACOM INC CLASS A	2011-09	PURCHASE	2013-02		15,083	12,926			2,157	
1320 SHS UNUM GROUP	2012-01	PURCHASE	2013-02		30,809	25,915			4,894	
710 SHS SYMANTEC CORP	2011-07	PURCHASE	2013-02		15,527	9,651			5,876	
575 SHS ISHARES BARCLAYS 20 YR TREAS	2012-06	PURCHASE	2013-02		67,239	73,301			-6,062	
480 SHS ELI LILLY & CO	2011-08	PURCHASE	2013-02		26,207	17,517			8,690	
580 SHS ISHARES SILVER TRUST	2011-07	PURCHASE	2013-02		17,574	11,797			5,777	
330 SHS TJX COS INC NEW	2012-07	PURCHASE	2013-02		14,893	14,574			319	
600 SHS TESORO CORP	2012-06	PURCHASE	2013-02		28,745	14,174			14,571	
750 SHS TRIUMPH GROUP INC	2012-06	PURCHASE	2013-02		53,710	14,369			39,341	
670 SHS MACY'S INC	2011-09	PURCHASE	2013-02		26,646	18,298			8,348	
150 SHS NACCO INDUSTRIES	2011-09	PURCHASE	2013-02		9,798	5,210			4,588	
735 SHS SINCLAIR BROADCAST GROUP INC	2011-08	PURCHASE	2013-02		10,094	5,714			4,380	

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
600 SHS TORO COMPANY	2012-06	PURCHASE	2013-02		26,375	21,662			4,713	
160 SHS AMERCO	2011-11	PURCHASE	2013-02		21,390	12,461			8,929	
4900 SHS VONAGE HLDGS CORP	2011-07	PURCHASE	2013-02		12,279	21,190			-8,911	
750 SHS PNM RES INC COM	2011-07	PURCHASE	2013-02		15,941	14,280			1,661	
740 SHS NORTHWESTERN CORP	2011-07	PURCHASE	2013-02		27,129	20,218			6,911	
610 SHS SPDR S&P HOMEBUILDERS ETF	2012-12	PURCHASE	2013-02		17,647	16,296			1,351	
180 SHS UNITEDHEALTH GROUP INC	2011-09	PURCHASE	2013-02		10,128	9,020			1,108	
460 SHS TRW AUTOMOTIVE HLDGS CORP	2012-12	PURCHASE	2013-02		26,868	24,583			2,285	
250 SHS TELUS CORP NON VOTING	2012-07	PURCHASE	2013-02		16,515	15,043			1,472	
500 SHS INNOSPEC INC	2012-07	PURCHASE	2013-02		20,060	15,573			4,487	
1425 SHS LEAPFROG ENTERPRISES INC	2012-07	PURCHASE	2013-02		12,611	15,001			-2,390	
700 SHS BROOKFIELD OFFICE PROP INC	2011-07	PURCHASE	2013-02		11,651	13,300			-1,649	
1640 SHS FIFTH THIRD BANCORP	2012-11	PURCHASE	2013-02		26,530	21,993			4,537	
150 SHS HYSTER YALE MATLS HANDLING	2011-07	PURCHASE	2013-02		7,548	5,337			2,211	
240 SHS ISHARES PHILLIPINES INVEST	2012-12	PURCHASE	2013-02		8,887	8,167			720	
830 SHS KULICKE & SOFFA INDUSTRIES	2011-11	PURCHASE	2013-02		9,819	8,268			1,551	
710 SHS BCE INC	2011-07	PURCHASE	2013-02		31,747	24,629			7,118	
1090 SHS KB HOME	2012-12	PURCHASE	2013-02		20,252	16,099			4,153	
175 SHS KIMBERLY-CLARK CORP	2012-07	PURCHASE	2013-02		15,424	14,707			717	
800 SHS CBL & ASSOCIATES	2011-07	PURCHASE	2013-02		17,352	14,733			2,619	
990 SHS AMTRUST FINANCIAL SERVICES	2011-07	PURCHASE	2013-02		32,877	21,326			11,551	
195 SHS CUMMINS INC	2011-07	PURCHASE	2013-02		22,493	16,004			6,489	
230 SHS ISHARES INC MSCI CANADA	2011-07	PURCHASE	2013-02		6,695	6,341			354	
450 SHS MARKET VECTORS INDONESIA	2011-07	PURCHASE	2013-02		12,979	12,566			413	
450 SHS AMERICAN ELECTRIC POWER INC	2011-07	PURCHASE	2013-02		20,259	16,173			4,086	
1040 SHS FORD MOTOR COMPANY	2012-12	PURCHASE	2013-02		13,520	12,062			1,458	
145 SHS CHEVRON CORP	2011-07	PURCHASE	2013-02		16,950	11,371			5,579	
295 SHS CONOCOPHILLIPS	2011-07	PURCHASE	2013-02		18,133	12,547			5,586	
400 SHS JP MORGAN CHASE & CO	2012-12	PURCHASE	2013-02		18,812	16,228			2,584	
157 SHS ABERDEEN CHILE FD INC	2011-07	PURCHASE	2013-02		2,452	3,174			-722	

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
225 SHS ISHARES INC MSCI SINGAPORE	2011-07	PURCHASE	2013-02		3,076	3,134			-58	
815 SHS DELUXE CORP	2011-07	PURCHASE	2013-02		31,001	16,153			14,848	
500 SHS ISHARES BARCLAYS CREDIT BOND	2012-04	PURCHASE	2013-02		56,165	54,954			1,211	
315 SHS DILLARDS INC	2012-06	PURCHASE	2013-02		26,572	21,740			4,832	
910 SHS HOLLYFRONTIER CORP	2011-09	PURCHASE	2013-02		46,045	34,174			11,871	
90 SHS APACHE CORPORATION	2011-07	PURCHASE	2013-02		7,659	8,332			-673	
210 SHS EATON CORP PLC	2011-07	PURCHASE	2013-02		12,075	10,848			1,227	
125 SHS ISHARES INC MSCI AUSTRALIA	2011-07	PURCHASE	2013-02		3,271	3,050			221	
550 SHS INTEL CORP	2012-06	PURCHASE	2013-02		11,664	14,426			-2,762	
445 SHS EQUIFAX INC	2012-07	PURCHASE	2013-02		26,100	22,402			3,698	
25000 UNITS GE CAPITAL CORP	2011-07	PURCHASE	2013-02		32,818	24,610			8,208	
50000 UNITS US TREAS BOND	2011-07	PURCHASE	2013-02		63,250	48,328			14,922	
150 SHS HYSTER YALE MATLS HANDLING	2011-07	PURCHASE	2013-04		7,531	5,336			2,195	
40000 SHS PRUDENTIAL FINL INTERNOTES	2006-10	PURCHASE	2013-04		40,000	40,000				
500 SHS ELI LILLY & CO	2006-09	PURCHASE	2013-04		28,077	28,222			-145	
1252 019 SHS AMCAP FUND	2011-02	PURCHASE	2013-06		31,000	24,462			6,538	
254 194 SHS GROWTH FD OF AMERICA	2013-02	PURCHASE	2013-06		10,000	9,187			813	
488 085 SHS NEW PERSPECTIVE FD	2010-05	PURCHASE	2013-06		17,000	12,283			4,717	
427 168 SHS FUNDAMENTAL INVESTORS	2013-02	PURCHASE	2013-06		20,000	18,347			1,653	
399 113 SHS AMERICAN BALANCED FD	2013-02	PURCHASE	2013-06		9,000	8,469			531	
614 704 SHS CAPITAL WORLD G&I FD	2010-05	PURCHASE	2013-06		25,000	19,899			5,101	

TY 2012 Investments Corporate Stock Schedule

Name: DUKES HEALTH CARE FOUNDATION OF MIAMI COUNTY INC

EIN: 20-1672681

Name of Stock	End of Year Book Value	End of Year Fair Market Value
PUBLICLY TRADED SECURITIES	7,123,846	7,541,149

TY 2012 Investments - Land Schedule

Name: DUKES HEALTH CARE FOUNDATION OF
MIAMI COUNTY INC

EIN: 20-1672681

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
	47,377	25,663	21,714	

TY 2012 Land, Etc. Schedule

Name: DUKES HEALTH CARE FOUNDATION OF
MIAMI COUNTY INC

EIN: 20-1672681

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
	1,000	924	76	

TY 2012 Legal Fees Schedule

Name: DUKES HEALTH CARE FOUNDATION OF
MIAMI COUNTY INC

EIN: 20-1672681

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	540	540		

TY 2012 Other Expenses Schedule

Name: DUKES HEALTH CARE FOUNDATION OF
MIAMI COUNTY INC

EIN: 20-1672681

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
DUES & SUBSCRIPTIONS	100			
OFFICE EXPENSE	34			
LIABILITY INSURANCE	750	750		
BANK SERVICE CHARGES	14,025	14,025		
MISCELLANEOUS EXPENSE	1,873	1,873		
INVESTMENT DEPRECIATION	8,538	8,538		

TY 2012 Other Income Schedule

Name: DUKES HEALTH CARE FOUNDATION OF MIAMI COUNTY INC

EIN: 20-1672681

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISCELLANEOUS	37		
	8,177	8,177	

TY 2012 Other Liabilities Schedule

Name: DUKES HEALTH CARE FOUNDATION OF MIAMI COUNTY INC

EIN: 20-1672681

Description	Beginning of Year - Book Value	End of Year - Book Value
SALES TAX PAYABLE	312	76

TY 2012 Taxes Schedule

Name: DUKES HEALTH CARE FOUNDATION OF
MIAMI COUNTY INC

EIN: 20-1672681

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX EXPENSE	1,135	1,135		