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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	calen	dar year 2013 or tax year beginning		, and ending		
		foundation			A Employer identification	number
		MIER HEALTHCARE FOUNDAT	•			
_F	<u>/K</u>	<u>/A SOUTHERN INDIANA PHY</u>	SICIAN HEALT	H	35-2091279)
		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_I	<u>MA</u>	INC. 550 LANDMARK AVE.			812-331-34	107
Cit	or to	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is	pending, check here
_E	<u>LO</u>	OMINGTON, IN 47404				
G (heck	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return		2	
		Address change	X Name change		Foreign organizations me check here and attach or	omputation Lest,
H_(_	type of organization: X Section 501(c)(3) ex			E If private foundation sta	itus was terminated
\perp	_ Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition	under section 507(b)(1)(A), check here
I Fa	ur ma	·	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
			ther (specify)		under section 507(b)(1)(B), check here
	\$	1,385,746. (Part I, colu	mn (d) must be on cash b	pasis)		
Pa	<u>rt l</u>	The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	
	2	Check X if the foundation is not required to attach Sch B				
	3	Interest on savings and temporary cash investments	13,919.	13,919.		STATEMENT 1
	4	Dividends and interest from securities	23,265.	23,265.		STATEMENT 2
	5a	Gross rents				
		Net rental income or (loss)				
4	6a	Net gain or (loss) from sale of assets not on line 10	12,019.			
ĕ	Ь	Gross sales price for all assets on line 6a 259, 422.	•			
Revenue	7	Capital gain net income (from Part IV, line 2)		12,019.		
č	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	1 .	Less Cost of goods sold				
	C	Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	49,203.	49,203.		ļ
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee-salaries and wages				
ės	15	Pension plans, employee benefits	1.50			
	16a	Legal fees MAY 1 @ 2014 STMT 3 Accounting fees STMT 4	158.	0.		0.
ē	b	Accounting fees STMT 4	2,545.	0.		0.
Ñ	C	Other professional fees				
ţ	17	Interest	1 702	703	<u> </u>	
೧೭ ಎಲ್ಫ್ and Administrative Expens	18	Taxes STMT 5	1,783.	783.		0.
dminis	19	Depreciation and depletion		 		
š Ę	20	Occupancy				
յ ĕ	21	Travel, conferences, and meetings				
		Printing and publications Other expenses STMT 6	9,728.	1 606		
USS NE erating	23 24	Other expenses STMT 6 Total operating and administrative	7,140.	4,696.	_	0.
Operating	4	expenses. Add lines 13 through 23	14,214.	5,479.		0.
ို ဝိ	25	Contributions, gifts, grants paid	56,250.	<u> </u>		56,250.
		Total expenses and disbursements.				30,430.
) } }	[Add lines 24 and 25	70,464.	5,479.		56,250.
<u>3</u> —	27	Subtract line 26 from line 12:	, , , , , , ,	J, 1 , 1, 2, 6		30,230.
3		Excess of revenue over expenses and disbursements	<21,261.	>		
		Net investment income (if negative, enter -0-)		43,724.		
		Adjusted net income (if negative, enter -0-)			N/A	
2025		<u> </u>			·	

10-10-13 LHA For Paperwork Reduction Act Notice, see instructions.

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<u>For</u>	m 99				2091279 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	··-· •	254.	188.	188.
	l	Savings and temporary cash investments	37,416.	36,874.	36,874.
	3	Accounts receivable >	4		
	١.	Less: allowance for doubtful accounts ▶			
	4	Pledges receivable	-		
	_	Less: allowance for doubtful accounts	 		
	5	Grants receivable			
	٥	Receivables due from officers, directors, trustees, and other			
	7	disqualified persons Other notes and loans receivable			
	l '	Less: allowance for doubtful accounts	-		
rA.	8	Inventories for sale or use			
Assets	۱	Prepaid expenses and deferred charges			
As	102	Investments - U.S. and state government obligations			
	1	Investments - corporate stock STMT 7	711,944.	636,271.	960,647.
	l	Investments - corporate bonds STMT 8	342,265.	396,613.	388,037.
	l	Investments - land, buildings, and equipment, basis	V==/=	0,00,0200	000/00.1
	' '	Less accumulated depreciation	-		
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item 1)	1,091,879.	1,069,946.	1,385,746.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe >)			
_	23		0.	0.	
		Foundations that follow SFAS 117, check here			
S	0.4	and complete lines 24 through 26 and lines 30 and 31.			
or Fund Balance	24	Unrestricted Temporaryly restricted			
3ale	25 26	Temporarily restricted Permanently restricted			
ğ	20	Foundations that do not follow SFAS 117, check here			
Ξ		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0.	0.	
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	1,091,879.	1,069,946.	
Net	30	Total net assets or fund balances	1,091,879.	1,069,946.	
_				•	
	31	Total liabilities and net assets/fund balances	1,091,879.	1,069,946.	
	-	III Analysis of Changes in Net Assets or Fund I			
<u> </u>	art	III Aliaysis of Changes in Net Assets of Fully i			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), lin	e 30		
	(mu	st agree with end-of-year figure reported on prior year's return)		1	1,091,879.
2	Ente	r amount from Part I, line 27a		2	<21,261.>
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	1,070,618.
		eases not included in line 2 (itemize) UNREALIZED LOS			672.
6	Tota	finet assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30	[6]	1,069,946.
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Page 3

2-story brick w		nd(s) of property sold (e.gor common stock, 200 sh		- ·-	(b) H	How acqu - Purcha - Donation	ured (c) Date acc (mo., day	quired , yr.)	(d) Date sold (mo., day, yr.)
a b SEE ATTACHED	CDA	TEMENTO.		•						
b SEE ATTACHED	SIA.	I EMEN I	•							
<u> </u>										
e										
(e) Gross sales price	(f) [Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gair (e) plus (f	or (loss) f) minus (g)
a b					_					
С				_			•		•	
d										
e 259,422.	<u> </u>		the formulation	247,40	93.					12,019
Complete only for assets shown	т -							Gains (Col. k), but not		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any				Losses (fr	om col. (h))
a										
b			<u> </u>							
<u>C</u>										
d										12 010
<u>e </u>	l		1						-	12,019
Capital gain net income or (net ca	apıtal loss)	If gain, also enter $\{$ If (loss), enter $\{$	er in Part I, line D- in Part I, line	7 7	}	2				12,019
Net short-term capital gain or (lo			nd (6):		٦					
If gain, also enter in Part I, line 8,		c).			}				N/A	
If (loss), enter -0- in Part I, line 8	i e									
or optional use by domestic privat	e foundation		-				ent Inco	ome	N/_A	
For optional use by domestic private section 4940(d)(2) applies, leave to vas the foundation liable for the security, the foundation does not quarter.	e foundation this part black ction 4942 alify under	ons subject to the section ank. tax on the distributable at section 4940(e). Do not c	4940(a) tax or mount of any you	i net investment in ear in the base pe art.	ncome riod?	3.)	ent Inco	me	N/A	Yes X N
For optional use by domestic private section 4940(d)(2) applies, leave to vas the foundation liable for the section 498, the foundation does not quate the appropriate amount in	e foundation this part black ction 4942 alify under	ons subject to the section ank. tax on the distributable at section 4940(e). Do not c	4940(a) tax or mount of any you	i net investment in ear in the base pe art.	ncome riod?	3.)	ent Inco	me	N/A	
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PREMIER HEALTHCARE FOUNDATION, INC. F/K/A SOUTHERN INDIANA PHYSICIAN HEALTH 35-2091279 Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) 874. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Add lines 1 and 2 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: 1,243 a 2013 estimated tax payments and 2012 overpayment credited to 2013 b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 60 d Backup withholding erroneously withheld 1,243. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 9 369. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 369 . Refunded 11 Enter the amount of line 10 to be: Credited to 2014 estimated tax 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 X any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b 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. X 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. > \$ 0 • (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. > \$ X 2 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 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4h X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. 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 X remain in the governing instrument? X 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 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)

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of each state as required by General Instruction G? If "No," attach explanation

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

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

	990-PF (2013) . F/K/A SOUTHERN INDIANA PHYSICIAN HEALTH 35-2091 art VII-A Statements Regarding Activities (continued)	279		Page 5
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		I	
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		_X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► IMA INC. Telephone no. ► 812-33		<u>331</u>	
	Located at ► 550 LANDMARK AVE., BLOOMINGTON, IN ZIP+4 ►47	403		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<u>,</u> ▶	Ш
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,	1 1	Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
Pa	country int 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
1 a	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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 X 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 X No			
	termination of government service, if terminating within 90 days.) If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
U	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	16		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A Organizations relying on a current notice regarding disaster assistance check here	"		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
•	before the first day of the tax year beginning in 2013?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):		ı	
а	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		į	
	before 2013?		1	
	If "Yes," list the years			
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.) N/A	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.			
^-	Dud the foundation hold more than a 20/ direct or indirect interest in only business enters and they time			
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No		j	
j.	during the year? If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after			
C	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.) N/A	3b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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		X

4b X Form **990-PF** (2013)

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Total number of other employees paid over \$50,000

Form **990-PF** (2013)

3 Five highest-paid independent contractors for professional services. If none,	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		(4,11,11)
210212		
	7	
	:	
Total number of others receiving over \$50,000 for professional services		> C
Part IX-A Summary of Direct Charitable Activities		T
List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research papers	statistical information such as the	Expenses
	s produced, etc.	
1 <u>N/A</u>		1
		-
2		
2		1
		1
3		
4		
Describe the two largest program-related investments made by the foundation during the tax year	ar on lines 1 and 2.	Amount
Describe the two largest program-related investments made by the foundation during the tax yes	ar on lines 1 and 2.	Amount
Describe the two largest program-related investments made by the foundation during the tax year	ar on lines 1 and 2.	Amount
Describe the two largest program-related investments made by the foundation during the tax yes N/A	ar on lines 1 and 2.	Amount
Describe the two largest program-related investments made by the foundation during the tax yes N/A	ar on lines 1 and 2.	Amount
	ar on lines 1 and 2.	Amount
Describe the two largest program-related investments made by the foundation during the tax yes N/A 2	ar on lines 1 and 2.	Amount
Describe the two largest program-related investments made by the foundation during the tax yes N/A	ar on lines 1 and 2.	Amount

Total. Add lines 1 through 3

F	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	1,260,124.
ь		1b	1,260,124. 39,973.
c		1c	<u> </u>
-	Total (add lines 1a, b, and c)	1d	1,300,097.
	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	1,300,097.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	19,501.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,280,596.
6	Minimum investment return Enter 5% of line 5	6	64,030.
F	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	64,030.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	874.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	63,156.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	63,156.
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	63,156.
_ F	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u>56,250.</u>
b	-0	1b	0.
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:		
а	Suitability test (prior IRS approval required)	3a	****
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	56,250.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	56,250.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	r the section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2013)

Part XIII · Undistributed Income (see instructions)

		T.		
	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				20.10
line 7				63,156.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			55,988.	··· = ·
b Total for prior years:				
		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: ▶\$56, 250.				
a Applied to 2012, but not more than line 2a			55,988.	
b Applied to undistributed income of prior			337333	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				262.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.		-,,,	0.
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 instr.	-		0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				62,894.
7 Amounts treated as distributions out of				02/031.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	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	<u> </u>			5 000 DE (0040)

PREMIER HEALTHCARE FOUNDATION, INC. F/K/A SOUTHERN INDIANA PHYSICIAN HEALTH

Part XIV Private Operating For		Structions and Part VI		35- <u>20</u> N/A	912/9 Page II
1 a If the foundation has received a ruling or			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
foundation, and the ruling is effective for					
b Check box to indicate whether the found		=	in section	4942(j)(3) or 49	142(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	3 101E(J)(0) 01 10	
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for		(-,	(-)	1	(0) 10101
each year listed					
b 85% of line 2a		-			
c Qualifying distributions from Part XII,					
line 4 for each year listed		Ì			
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		ŀ			
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 Info			if the foundation	n had \$5,000 or mo	ore in assets
at any time during the	he year-see insti	ructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who			ributions received by the	e foundation before the clos	se of any tax
year (but only if they have contributed m	iore than \$5,000). (See s	section 507(d)(2).)			
NONE					
b List any managers of the foundation who			(or an equally large port	ion of the ownership of a pa	artnership or
other entity) of which the foundation has	a 10% or greater intere	St.			
NONE				 .	
2 Information Regarding Contribution					
Check here X if the foundation of					
the foundation makes gifts, grants, etc. (d
a The name, address, and telephone numb	er or e-mail address of t	the person to whom appl	cations should be addre	essed:	
h The form of which and background he had				·	
b The form in which applications should be	e submitted and informa	tion and materials they si	nould include:		
c Any submission deadlines:					
v miy submission ucaumiles.					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	kinds of institutions, or	other factors:	
	, a. a. googiapino				
				_	
323601 10-10-13					Form 990-PF (2013)

F/K/A SOUTHERN INDIANA PHYSICIAN HEALTH

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Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year TO SUPPORT CHARITABLE TEE UP AGAINST CANCER UNRELATED SECTION 501 PURPOSE OF RECIPIENT (C)(3) P.O. BOX 82 <u>ORGANIZATIO</u> ORGANIZATION 1,000. SMITHVILLE, IN 47458 SECTION 501 TO SUPPORT CHARITABLE AMERICAN HEART ASSOCIATION UNRELATED P.O. BOX 4002902 (C)(3) PURPOSE OF RECIPIENT ORGANIZATIO ORGANIZATION DES MOINES, IA 50340-2902 LISTTOTAL 20000 10,000. SECTION 501 TO SUPPORT CHARITABLE BLOOMINGTON HOSPITAL FOUNDATION -UNRELATED (C)(3) PURPOSE OF RECIPIENT HOSPICE HOUSE 601 WEST SECOND STREET ORGANTZATTO ORGANIZATION 10,000. BLOOMINGTON, IN 47403 BREAST CANCER AWARENESS WALK (C/O UNRELATED SECTION 501 TO SUPPORT CHARITABLE BARB JOSEPH) (C)(3) PURPOSE OF RECIPIENT 211 SOUTH COLLEGE AVE **DRGANIZATIO** ORGANIZATION BLOOMINGTON, IN 47404 1,000. WONDERLAB SECTION 501 TO SUPPORT CHARITABLE UNRELATED PURPOSE OF RECIPIENT 308 WEST 4TH STREET (C)(3) BLOOMINGTON IN 47404 ORGANIZATIO ORGANIZATION 2,000. SHEET(S) SEE CONTINUATION ➤ 3a Total 56,250 b Approved for future payment NONE Total

Part XVI-A Analysis of Income-Producing Activities

	Unrelated	business income	L Cualudad b		
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	y section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	iunction income
a			 		
b	_		1		- -
c	- 		+		<u> </u>
<u> </u>			+		
e	- -		 		
g Fees and contracts from government agencies	_				
2 Membership dues and assessments			1 1		
3 Interest on savings and temporary cash					
investments			14	13,919.	
4 Dividends and interest from securities			14	23,265.	
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				İ	
7 Other investment income			1 - 1 -		
8 Gain or (loss) from sales of assets other					· · · · · · · · · · · · · · · · · · ·
than inventory			18	12,019.	
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	<u> </u>	49,203.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	49,203.
(See worksheet in line 13 instructions to verify calculations.	.)	· · · · · · · · · · · · · · · · · · ·			<u></u>
Part XVI-B Relationship of Activities	s to the Accor	nplishment of E	xempt Pu	urposes	
Lies No. Furlary halous have each patricks for subject in	nooma in rangetad in	asluma (a) of Dort VIII	A contributed	Limportantly to the accom	plahmant of
Line No. Explain below how each activity for which in the foundation's exempt purposes (other the			A contributed	importantly to the accom	ousament of
the foundation's exempt purposes (other th	an by providing faire	is for such purposes;			
					
					-
			-		
	_				
				<u>. </u>	
		 -			
					
					
	-	-			
					
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PREMIER HEALTHCARE FOUNDATION, INC. F/K/A SOUTHERN INDIANA PHYSICIAN HEALTH 35-2091279 Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No 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: X (1) Cash 1a(1) X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) Х 1b(2) (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees X 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c

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

COIU	mn (a) the value of the goods,	other assets, or servi	ices received.				
(a) Line no	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Descri	ption of transfers, transaction	ons, and sharing arrangements
		<u></u>	N/A				
			 				. <u> </u>
	<u> </u>	ļ					
ın sı	te foundation directly or indirect ection 501(c) of the Code (other es," complete the following sch (a) Name of org	er than section 501(c) nedule.	•	•		(c) Description of re	Yes X No
	N/A			(b) Typo or or garricus	-	(6) 200011911011 0111	
	M/ A						
							
				•			
Sign Here	Under penalties of perjury, I declare and belief, it is gue, correct, and co	mplete Declaration of pre			nformation of which prep		May the IRS discuss this return with the preparer shown below (see instr.)? X Yes No
	Print/Type preparer's n	ame	Preparer's si	onature /	Date	Check ıf	PTIN
Paid	DAVID B. C	HARLES	DAVID I	B. CHARLES	05/07/1	self- employed	P00530185
Prepa Use C	rer Firm's name ► KSM			CES, INC.	<u></u> ; , <u></u>		5-2123203
	Firm's address ▶ P .	O. BOX 40	857				
	· · · · · · · · · · · · · · · · · · ·			46240-0857		Phone no. (3	17) 580-2000
							Form 990-PF (2013

F/K/A SOUTHERN INDIANA PHYSICIAN HEALTH 35-2091279 PAGE Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) P 03/04/13 1a BANCO SANTANDER S A b FREEPORT MCMORAN COPPER P 03/04/13 c DIAGEO FINANCE BV P 01/26/07|04/02/13 10/04/06|06/20/13 P d MICROSOFT CORP 07/18/12|08/20/13 e ESTERLINE TECHNOLOGIES CORP P 09/10/12|09/16/13 f ZIONS BANCORPORATION PFD P g FISERV INC P 05/11/12|11/08/13 h k 1 m n 0 (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 16,310 30,827 <14,517.> а 40,211 37,100. <3,111.> b 0. 50,000. 50,000. C 4,307. 22,538. 26,845. d 29,939. 39,450 9,511. е 37,500 39,887. <2,387.> f 52,217 34,001 18,216. g h 1 m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (i) Adjusted basis (k) Excess of col. (1) but not less than "-0-") (i) F.M.V. as of 12/31/69 over col. (j), if any as of 12/31/69 <14,517.> а <3,111.> b 0. C 4,307. ď 9,511. е <2,387.> 18,216. 9 h k m n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } Capital gain net income or (net capital loss) 12,019.

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If gain, also enter in Part I, line 8, column (c).

If (loss), enter "-0-" in Part I, line 8

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

N/A

PREMIER HEALTHCARE FOUNDATION, INC. F/K/A SOUTHERN INDIANA PHYSICIAN HEALTH 35-2091279 Part XV | Supplementary Information

3 Grants and Contributions Paid During the Y	ear (Continuation)	_		
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<u> </u>	or substantial contributor	recipient		
THE WHILE GARDED BY WOMARY BEYON DROGERY	UNRELATED	SECTION 501	TO SUPPORT CHARITABLE	
IU HBH CARDIO PULMONARY REHAB PROGRAM	UNKELATED	(C)(3)	PURPOSE OF RECIPIENT	
601 WEST SECOND STREET BLOOMINGTON, IN 47403		ORGANIZATIO	ORGANIZATION	5,000
ELOOMINGTON, IN 47403		DRGANIZATIO	ORGANIZATION	
AMETHYST HOUSE INC	UNRELATED	SECTION 501	TO SUPPORT CHARITABLE	
P.O. BOX 1149		(C)(3)	PURPOSE OF RECIPIENT	
BLOOMINGTON, IN 47402		ORGANIZATIO	ORGANIZATION	2,000
AMERICAN RED CROSS	UNRELATED	SECTION 501	TO SUPPORT CHARITABLE	
411 E 7TH ST		(C)(3)	PURPOSE OF RECIPIENT	
BLOOMINGTON, IN 47408		ORGANIZATIO	ORGANIZATION	3,000
BOYS AND GIRLS CLUB OF BLOOMINGTON	UNRELATED	SECTION 501	TO SUPPORT CHARITABLE	
P.O. BOX 1716		(C)(3)	PURPOSE OF RECIPIENT	
BLOOMINGTON, IN 47402		ORGANIZATIO	ORGANIZATION	2,000
COMMUNITY FOUNDATION OF BLOOMINGTON	UNRELATED	SECTION 501	TO SUPPORT CHARITABLE	
AND MONROE COUNTY		(C)(3)	PURPOSE OF RECIPIENT	
101 W KIRKWOOD AVE #321		ORGANIZATIO	ORGANIZATION	
BLOOMINGTON, IN 47404				2,000
GIRLS, INC.	UNRELATED	SECTION 501	TO SUPPORT CHARITABLE	
1108 W 8TH ST.	ONGERIED	(C)(3)	PURPOSE OF RECIPIENT	
BLOOMINGTON, IN 47404		ORGANIZATIO	ORGANIZATION	2,000
MIDDLE WAY HOUSE	UNRELATED	SECTION 501	TO SUPPORT CHARITABLE	
P.O. BOX 95		(C)(3)	PURPOSE OF RECIPIENT	
BLOOMINGTON, IN 47402		ORGANIZATIO	ORGANIZATION	
		anamrov 501		
MONROE COUNTY YMCA Y FOR ALL PROGRAM	UNRELATED	SECTION 501 (C)(3)	TO SUPPORT CHARITABLE	
2125 S HIGHLAND AVE BLOOMINGTON, IN 47401		ORGANIZATIO	PURPOSE OF RECIPIENT ORGANIZATION	2,000
BLOOMINGION, IN 47401		DRGANIZATIO	DRGANTZATION	2,000
OLOCOTT CENTER	UNRELATED	SECTION 501	TO SUPPORT CHARITABLE	
619 WEST FIRST ST		(C)(3)	PURPOSE OF RECIPIENT	
BLOOMINGTON IN 47408		ORGANIZATIO	ORGANIZATION	3,000
PALS	UNRELATED	SECTION 501	TO SUPPORT CHARITABLE	
7644 W ELWREN RD		(C)(3)	PURPOSE OF RECIPIENT	
BLOOMINGTON IN 47403 Total from continuation sheets	.1	DRGANIZATIO	ORGANIZATION	4 000 32 250

F/K/A SOUTHERN INDIANA PHYSICIAN HEALTH 35-2091279

Part XV Supplementary Information			· · · · · · · · · · · · · · · · · · ·	
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contailed	
VOLUNTEERS IN MEDICINE (C/O	UNRELATED	SECTION 501	TO SUPPORT CHARITABLE	
BLOOMINGTON HOSPITAL FOUNDATION)		(C)(3)	PURPOSE OF RECIPIENT	
P.O. BOX 1149		ORGANIZATIO	ORGANIZATION	5 000
BLOOMINGTON, IN 47402		<u> </u>		5,000
SIDE-OUT FOUNDATION DIG PINK EVENT	UNRELATED	SECTION 501	TO SUPPORT CHARITABLE	
	UNKELATED	(C)(3)	PURPOSE OF RECIPIENT	
(C/O EDGEWOOD HIGH SCHOOL)		ORGANIZATIO	ORGANIZATION	
6601 EDGEWOOD DRIVE		ORGANIZATIO	ORGANIZATION	250
ELLETSVILLE, IN 47429				
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		<u> </u>		
Total from continuation sheets				

FORM 990-PF INTERE	ST ON SAVII	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE HILLIARD LYONS ACCOUNT #85054466 TOTAL TO PART I, LINE 3		REVE	REVENUE NET IN		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
		1			13,919.		
		1			13,919.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	M SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) EVENUE BOOKS	(B) NET INVES MENT INCC		
HILLIARD LYONS ACCOUNT #85054466	23,265	•	0.	23,265.	23,26	55.	
TO PART I, LINE 4	23,265		0.	23,265.	23,26	55.	
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(E NET IN MENT I	WEST-	(C) ADJUSTED NET INCOM		
LEGAL FEES	_	158.		0.	· <u>-</u>		0.
TO FM 990-PF, PG 1,	LN 16A =	158.		0.			0.
FORM 990-PF		ACCOUNTI	NG FEES	5		STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET IN	3) VEST- INCOME	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	_	2,545.	-	0.			0.
TO FORM 990-PF, PG	1, LN 16B	2,545.		0.			0.

0.

FORM 990-PF	TAX	ES	STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS			(D) CHARITABLE E PURPOSES		
FOREIGN TAXES IRS	783. 1,000.	783.		0.		
TO FORM 990-PF, PG 1, LN 18	1,783.	783.		0.		
FORM 990-PF	OTHER EXPENSES		STATEMENT 6			
DESCRIPTION	(A) EXPENSES PER BOOKS			(D) CHARITABLE E PURPOSES		
INVESTMENT FEES MISCELLANEOUS MANAGEMENT FEE	4,696. 32. 5,000.	0.		0. 0. 0.		
TO FORM 990-PF, PG 1, LN 23	9,728.	4,696.		0.		
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 7		
DESCRIPTION		вос	OK VALUE	FAIR MARKET VALUE		
ALLERGAN INC EATON CORP ENCANA CORP FREEPORT MCMORAN COPPER JOHNSON & JOHNSON MICROSOFT CORP MONSANTO COMPANY NEW NORFOLK SOUTHERN CORP NOVARTIS AG PEPSICO INC PROCTER & GAMBLE COMPANY THERMO FISHER WASTE MANAGEMENT INC DEL BANCO SANTANDER S A JOHNSON CONTROLS INC MAXIM INTEGRATED			24,388. 18,571. 29,750. 0. 25,866. 0. 13,185. 31,200. 29,821. 33,036. 24,394. 39,083. 26,759. 0. 29,827. 22,210.	44,432.60,895.21,660.0.36,636.0.34,965.55,698.48,228.41,470.32,564.89,080.35,896.0.51,300.33,480.		

XEROX CORP FISERV INC

PREMIER HEALTHCARE FOUNDATIO	N, INC. F/K/		35-2091279
HASBRO CORP		29,029.	44,008.
ESTERLINE TECHNOLOGIES		25,025.	0.
HESS CORP		22,569.	41,500.
THOMSON REUTERS CORP		29,811.	37,820.
ZIONS BANCORPORATION PFD		0.	0.
GENERAL MILLS INC		27,932.	34,937.
BB&T		27,971.	37,320.
TEXTAINER GROUP HOLDINGS		29,994.	32,176.
ACE LTD		34,574.	41,412.
PLUM CREEK TIMBER		29,662.	27,906.
SINCLAIR BROADCAST		27,501.	28,584.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	636,271.	960,647.
FORM 990-PF	CORPORATE BONDS		STATEMENT 8
FORM 990-PF DESCRIPTION	CORPORATE BONDS	BOOK VALUE	STATEMENT 8 FAIR MARKET VALUE
DESCRIPTION	CORPORATE BONDS		FAIR MARKET VALUE
DESCRIPTION DIAGEO FINANCE BV	CORPORATE BONDS	0.	FAIR MARKET VALUE
DESCRIPTION DIAGEO FINANCE BV GOLDMAN SACHS GROUP INC	CORPORATE BONDS	0. 27,274.	FAIR MARKET VALUE 0. 27,534.
DESCRIPTION DIAGEO FINANCE BV GOLDMAN SACHS GROUP INC NATIONAL CITY BANK IND	CORPORATE BONDS	0. 27,274. 25,557.	FAIR MARKET VALUE 0. 27,534. 26,566.
DESCRIPTION DIAGEO FINANCE BV GOLDMAN SACHS GROUP INC NATIONAL CITY BANK IND NOVARTIS CAPITAL CORP	CORPORATE BONDS	0. 27,274. 25,557. 51,538.	FAIR MARKET VALUE 0. 27,534. 26,566. 51,667.
DESCRIPTION DIAGEO FINANCE BV GOLDMAN SACHS GROUP INC NATIONAL CITY BANK IND NOVARTIS CAPITAL CORP STATOILHYDRO ASA	CORPORATE BONDS	0. 27,274. 25,557. 51,538. 53,459.	FAIR MARKET VALUE 0. 27,534. 26,566. 51,667. 50,476.
DESCRIPTION DIAGEO FINANCE BV GOLDMAN SACHS GROUP INC NATIONAL CITY BANK IND NOVARTIS CAPITAL CORP STATOILHYDRO ASA TOTAL CAPITAL	CORPORATE BONDS	0. 27,274. 25,557. 51,538. 53,459. 51,333.	FAIR MARKET VALUE 0. 27,534. 26,566. 51,667. 50,476. 51,477.
DESCRIPTION DIAGEO FINANCE BV GOLDMAN SACHS GROUP INC NATIONAL CITY BANK IND NOVARTIS CAPITAL CORP STATOILHYDRO ASA TOTAL CAPITAL AMERICA MOVIL SAB DE CV	CORPORATE BONDS	0. 27,274. 25,557. 51,538. 53,459. 51,333. 54,310.	FAIR MARKET VALUE 0. 27,534. 26,566. 51,667. 50,476. 51,477. 54,298.
DESCRIPTION DIAGEO FINANCE BV GOLDMAN SACHS GROUP INC NATIONAL CITY BANK IND NOVARTIS CAPITAL CORP STATOILHYDRO ASA TOTAL CAPITAL	CORPORATE BONDS	0. 27,274. 25,557. 51,538. 53,459. 51,333.	FAIR MARKET VALUE 0. 27,534. 26,566. 51,667. 50,476. 51,477.

396,613. 388,037.

TOTAL TO FORM 990-PF, PART II, LINE 10C

	OF OFFICERS, DIFOUNDATION MANAGE	STATEMENT 9		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
LAWRENCE RINK, MD 550 SOUTH LANDMARK AVENUE BLOOMINGTON, IN 47403	PRESIDENT 1.00	0.	0.	0.
MARK DAYTON, MD 550 SOUTH LANDMARK AVENUE BLOOMINGTON, IN 47403	VICE PRESIDENT 1.00	0.	0.	0.
PRODY GHOSH, MD 550 SOUTH LANDMARK AVENUE BLOOMINGTON, IN 47403	DIRECTOR 1.00	0.	0.	0.
WESLEY RATLIFF, MD 550 SOUTH LANDMARK AVENUE BLOOMINGTON, IN 47403	DIRECTOR 1.00	0.	0.	0.
KEN KACZMAREK 101 WEST KIRKWOOD AVENUE BLOOMINGTON, IN 47404	SECRETARY/TREAS	SURER 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.