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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ **Do not enter Social Security numbers on this form as it may be made public. By law, the IRS cannot redact the information on the form.**

▶ **Information about Form 990-PF and its instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2013

Open to Public Inspection

For calendar year 2013, or tax year beginning 01-01-2013 , and ending 12-31-2013

Name of foundation
KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

A Employer identification number
35-1187105

Number and street (or P O box number if mail is not delivered to street address)
2170 N POINTE DRIVE

Room/suite

B Telephone number (see instructions)
(574) 269-5188

City or town, state or province, country, and ZIP or foreign postal code
WARSAW, IN 46582

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)* ▶$ 71,915,313

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)	273,851			
	2 Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments	672,870	672,870		
	4 Dividends and interest from securities	869,452	869,452		
	5a Gross rents	39,238	39,238		
	b Net rental income or (loss) 12,874				
	6a Net gain or (loss) from sale of assets not on line 10	2,922,608			
	b Gross sales price for all assets on line 6a 50,030,596				
	7 Capital gain net income (from Part IV, line 2)		2,922,608		
	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)	6,945	6,945	0	
	12 **Total.** Add lines 1 through 11	4,784,964	4,511,113	0	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	162,754	0	0	162,754
	14 Other employee salaries and wages	67,493	0	0	59,671
	15 Pension plans, employee benefits	27,048	0	0	27,048
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	26,995	0	0	26,995
	c Other professional fees (attach schedule)	186,429	186,429	0	0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	110,226	0	0	0
	19 Depreciation (attach schedule) and depletion	35,270	23,929	0	
	20 Occupancy	41,039	0	0	41,039
	21 Travel, conferences, and meetings	13,230	0	0	13,230
	22 Printing and publications	6,566	0	0	6,566
	23 Other expenses (attach schedule)	440,856	2,435	0	109,927
	24 **Total operating and administrative expenses.** Add lines 13 through 23	1,117,906	212,793	0	447,230
	25 Contributions, gifts, grants paid	2,813,731			2,558,038
	26 **Total expenses and disbursements.** Add lines 24 and 25	3,931,637	212,793	0	3,005,268
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	853,327			
	b **Net investment income** (if negative, enter -0-)		4,298,320		
	c **Adjusted net income** (if negative, enter -0-)			0	

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 (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	1,244,951	1,631,576	1,631,576
	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 schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	8,647	8,411	8,411
	10a Investments—U S and state government obligations (attach schedule)	14,303,292	6,212,247	6,107,025
	b Investments—corporate stock (attach schedule)	37,435,969	33,471,241	44,436,218
	c Investments—corporate bonds (attach schedule)	910,212	8,578,855	8,436,598
	11 Investments—land, buildings, and equipment basis ▶ 1,760,533 Less accumulated depreciation (attach schedule) ▶ 23,928	144,027	1,736,605	1,736,605
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	0	5,044,718	5,289,367
	14 Land, buildings, and equipment basis ▶ 87,393 Less accumulated depreciation (attach schedule) ▶ 71,158	21,801	16,235	16,235
	15 Other assets (describe ▶ _____)	4,457,467	4,253,278	4,253,278
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	58,526,366	60,953,166	71,915,313
Liabilities	17 Accounts payable and accrued expenses	927	11,514	
	18 Grants payable	424,084	618,101	
	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 ▶ _____)	36,728	109,621	
	23 **Total liabilities** (add lines 17 through 22)	461,739	739,236	
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	57,964,666	59,972,931	
	25 Temporarily restricted	99,961	240,999	
	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)	58,064,627	60,213,930	
	31 **Total liabilities and net assets/fund balances** (see page 17 of the instructions)	58,526,366	60,953,166	

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	58,064,627
2	Enter amount from Part I, line 27a	2	853,327
3	Other increases not included in line 2 (itemize) ▶ _____	3	6,722,012
4	Add lines 1, 2, and 3	4	65,639,966
5	Decreases not included in line 2 (itemize) ▶ _____	5	5,426,036
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	60,213,930

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)
1 a	SALE OF SECURITIES			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	50,030,596		47,107,988	2,922,608
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				2,922,608
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	2,922,608
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))
2012	3,002,834	57,062,361	0 052624
2011	3,182,910	57,452,206	0 055401
2010	3,227,837	54,610,094	0 059107
2009	2,796,031	49,230,579	0 056795
2008	2,362,515	60,602,843	0 038984

2	**Total** of line 1, column (d)	2	0 262911
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 052582
4	Enter the net value of noncharitable-use assets for 2013 from Part X, line 5	4	62,610,514
5	Multiply line 4 by line 3	5	3,292,186
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	42,983
7	Add lines 5 and 6	7	3,335,169
8	Enter qualifying distributions from Part XII, line 4	8	3,395,201

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	42,983
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	0
3	Add lines 1 and 2	3	42,983
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	42,983
6	Credits/Payments		
a	2013 estimated tax payments and 2012 overpayment credited to 2013 — 6a: 40,278		
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	40,278
8	Enter any **penalty** for underpayment of estimated tax Check here ☑ if Form 2220 is attached	8	59
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	2,764
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 2014 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		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
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	Yes	
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 2013 or the taxable year beginning in 2013 (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 ▶ WWW K21FOUNDATION ORG

14 The books are in care of ▶ RICH HADDAD Telephone no ▶ (574) 269-5188

Located at ▶ 2170 N POINTE DRIVE WARSAW IN ZIP+4 ▶ 46582

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 2013, 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? See instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country ▶	16		No

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 2013?	1c		No
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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? ☐ 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 2013 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 2013.)*	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 2013?	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 ▶ 0

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
WJ CAREY CONSTRUCTION PO BOX 534 SOUTH WHITLEY,IN 46787	GENERAL CONTRACTOR	1,587,771
MARQUETTE ASSOCIATE INC 180 NORTH LASALLE STREET STE 3500 CHICAGO,IL 60601	INVESTMENT CONSULTING	65,000
Total number of others receiving over $50,000 for professional services. ▶		0

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 FORGIVENESS OF CURRENT LOAN MORTGAGE INTEREST DUE FROM KOSCIUSKO HEALTH SERVICES PAVILION, INC , A SECTION 501(C(3) ORGANIZATION	381,345
2 FORGIVENESS OF CURRENT LOAN DUE FROM HARVEST WITH A HEART, INC A SECTION 501(C)(3) ORGANIZATION	8,588
All other program-related investments See page 24 of the instructions 3	
Total. Add lines 1 through 3 ▶	389,933

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	63,087,585
b	Average of monthly cash balances	1b	476,389
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	63,563,974
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	63,563,974
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	953,460
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	62,610,514
6	**Minimum investment return.** Enter 5% of line 5	6	3,130,526

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	3,130,526
2a	Tax on investment income for 2013 from Part VI, line 5	2a	42,983		
b	Income tax for 2013 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	42,983
3	Distributable amount before adjustments Subtract line 2c from line 1			3	3,087,543
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	3,087,543
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	3,087,543

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	3,005,268
b	Program-related investments—total from Part IX-B	1b	389,933
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	3,395,201
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	42,983
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	3,352,218

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 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				3,087,543
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			765,669	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2013				
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012				
f **Total** of lines 3a through e	0			
4 Qualifying distributions for 2013 from Part XII, line 4 ▶ $ 3,395,201				
a Applied to 2012, but not more than line 2a			765,669	
b Applied to undistributed income of prior years (Election required—see instructions)		0		
c Treated as distributions out of corpus (Election required—see instructions)	0			
d Applied to 2013 distributable amount				2,629,532
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2013	0			0
(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		0		
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014				458,011
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0			
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)	0			
9 **Excess distributions carryover to 2014.** Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013				

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 2013, 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
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	**(a)** 2013	**(b)** 2012	**(c)** 2011	**(d)** 2010	
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 address of the person to whom applications should be addressed

KOSCIUSKO 21ST CENTURY FOUNDATION I
2170 NORTH POINTE DRIVE
WARSAW,IN 46582
(574) 269-5188

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

SEE STATEMENTS 20 AND 21

c Any submission deadlines

SEE STATEMENTS 20 AND 21

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

SEE STATEMENTS 20 AND 21

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 TableSee Additional Data Table				
Total . . . . . ▶ **3a**				2,558,038
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

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			14	672,870	
4 Dividends and interest from securities			14	869,452	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property			16	12,874	
6 Net rental income or (loss) from personal property					
7 Other investment income			14	6,945	
8 Gain or (loss) from sales of assets other than inventory			18	2,922,608	
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)		0		4,484,749	0
13 **Total.** Add line 12, columns (b), (d), and (e)				13	4,484,749

(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

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

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
ROBERT MORELAND CPA				P00418596

Firm's name ▶	BLUE & CO LLC	Firm's EIN ▶	35-1178661
Firm's address ▶	ONE AMERICAN SQUARE 2200 INDIANAPOLIS, IN 46282	Phone no	(317) 633-4705

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
RICHARD HADDAD 2170 NORTH POINTE DRIVE WARSAW,IN 46582	PRESIDENT 40 00	162,754	4,808	0
JENNIFER LUCHT 2170 NORTH POINTE DRIVE WARSAW,IN 46582	CHAIRMAN 1 00	0	0	0
JAMES TINKEY 2170 NORTH POINTE DRIVE WARSAW,IN 46582	VICE CHAIRMAN 1 00	0	0	0
DANA KRULL 2170 NORTH POINTE DRIVE WARSAW,IN 46582	TREASURER 1 00	0	0	0
SHARI BOYLE 2170 NORTH POINTE DRIVE WARSAW,IN 46582	SECRETARY 1 00	0	0	0
KAREN BOLING 2170 NORTH POINTE DRIVE WARSAW,IN 46582	DIRECTOR 1 00	0	0	0
DAVID CATES 2170 NORTH POINTE DRIVE WARSAW,IN 46582	DIRECTOR 1 00	0	0	0
DR DAVID DICK 2170 NORTH POINTE DRIVE WARSAW,IN 46582	DIRECTOR 1 00	0	0	0
BECKY DOLL 2170 NORTH POINTE DRIVE WARSAW,IN 46582	DIRECTOR 1 00	0	0	0
STEVE GRILL 2170 NORTH POINTE DRIVE WARSAW,IN 46582	DIRECTOR 1 00	0	0	0
DR DAVID HAINES 2170 NORTH POINTE DRIVE WARSAW,IN 46582	DIRECTOR 1 00	0	0	0
JOE HAWN 2170 NORTH POINTE DRIVE WARSAW,IN 46582	DIRECTOR 1 00	0	0	0
LEE HEYDE 2170 NORTH POINTE DRIVE WARSAW,IN 46582	DIRECTOR 1 00	0	0	0
ROSY JANSMA 2170 NORTH POINTE DRIVE WARSAW,IN 46582	DIRECTOR 1 00	0	0	0
MAX MOCK 2170 NORTH POINTE DRIVE WARSAW,IN 46582	DIRECTOR 1 00	0	0	0
JON SROUFE 2170 NORTH POINTE DRIVE WARSAW,IN 46582	DIRECTOR 1 00	0	0	0
SCOTT TUCKER 2170 NORTH POINTE DRIVE WARSAW,IN 46582	DIRECTOR 1 00	0	0	0
VALERIE WARNER 2170 NORTH POINTE DRIVE WARSAW,IN 46582	DIRECTOR 1 00	0	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*				
UNCONDITIONAL GRANT KOSCIUSKO HOME CARE & HOSPICE 1515 PROVIDENT DRIVE STE 250 WARSAW,IN 46580	NONE		OPERATIONAL ASSISTANCE AND MEDICATION & DENTAL OPERATIONAL ASSISTANCE	232,410
UNCONDITIONAL GRANT KOSCIUSKO COUNTY COMMUNITY FOUNDATION 102 EAST MARKET STREET WARSAW,IN 46580	NONE		GOOD SAMARITAN FUND	195,000
UNCONDITIONAL GRANT GRACE COLLEGE & SEMINARY 200 SEMINARY DRIVE WINONA LAKE,IN 46590	NONE		E COLI ASSESSMENT	40,100
UNCONDITIONAL GRANT CANCER SERVICES OF NORTHEAST INDIANA 6316 MUTUAL DRIVE FORT WAYNE,IN 46825	NONE		DIRECT ASSISTANCE / CLIENT ADVOCACY	30,000
UNCONDITIONAL GRANT BAKER YOUTH CLUB 765 W MARKET ST WARSAW,IN 46580	NONE		SUMMER FITNESS PROGRAM	15,000
UNCONDITIONAL GRANT COMBINED COMMUNITY SERVICES 1195 MARINERS DRIVE WARSAW,IN 46582	NONE		HEALTHY CHOICE FOOD PANTRY	15,000
UNCONDITIONAL GRANT KOSCIUSKO HEALTH SERVICES PAVILION 1515 PROVIDENT DRIVE STE 250 WARSAW,IN 46580	NONE		RENT SUBSIDY	15,000
UNCONDITIONAL GRANT MAD ANTHONY'S CHILDREN'S HOPE HOUSE 7922 WEST JEFFERSON BLVD FORT WAYNE,IN 46804	NONE		OPERATIONAL ASSISTANCE	15,000
UNCONDITIONAL GRANT BIG BROTHERS BIG SISTERS 2349 FAIRFIELD AVENUE FORT WAYNE,IN 46807	NONE		STOP SEXUAL ABUSE TRAINING	5,000
CONDITIONAL GRANT KOSCIUSKO COMMUNITY YMCA 1401 E SMITH ST WARSAW,IN 46580	NONE		DIABETES PREVENTION PROGRAM AND FACILITY CONSTRUCTION	806,156
CONDITIONAL GRANT KOSCIUSKO HOME CARE & HOSPICE 1515 PROVIDENT DRIVE STE 250 WARSAW,IN 46580	NONE		CHILDREN'S ORAL HEALTH INITIATIVE, MEDICAL SUPPLIES	211,457
CONDITIONAL GRANT GRACE COLLEGE & SEMINARY 200 SEMINARY DRIVE WINONA LAKE,IN 46590	NONE		FUNDS FOR KOSCIUSKO LAKES & STREAMS RESEARCH STUDY	100,232
CONDITIONAL GRANT QUESTA FOUNDATION FOR EDUCATION 3468 STELLHORN ROAD FORT WAYNE,IN 46815	NONE		SCHOLARS PROGRAM	100,000
CONDITIONAL GRANT TOWN OF SILVER LAKE PO BOX 159 SILVER LAKE,IN 46982	NONE		PARK/PLAYGROUND RENOVATION	70,000
CONDITIONAL GRANT WAWASEE COMMUNITY SCHOOLS 1 WARRIOR PATH SYRACUSE,IN 46567	NONE		BIOMEDICAL CURRICULUM AND FITNESS EQUIPMENT	65,342
Total . . . . . ▶ **3a**				2,558,038

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*				
CONDITIONAL GRANT NORTHERN INDIANA HISPANIC HEALTH COALITION 323 STOCKER COURT ELKHART,IN 46516	NONE		OPERATIONAL FUNDING FOR BILINGUAL ADVOCATE/HEALTH FAIRS	52,500
CONDITIONAL GRANT JACOB'S LADDER PEDIATRIC REHAB 3540 COMMERCE DR WARSAW,IN 46580	NONE		OPERATIONAL SUPPORT AND THERAPY EQUIPMENT	52,215
CONDITIONAL GRANT KOSCIUSKO COUNTY SHELTER FOR ABUSE 1515 PROVIDENT DR SUITE 280 WARSAW,IN 46580	NONE		HELP CENTER	51,694
CONDITIONAL GRANT HEARTLINE PREGNANCY CENTER 1515 PROVIDENT DR STE 180 WARSAW,IN 46580	NONE		B A B E BOUTIQUE, CLINICAL SUPPLIES, CAR SEATS, STI TESTING	48,347
CONDITIONAL GRANT CITY OF WARSAW PO BOX 817 WARSAW,IN 46581	NONE		BICYCLE AND PEDESTRIAN PATH DEVELOPMENT	46,000
CONDITIONAL GRANT KOSCIUSKO COUNTY COMMUNITY FOUNDATION 102 EAST MARKET STREET WARSAW,IN 46580	NONE		ENDOWMENT MATCH	41,000
CONDITIONAL GRANT HABITAT FOR HUMANITY PO BOX 1913 WARSAW,IN 46581	NONE		LAND PURCHASE	38,500
CONDITIONAL GRANT BAKER YOUTH CLUB 765 W MARKET ST WARSAW,IN 46580	NONE		BUS	30,000
CONDITIONAL GRANT MULTI-TOWNSHIP EMS 34 EAST ARMSTRONG ROAD LEESBURG,IN 46538	NONE		ONE HEART CPR PROGRAM	26,965
CONDITIONAL GRANT HOUSING OPPORTUNITIES OF WARSAW 827 SOUTH UNION ST STE 230 WARSAW,IN 46580	NONE		MOBILE HOME REMEDIES PROGRAM AND EMERGENCY REPAIR	17,491
CONDITIONAL GRANT CHURCH OF THE BRETHREN 2475 EAST 100 NORTH WARSAW,IN 46582	NONE		CARE CARE FACILITY RENOVATION	13,030
CONDITIONAL GRANT FELLOWSHIP MISSIONS PO BOX 382 WINONA LAKE,IN 46590	NONE		FACILITY RENOVATIONS	11,029
CONDITIONAL GRANT WARSAW COMMUNITY SCHOOLS 1 ADMINISTRATION DRIVE WARSAW,IN 46580	NONE		VISION/ SCREENING EQUIPMENT	9,592
CONDITIONAL GRANT FOUR WAY AMBULANCE SERVICE PO BOX 225 MENTONE,IN 46539	NONE		AMBULANCE EQUIPMENT	5,987
CONDITIONAL GRANT BOWEN CENTER 850 NORTH HARRISON ST WARSAW,IN 46580	NONE		ENCHANTED HILLS MENTAL HEALTH SERVICES	5,760
Total . . . . . ▶ **3a**				2,558,038

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*				
CONDITIONAL GRANT AMERICAN DIABETES ASSOCIATION 6415 CASTLEWAY WEST DR STE 114 INDIANAPOLIS,IN 46250	NONE		SCHOLARSHIPS FOR CHILDREN ATTENDING DIABETES CAMP	5,075
CONDITIONAL GRANT CENTER FOR HEALING & HOPE PO BOX 195 GOSHEN,IN 46527	NONE		URGENT CARE CENTER OPERATING SUPPORT	4,111
CONDITIONAL GRANT SOCIETY OF ST ANDREW 3383 SWEET HOLLOW RD BIG ISLAND,VA 245263054	NONE		FUNDING FOR TRANSPORTATION COSTS	3,250
CONDITIONAL GRANT OTHER CONDITIONAL GRANTS 1000 PO BOX 1810 WARSAW,IN 465811809	NONE		TO SUPPORT STATED PURPOSE OF GRANT REQUEST	335
DIRECT GRANT NORTHSTAR MEDICAL EQUIPMENT 1241 RIDGE CREEK TRAIL ADA,MI 49301	NONE		AUTOMATIC EXTERNAL DEFIBRILLATORS AND SUPPLIES	39,093
DIRECT GRANT KOSCIUSKO HEALTH SERVICES PAVILION 1515 PROVIDENT DR WARSAW,IN 46580	NONE		MORTGAGE INTEREST AND OPERATING SUBSIDY	22,000
DIRECT GRANT FIRST UNITED METHODIST CHURCH OF WARSAW 179 SOUTH INDIANA STREET WARSAW,IN 46580	NONE		SUPPLIES FOR COMMUNITY CLOSET PROGRAM	5,000
DIRECT GRANT GRACE COLLEGE & SEMINARY 200 SEMINARY DRIVE WINONA LAKE,IN 46590	NONE		K21 BOARD OF DIRECTORS DIRECTED DONATION AND SMOKING CESSATION	5,000
DIRECT GRANT FELLOWSHIP MISSIONS PO BOX 382 WINONA LAKE,IN 46590	NONE		OPERATIONAL SUPPORT	4,700
DIRECT GRANT SOCIETY OF ST ANDREW 3383 SWEET HOLLOW ROAD BIG ISLAND,VA 24526	NONE		TRANSPORTATION COSTS FOR FOOD	3,250
DIRECT GRANT AMERICAN DIABETES ASSOCIATION 6415 CASTLEWAY WEST DR STE 114 INDIANAPOLIS,IN 46250	NONE		K21 BOARD OF DIRECTORS DIRECTED DONATION	2,000
DIRECT GRANT WORLD COMPASSION NETWORK PO BOX 1152 WARSAW,IN 46581	NONE		K21 BOARD OF DIRECTORS DIRECTED DONATION	1,500
DIRECT GRANT 2ND MILE MISSION PO BOX 733 WINONA LAKE,IN 46590	NONE		K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT BAKER YOUTH CLUB 765 W MARKET ST WARSAW,IN 46580	NONE		K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT BEAMAN HOME PO BOX 12 WARSAW,IN 46581	NONE		K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
Total . . . . . ▶ **3a**				2,558,038

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*				
DIRECT GRANT CARDINAL SERVICES INC OF INDIANA 504 NORTH BAY DRIVE WARSAW,IN 46580	NONE		K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT CHAIN O'LAKES CHORUS PO BOX 303 WINONA LAKE,IN 46590	NONE		K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT JACOB'S LADDER PEDIATRIC REHAB 332 WEST 806 NORTH VALPARAISO,IN 46385	NONE		K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT MILFORD PUBLIC LIBRARY PO BOX 457 MENTONE,IN 46539	NONE		K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT NORTH WINONA CHILD CARE MINISTRY 2475 EAST 100 NORTH WARSAW,IN 46582	NONE		K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT SALVATION ARMY 501 ARTHUR ST WARSAW,IN 46580	NONE		K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT TIPPECANOE VALLEY COMMUNITY SCHOOLS 8343 SOUTH STATE ROAD 19 AKRON,IN 16910	NONE		K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT WAGON WHEEL THEATER PO BOX 804 WARSAW,IN 46581	NONE		K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT OTHER DIRECT EXPENSE GRANTS 1000 PO BOX 1810 WARSAW,IN 465811809	NONE		TO SUPPORT STATED PURPOSE OF GRANT REQUEST	3,000
CANCER CARE GRANT PENNY BARNES PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	5,000
CANCER CARE GRANT MARSHAL CRAWFORD PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	4,525
CANCER CARE GRANT FLOYD PARKS PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	4,192
CANCER CARE GRANT JUDY ROBERTS PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	4,177
CANCER CARE GRANT BRENDA CAMPBELL PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	3,776
CANCER CARE GRANT ROBERTO CERVANTES PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	3,000
Total . . . . . ▶ **3a**				2,558,038

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*				
CANCER CARE GRANT JENNIFER MILLER PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,882
CANCER CARE GRANT RYAN OWEN PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,800
CANCER CARE GRANT KATHY MCELROY PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,602
CANCER CARE GRANT LINDA NOVOTNY PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,300
CANCER CARE GRANT SARA HOPPAS PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,053
CANCER CARE GRANT KAREN OGDEN PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,813
CANCER CARE GRANT DEBBIE BARRY PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,738
CANCER CARE GRANT CHARLES GIBSON PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,700
CANCER CARE GRANT CAROLYN RITCHISON PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,600
CANCER CARE GRANT JOE SHIDLER PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,600
CANCER CARE GRANT ELIZABETH STELZER PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,509
CANCER CARE GRANT DENNIS SALISBURY PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,350
CANCER CARE GRANT ROBERT ROSBRUGH PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,325
CANCER CARE GRANT ABBY DAUGHERTY PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,300
CANCER CARE GRANT BLAIRE NEWTON PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,270
Total . . . . . ▶ **3a**				2,558,038

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*				
CANCER CARE GRANT WILLIAM SPENCER PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,257
CANCER CARE GRANT JAKE COBLENTZ PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,177
CANCER CARE GRANT DEBRA STARR PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,123
CANCER CARE GRANT MARK DOUGLAS PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,096
CANCER CARE GRANT CYNTHIA FRYE PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,065
CANCER CARE GRANT OTHER CANCER CARE GRANTS 1000 PO BOX 1810 WARSAW,IN 465811809	NONE		PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	24,687
Total . . . . . ▶ **3a**				2,558,038

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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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Name of the organization
KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

Employer identification number
35-1187105

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 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 for 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 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 its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

Employer identification number
35-1187105

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	MICHAEL HIMES 142 EMS T35 LN LEESBURG, IN 46538	$ 6,620	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
2	DAREN INDUSTRIES 2452 LINCOLNWAY E GOSHEN, IN 46526	$ 5,400	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
3	DEPUY PRODUCTS INC PO BOX 988 WARSAW, IN 465810988	$ 5,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
4	SROUFE HEALTHCARE PRODUCTS PO BOX 347 LIGONIER, IN 46767	$ 5,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
5	MR AND MRS MICHAEL KUBACKI 1401 E NORTHSHORE DR SYRACUSE, IN 46567	$ 5,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
6	MR AND MRS DOUGLAS SCHROCK 631 E NORTHSHORE DR SYRACUSE, IN 46567	$ 5,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)

Name of organization
KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

Employer identification number
35-1187105

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
KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

Employer identification number
35-1187105

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

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TY 2013 Accounting Fees Schedule

Name: KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

EIN: 35-1187105

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	26,995	0	0	26,995

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TY 2013 General Explanation Attachment

Name: KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

EIN: 35-1187105

Identifier	Return Reference	Explanation
SUPPLEMENTARY INFORMATION	FORM 990-PF, PART XV, LINE 2A THROUGH 2D	LINE 2, NAME OF THE GRANT PROGRAM K21 HEALTH AND WELLNESS COMMUNITY GRANTSLINE 2A AND 2B, FORM AND CONTENT OF APPLICATION K21 HEALTH FOUNDATION EXISTS FOR THE BENEFIT OF KOSCIUSKO COUNTY CITIZENS TO ENSURE HEALTH CARE SERVICES ARE PROVIDED, AND TO ADVANCE PREVENTION AND HEALTHY LIFESTYLES THIS WILL BE ACCOMPLISHED BY IDENTIFYING HEALTH NEEDS IN OUR COMMUNITY AND MAINTAINING AN ENDOWMENT SO FUNDING IS AVAILABLE, THROUGH INVESTMENTS AND GRANTS, FOR THOSE NEEDS GRANT APPLICATIONS CAN BE DOWNLOADED OR PRINTED FROM THE ORGANIZATION'S WEBSITE AT WWW K21FOUNDATION ORG UNDER "APPLY FOR GRANTS" GRANT APPLICATIONS ARE ACCEPTED FOUR TIMES EACH YEAR APPLICATIONS RECEIVED AFTER THESE DEADLINES WILL BE HELD UNTIL THE NEXT CYCLE ORIGINAL APPLICATION AND SUPPORTING DOCUMENTATION SHOULD BE SUBMITTED TYPEWRITTEN APPLICATIONS ARE PREFERRED, HOWEVER, LEGIBLE HANDWRITTEN APPLICATIONS IN BLUE/BLACK INK ARE ACCEPTABLE FOR ASSISTANCE COMPLETING THE APPLICATION CONTACT GRANT COORDINATOR, HOLLY SWOVERLAND, AT (574) 269-5188 OR HSWOVERLAND@K21FOUNDATION ORG LINE 2C, ANY SUBMISSION DEADLINES SUBMISSION DEADLINES ARE FEB 1ST, MAY 1ST, AUG 1ST, AND NOV 1ST LINE 2D, RESTRICTIONS AND LIMITATIONS ON AWARDS GRANTEES MUST MEET THE FOLLOWING REQUIREMENTS A)NON-PROFIT AGENCY WITH VERIFIED IRS TAX-EXEMPT STATUS, OR A GOVERNMENT AGENCY B)BE IN GOOD STANDING WITH THE INDIANA SECRETARY OF STATE AS INDICATED IN A BUSINESS ENTITY REPORT C) BYLAWS MUST REQUIRE TERM LIMITS FOR DIRECTORS AND A ROTATING BOARD IS STRONGLY ENCOURAGED GRANT REQUESTS MUST MEET THE FOLLOWING REQUIREMENTS A)PROJECT, PROGRAM, OR SERVICES MUST BENEFIT RESIDENTS OF KOSCIUSKO COUNTY B)K21 GRANT PRIORITIES ARE FOR HEALTH NEEDS OR HEALTH IMPROVEMENT ALTHOUGH THE FOUNDATION CONSIDERS ANY GRANT OPPORTUNITIES THAT CLEARLY ADDRESSES HEALTH AND WELLNESS ISSUES FOR OUR COMMUNITY, OUR PRIRORITES FOR FUNDING CONSIDERATION FOCUS ON THE FOLLOWING 1)NON-PROFIT ORGANIZATIONS PROVIDING DIRECT HEALTH SERVICES TO PEOPLE IN NEED 2)FUNDING ORGANIZATIONS THAT ARE MAKING ADVANCES OR PROVIDING SERVICES IN PREVENTION IMPROVEMENTS TO MINIMIZE THE NEED FOR HEALTH SERVICES 3)SUPPORTING THOSE WHO ARE DEVELOPING AND IMPLEMENTING SOLUTIONS TOWARD PROVIDING OPPORTUNITIES TO PURSUE HEALTHY LIFESTYLES AND DECISIONS 4)A COMMITMENT TO REGULAR, CONSISTENT ASSESSMENT AND PARTICIPATION IN THE DISCOVERY OF EXISTING HEALTH NEEDS OF OUR COMMUNITY

Identifier	Return Reference	Explanation
SUPPLEMENTARY INFORMATION	FORM 990-PF, PART XV, LINE 2A THROUGH 2D	LINE 2, NAME OF THE GRANT PROGRAM CANCER CARE FUNDLINE 2A AND 2B, FORM AND CONTENT OF APPLICATION THE KOSCIUSKO COUNTY CANCER CARE FUND, ADMINISTERED BY K21 HEALTH FOUNDATION, WAS ESTABLISHED FOR THE PURPOSE OF PROVIDING FINANCIAL ASSISTANCE TO FINANCIALLY-ELIGIBLE RESIDENTS OF KOSCIUSKO COUNTY WHO ARE SUFFERING FROM CANCER THE PURPOSE OF THE FUND IS TO RELIEVE SOME OF THE FINANCIAL STRAIN THAT OFTEN ACCOMPANIES THAT DREADED DIAGNOSIS THE ASSISTANCE PROVIDED INCLUDES BUT IS NOT LIMITED TO ITEMS SUCH AS RENT OR MORTGAGE PAYMENTS, UTILITIES, INSURANCE, FOOD, CAR PAYMENTS, AND PRESCRIPTION MEDICATIONS IN NEARLY ALL SITUATIONS, FINANCIAL ASSISTANCE IS PAID DIRECTLY TO A VENDOR ON BEHALF OF THE CLIENTS IN 2013 THE CANCER CARE FUND PROVIDED FINANCIAL ASSISTANCE TO MORE THAN 100 KOSCIUSKO COUNTY CANCER PATIENTS AND THEIR FAMILIES THE FUND DISBURSED NEARLY $100,000 FOR ITEMS SUCH AS RENT OR MORTGAGE PAYMENTS, UTILITIES, INSURANCE, FOOD, AND PRESCRIPTION MEDICATIONS, JUST TO NAME A FEW THE FUNDS ARE PRIMARILY RAISED BY A GROUP OF DEDICATED INDIVIDUALS IN KOSCIUSKO COUNTY WHO VOLUNTEER HUNDREDS OF HOURS EACH YEAR TO PLAN A NUMBER OF FUNDRAISING EVENTS, SUCH AS THE GOLF OUTING, GALA AND AUCTION THE CANCER FUND SOCIAL WORKER REVIEWS ALL CASES AND COLLABORATES WITH ONE OR MORE MEMBERS OF THE NINE-PERSON CANCER CARE COMMITTEE TO AUTHORIZE PAYMENTS FROM THE FUND FOR APPLICATION ASSISTANCE, PLEASE CONTACT LAURA COOPER AT (574) 372-3500 OR LAURA@THEBEAMANHOME.ORGLINE 2C, ANY SUBMISSION DEADLINES NONELINE 2D, RESTRICTIONS AND LIMITATIONS ON AWARDS TO QUALIFY FOR ASSISTANCE, A RECIPIENT MUST PROVIDE 1 DOCUMENTED RESIDENT OF KOSCIUSKO COUNTY 2 VERIFIED CANCER DIAGNOSIS WITHIN THE LAST THREE MONTHS 3 DEMONSTRATE A FINANCIAL NEED 4 COMPLETE REQUIRED APPLICATION

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TY 2013 Investments Corporate Bonds Schedule

Name: KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

EIN: 35-1187105

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	7,747,154	7,639,068
FOREIGN BONDS	831,701	797,530

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TY 2013 Investments Corporate Stock Schedule

Name: KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

EIN: 35-1187105

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITY SECURITIES	33,471,241	44,436,218

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TY 2013 Investments Government Obligations Schedule

Name:	KOSCIUSKO 21ST CENTURY FOUNDATION INC AKA K21 HEALTH FOUNDATION
EIN:	35-1187105
US Government Securities - End of Year Book Value:	6,117,477
US Government Securities - End of Year Fair Market Value:	6,012,229
State & Local Government Securities - End of Year Book Value:	94,770
State & Local Government Securities - End of Year Fair Market Value:	94,796

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TY 2013 Investments - Land Schedule

Name: KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

EIN: 35-1187105

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND	23,895	0	23,895	23,895
LAND IMPROVEMENTS	291,412	4,857	286,555	286,555
LEASEHOLD IMPROVEMENTS	421,682	10,542	411,140	411,140
BUILDING	1,023,544	8,529	1,015,015	1,015,015

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TY 2013 Investments - Other Schedule

Name: KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

EIN: 35-1187105

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
HEDGE FUND	FMV	3,002,997	3,147,689
REAL ESTATE INVESTMENT FUND	FMV	2,041,721	2,141,678

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TY 2013 Land, Etc. Schedule

Name: KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

EIN: 35-1187105

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
OFFICE & COMPUTER EQUIPMENT	87,393	71,158	16,235	16,235

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TY 2013 Other Assets Schedule

Name: KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

EIN: 35-1187105

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
NOTES RECEIVABLE HELD FOR GRANT MAKING	4,457,467	4,253,146	4,253,146
RECEIVABLE - OTHER	0	132	132

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TY 2013 Other Decreases Schedule

Name: KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

EIN: 35-1187105

Description	Amount
2013 BOOK VALUE AND MARKET VALUE CHANGE BETWEEN YEARS	5,426,036

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TY 2013 Other Expenses Schedule

Name: KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

EIN: 35-1187105

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
KHSP MORTGAGE INTEREST FORGIVENESS	381,345	0	0	0
HARVEST LOAN FORGIVENESS	8,588	0	0	0
EXPIRED GRANTS WRITTEN OFF	-61,675	0	0	0
FUNDRAISING EXPENSES	48,516	0	0	48,516
INSURANCE	6,373	0	0	6,412
MARKETING	35,157	0	0	35,157
MISCELLANEOUS EXPENSE	22,552	2,435	0	19,842

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TY 2013 Other Income Schedule

Name: KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

EIN: 35-1187105

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	6,945	6,945	

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TY 2013 Other Increases Schedule

Name: KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

EIN: 35-1187105

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	6,722,012

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TY 2013 Other Liabilities Schedule

Name: KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

EIN: 35-1187105

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED TAX LIABILITY	36,728	109,621

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TY 2013 Other Professional Fees Schedule

Name: KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

EIN: 35-1187105

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MGT FEES	186,429	186,429	0	0

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TY 2013 Taxes Schedule

Name: KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

EIN: 35-1187105

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	110,213	0	0	0
PROPERTY TAXES	13	0	0	0