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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.

_		ar year 2013 or tax year beginning $0 / / 01 / 13$, a	and ending 06/3	0/14						
	me of fou				A Emplo	yer identification number				
		S HEALTH CARE FOUNDATION OF			1 20	1 (70 (01				
_		I COUNTY INC			+	-1672681 one number (see instructions)				
		street (or PO box number if mail is not delivered to street address) ${\sf COMERFORD~\&~CO.,~36~W.~5TH~ST}$	i	om/sute		5-472-2387				
		state or province, country, and ZIP or foreign postal code	<u></u> _		 	J 412 2301				
	ERU	IN 46970			C If exemption application is pending, check here					
			n of a former public ch	aritv	D 1 For	reign organizations, check here	• □			
_		Final return Amended	·			reign organizations meeting the				
		Address change Name cha			1	% test, check here and attach				
	Charle t	ype of organization. X Section 501(c)(3) exempt private	<u> </u>		┤					
<u></u>			e private foundation			te foundation status was termii i 507(b)(1)(A), check here	nated under			
			X Cash Acc		1					
		ket value of all assets at par (from Part II, col (c), Other (specify)	⊼ Cash	ruai		oundation is in a 60-month term section 507(b)(1)(B), check hei	.			
	ne 16) i	0 050 065	o on each basis)							
	art I				' -		(d) Disbursements			
	ant r	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net in:		(c) Adjusted net income	for charitable purposes			
		the amounts in column (a) (see instructions))	books	11100		income	(cash basis only)			
	1	Contributions, gifts, grants, etc , received (attach schedule)	13,938	ļ						
	2	Check ▶ ☐ If the foundation is not required to attach Sch. B	<u></u>							
<u></u>	3	Interest on savings and temporary cash investments	11,973		11,973					
AVW ROJANING COCO	4	Dividends and interest from securities	159,400	1	59,400					
50	5a	Gross rents								
20	b	Net rental income or (loss)								
35	6a	Net gain or (loss) from sale of assets not on line 10 STMT 1	133,001	ļ						
Πž	b	Gross sales price for all assets on line 6a 895, 388					····			
A	7	Capital gain net income (from Part IV, line 2)		ļ <u>1</u>	.39 , 753	0				
B	8	Net short-term capital gain				0	: 			
	1	Income modifications								
27	10a	Gross sales less returns and allowances								
	b	Less: Cost of 1900 (Est) (attached use)								
2015	11	Other income (attach schedule) STMT 2	5,946		5,941					
<u>ن</u>	12	Total Additines 12through 115	324,258	1	317,067	0				
_	13	Compensation of officers, directors, trustees, etc.	13,154		10,004	-	3,150			
es	14									
penses	15	Other employee salanes and wages Pension plans, employee benefits								
		Legal fees (attach schedule)								
Operating and Administrative Ex	Ь	Accounting fees (attach schedule) STMT 3	6,675		5,006		1,669			
Š	С	Other professional fees (attach schedule)		<u> </u>						
<u>ra</u>	17	Interest								
ist	18	Taxes (attach schedule) (see instructions) STMT 4	5,869	7	5,869					
Ë	19	Depreciation (attach schedule) and depletion $STMT$ 5	76	ļ	76					
þ	20	Occupancy	1,541	ļ	1,156		385			
9	21	Travel, conferences, and meetings		 						
an	22	Printing and publications								
0	23	Other expenses (att. sch.) STMT 6	6,722	1	6,541		181			
ati	24	Total operating and administrative expenses.	24 027		20 650		F 30F			
Jec	25	Add lines 13 through 23 Contributions, gifts, grants paid SEE STATEMENT 7	34,037	ļ	28,652	0	5,385			
õ	25	•	347,201 381,238		20 652	0	347,201 352,586			
_	26	Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12:		-	28,652		352,586			
	a	Excess of revenue over expenses and disbursements								
	Ь	Net investment income (if negative, enter -0-)	30,980		288,415					
	c	Adjusted net income (if negative, enter -0-)	-	 	, 0	0	,			

	Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End of	year
	FAR B	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
П	1	Cash – non-interest-bearing	225,386	61,	822	61,822
	2	Savings and temporary cash investments	42,648	17,	651	17,651
	3	Accounts receivable ▶		·		
		Less: allowance for doubtful accounts ▶			Ì	
ļ	4	Pledges receivable ▶				
	•	Less allowance for doubtful accounts			İ	
	5	Grants receivable			$\neg \neg$	
	6					
1	0	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see				
	_	instructions)				
	7	Other notes and loans receivable (att schedule)				
		Less: allowance for doubtful accounts ▶ 0				
ş	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges	3,032	1,	933	1,933
Ä	10a	Investments – U.S and state government obligations (attach schedule)				
	b	investments – corporate stock (attach schedule) SEE STMT 8	7,123,846	7,261,	965	<u>8,778,559</u>
	С	Investments – corporate bonds (attach schedule)				
	11	Investments – land, buildings, and equipment basis • 47,377				
		Less accumulated depreciation (attach sch.) ► STMT 9 30, 401	21,714	16,	976	
	12	Investments – mortgage loans				
	13	Investments – other (attach schedule)				-
	14	Land, buildings, and equipment basis ► 1,000				
		Less accumulated depreciation (attach sch.) ► STMT 10 1,000	76			
	15	Other assets (describe ▶)				
	16	Total assets (to be completed by all filers – see the				
		instructions. Also, see page 1, item I)	7,416,702	7,360,	347	8,859,965
_	17	Accounts payable and accrued expenses	171107102	,,500,	<u> </u>	070337303
		• •				
ģ	18	Grants payable				
Liabilities	19	Deferred revenue				
豆	20	Loans from officers, directors, trustees, and other disqualified persons				
뿔	21	Mortgages and other notes payable (attach schedule)	7.6			
	22	Other liabilities (describe ► SEE STATEMENT 11)	76		38	
_	23	Total liabilities (add lines 17 through 22)	76		38	
		Foundations that follow SFAS 117, check here				
es		and complete lines 24 through 26 and lines 30 and 31.				
2	24	Unrestricted	7,416,626	7,360,	309	
ᆱ	25	Temporarily restricted				
8	26	Permanently restricted				•
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here	T			
ī		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds				
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
88	29	Retained earnings, accumulated income, endowment, or other funds				
Ā	30	Total net assets or fund balances (see instructions)	7,416,626	7,360,	309	
ž	31	Total liabilities and net assets/fund balances (see	7	7,5,5,1		
	"		7,416,702	7,360,	347	
	Part I	instructions) Analysis of Changes in Net Assets or Fund Balances	1 410/102	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J4 /	······································
_			agree with			
1		net assets or fund balances at beginning of year – Part II, column (a), line 30 (must a	agree will)		ارا	7 416 606
		of-year figure reported on prior year's return)			1	7,416,626
		amount from Part I, line 27a			2	-56,980
		r increases not included in line 2 (itemize) SEE STATEMENT 12		ļ	3	663
		nes 1, 2, and 3			4	7,360,309
		eases not included in line 2 (itemize) ▶			5	
€	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b),	line 30		6	7,360,309

Part IV Capital Gains an	<u>d Losses for Tax on Investme</u>	nt Income	,			
	be the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acc		(d) Date sold (mo , day, yr)
1a CAPITAL GAIN DIS	STRIBUTIONS					
<u>b</u>						
<u>C</u>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		(h) Gain (e) plus (f	• •
a 139,753						139,753
b						
<u>c</u>						
d e						
	gain in column (h) and owned by the four	ndation on 12/31/69		() (Gaine (Col	(h) gain minus
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (j), if any	1	k), but not	less than -0-) or om col (h))
а				Ï.,		139,753
b						
c		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
e d						
2 Capital gain net income or (net cap	If gain, also enter in If (loss), enter -0- in			2		139,753
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)					100,100
	olumn (c) (see instructions). If (loss), en	ter -0- ın				
Part I, line 8				3		
	der Section 4940(e) for Reduc oundations subject to the section 4940(a			me		
	·) tax on het investine	ant income)			
If section 4940(d)(2) applies, leave this	рап ыапк					
	n 4942 tax on the distributable amount of under section 4940(e) Do not complete	• •	e penod?			Yes X No
1 Enter the appropriate amount in ea	ch column for each year; see the instruc	tions before making	any entnes			
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net valu	(c) e of nonchantable-use asset	ıs		(d) inbution ratio divided by col (c))
2012	251	,878	7,481,	721		0.033666
2011					_	
2010						
2009 2008	· · ·		- •		-	
2000	· · · · · · · · · · · · · · · · · · ·	I				··· <u>-</u>
2 Total of line 1, column (d)				2		0.033666
•	year base period – divide the total on line	e 2 by 5, or by the				
number of years the foundation has	s been in existence if less than 5 years			3	-	0.033666
4 Enter the net value of nonchantable	e-use assets for 2013 from Part X, line 5	į		4		8,356,404
5 Multiply line 4 by line 3				. 5		281,327
6 Enter 1% of net investment income	e (1% of Part I, line 27b)			6		2,884
7 Add lines 5 and 6				7		284,211
9 Enter qualifying distributions from F	Part VII. line 4			8		352,586
8 Enter qualifying distributions from F If line 8 is equal to or greater than I Part VI instructions	-art XII, line 4 line 7, check the box in Part VI, line 1b, a	and complete that par	rt using a 1% tax rate		l ——	

			•		·. ·
	990-PF (2013) DUKES HEALTH CARE FOUNDATION OF 20-1672681	•		Pa	ge 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 ▶ ☐ and enter "N/A" on line 1.				
L	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			2 (004
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			<u> </u>	<u> 884</u>
_	here X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				
2	Part I, line 12, col. (b). Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				Ω
3	Add lines 1 and 2			2,8	387
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				704
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			2,8	384
6	Credits/Payments:		······································		703
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) 6c				
d	Backup withholding erroneously withheld 6d				
7 7	Total credits and payments. Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8				66
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			2	950
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			۷,	<u> </u>
1	Enter the amount of line 10 to be: Credited to 2014 estimated tax Refunded 11				
******	rt VII-A Statements Regarding Activities				
 1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a	103	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		<u> </u>	_	
	Instructions for the definition)?		1 _b		Х
	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.				
С	·	N/A	1 _c	ſ	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	11/11	- <u>'`</u> -		
•	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
•	on foundation managers. > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	Ì	X
-	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		X
b		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	14/11	5		X
•	If "Yes," attach the statement required by General Instruction T		<u> </u>		
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	Χ	
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	X	
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			^	
Ju	IN				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	· · · · · · · · · · · · · · · · · · ·	N/A	9.	ŀ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	74 \ U	8b		
9	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes,"			ŀ	
	• • • • • • • • • • • • • • • • • • • •				Х
0	complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		9		
·	names and addresses		10		Х
	names and additioned		50m 99		

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	rt VII-B Statements Regarding Activities for Which Form 4	720 May Be Re	equired (contin	nued)		
5a	During the year did the foundation pay or incur any amount to.					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494	5(e))?	□ \(\bar{\pi} \) \(res X No		
	(2) Influence the outcome of any specific public election (see section 4955); or to c			_		
	directly or indirectly, any voter registration drive?		\ _ \	res X No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			∕es X No		
	(4) Provide a grant to an organization other than a charitable, etc., organization des	scribed in)		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)			res X No		
	(5) Provide for any purpose other than religious, chantable, scientific, literary, or ed	ucational				
	purposes, or for the prevention of cruelty to children or animals?			res X No		
ь	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the	ne exceptions desc	ribed in			
	Regulations section 53.4945 or in a current notice regarding disaster assistance (se			N/A	5b	1
	Organizations relying on a current notice regarding disaster assistance check here	,		▶ 🗀		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	he tax		٠ ـــا		
•	because it maintained expenditure responsibility for the grant?		N/A 🗍	∕es		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).		117 11			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay p	remiums				
vu	on a personal benefit contract?	remaine		res X No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a person	nal benefit contract		. 55 (Z) (NO	6b	X
	If "Yes" to 6b, file Form 8870.	iai benent contract				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter	r transaction?		res X No		
	If "Yes," did the foundation receive any proceeds or have any net income attributable			N/A	7b	, i
	Information About Officers, Directors, Trustees, Fou					
FC	and Contractors	madon mana	gers, riigiliy i	aid Lilipioye	53,	
1 1	ist all officers, directors, trustees, foundation managers and their compensat	ion (see instruction	one)			
	and the officers, threaters, that the managers and their compensati	ion (see mistraoti		(d) Contributions to	Π-	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit	(e) Ex	pense account,
	(a) Name and address	devoted to position	enter -0-)	plans and deferred compensation	othe	er allowances
	D CMARDADAM 12	<u> </u>		Compensation	\vdash	
SE	E STATEMENT 13					
						
		<u> </u>			\vdash	
				Ì		
					\vdash	
		,				
_		line 4 and instan				
2	Compensation of five highest-paid employees (other than those included on "NONE."	line 1 – see instri	uctions). If none,	enter		
	NONE.		<u> </u>	400	т	
	(a) blome and address of each ample to paid mass than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit	(e) Ex	pense account,
	(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	plans and deferred	othe	er allowances
				compensation	\vdash	
NC	NE	•				
					┼	
					——	
		,				
					┼	
				 _	 	
		 	L <u></u>	L	<u> </u>	
ota	I number of other employees paid over \$50,000			· · · · · · · · · · · · · · · · · · ·	<u> </u>	0
				F	:orm 99	90-PF (2013)

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Part VIII	Information About Officers, Directors, Trustees, Foundati	on Managers, Highly Paid Em	ployees,
	and Contractors (continued)		
3 Five high	hest-paid independent contractors for professional services (see instruction		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			
_			
Total number of	of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	n's four largest direct chantable activities during the tax year. Include relevant statistical information such as	the number of	Expenses
	d other beneficianes served, conferences convened, research papers produced, etc		
1 N/A			
2			
_			
3			
4			
Part IX-B	Summary of Program-Related Investments (see instruction	ons)	
	largest program-related investments made by the foundation during the tax year on lines 1 and 2	<u> </u>	Amount
1 N/A		•	
2			
All other program	validad investments. See instructions		
All other program	n-related investments. See instructions		
-			

Total. Add lines 1 through 3

qualifies for the section 4940(e) reduction of tax in those years.

POIII	930-FF (2013) DUNES HEALIN CARE FOUNDATION OF 20 1072001		Page 6
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	faun	dations,
	see instructions.)		·
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	8,275,891
þ	Average of monthly cash balances	1b	190,791
C	Fair market value of all other assets (see instructions)	1c	16,977
d	Total (add lines 1a, b, and c)	1d	8,483,659
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	8,483,659
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		_
	instructions)	4	127,255
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	8,356,404
6	Minimum investment return. Enter 5% of line 5	6	417,820
P	Distributable Amount (see Instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here		
1	Mınımum investment return from Part X, line 6	1	417,820
2a	Tax on investment income for 2013 from Part VI, line 5		
ь	Income tax for 2013. (This does not include the tax from Part VI.)	1	
c	Add lines 2a and 2b	2c	2,884
3	Distributable amount before adjustments Subtract line 2c from line 1	3	414,936
4	Recoveries of amounts treated as qualifying distributions	4	121/300
5	Add lines 3 and 4	5	414,936
6	Deduction from distributable amount (see instructions)	6	121/300
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	٣	
•	line 1	7	414,936
			414,000
P	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	352,586
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	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	352,586
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	<u> </u>	302,000
•	Enter 1% of Part I, line 27b (see instructions)	5	2,884
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	349,702
v	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation		347,102
	mote, the amount on line o will be used in hart at walling to this subsequent years when calculating whether the foundation		

Form **990-PF** (2013)

Pa	rt XIII Undistributed Income (see instructions)		1		
1	Distributable amount for 2013 from Part XI,	(a) Corpus	(b) Years pnor to 2012	(c) 2012	(d) 2013
	line 7				414,936
2	Undistributed income, if any, as of the end of 2013:				
	Enter amount for 2012 only			118,305	
b	Total for pnor years. 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2013:				
а	From 2008				
b	From 2009				
C	From 2010			,	
đ	From 2011				
е	From 2012				
f	Total of lines 3a through e				
4	Qualifying distributions for 2013 from Part XII,				
	line 4 [.] ▶ \$ 352,586	_			
а	Applied to 2012, but not more than line 2a			118,305	
b	Applied to undistributed income of prior years				
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2013 distributable amount				234,281
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2013				
	(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:				
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5				
	Pnor years' undistributed income. Subtract			<u> </u>	
	line 4b from line 2b				
С	Enter the amount of pnor years' undistributed				•••••
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				*************************************
_	amount – see instructions				
е	Undistributed income for 2012 Subtract line				······································
٠	4a from line 2a. Taxable amount – see				
	Instructions				
f	Undistributed income for 2013. Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2014				180,655
7	Amounts treated as distributions out of corpus				100/033
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2008 not				
0	applied on line 5 or line 7 (see instructions)				
n			 	!	
9	Excess distributions carryover to 2014.	1			
40	Subtract lines 7 and 8 from line 6a		 	 	
10	Analysis of line 9:				
a	Excess from 2009	1			
b	Excess from 2010	1			
C	Excess from 2011	-			
d	Excess from 2012				
<u>e</u>	Excess from 2013		<u>i</u>	<u> </u>	

Form 990-PF (2013) DUKES HEALTH CARE FOUNDATION OF

20-1672681

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SEE STATEMENT 16 347,201 347,201 Total ▶ 3a b Approved for future payment N/A Total ▶ 3b

Enter gross am	ounts unless otherwise indicated					
		(a) Business code	d business income (b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program se	ervice revenue:			- Code		(See instructions)
			· · · · · · · · · · · · · · · · · · ·			
c		_				
d		_	·	-		
		_				
f		_		-		
_	nd contracts from government agencies		· · · · · · · · · · · · · · · · · · ·	-		
	p dues and assessments		· · · · · · · · · · · · · · · · · · ·	-		11 07
	savings and temporary cash investments		· · · <u></u>			11,97
	and interest from securities					159,400
	ncome or (loss) from real estate					
	nanced property	<u> </u>		+		
	bt-financed property			+	·	
	ncome or (loss) from personal property			+		
7 Other inves						122 00:
•	ss) from sales of assets other than inventory					133,00
	e or (loss) from special events					
-	it or (loss) from sales of inventory		. <u>.</u>			
11 Other reve	PMENT LEASE INCOME	-				5 041
		-		 		5,941
	CELLANEOUS	-				
				 		
e	dd columns (b), (d), and (e)	 		0	0	310,320
	line 12, columns (b), (d), and (e)	l		<u> </u>	13	310, 320
	t in line 13 instructions to verify calculations.)				13 _	310,320
Part XVI-I	******	Accomplishme	ent of Exempt F	urnose		
Line No.	Explain below how each activity for which incom					
▼	accomplishment of the foundation's exempt pur					
NT / 7N			<i>y</i> p. o	sucn purp	oses). (See instructions	.)
N/A	_		, p. o	sucn purp	oses). (See instructions	.)
N/A			<u>, promeng te ne te</u>	such purp	oses). (See instructions	.)
N/A			, , , , , , , , , , , , , , , , , , , ,	sucn purp	oses). (See instructions	.)
N/A			, providing the control of	sucn purp	oses). (See instructions	.)
N/A -			, proving and the	sucn purp	oses). (See instructions	.)
N/A			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	sucn purp	oses). (See instructions	.)
N/A			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	sucn purp	oses). (See instructions	.)
N/A			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	sucn purp	oses). (See instructions	.)
N/A				sucn purp	oses). (See instructions	.)
N/A				sucn purp	oses). (See instructions	.)
N/A				sucn purp	oses). (See instructions	.)
N/A				sucn purp	oses). (See instructions	.)
N/A				sucn purp	oses). (See instructions	.)
N/A				sucn purp	oses). (See instructions	.)
N/A				sucn purp	oses). (See instructions	.)
N/A				sucn purp	oses). (See instructions	.)
N/A				sucn purp	oses). (See instructions	.)
N/A				sucn purp	oses). (See instructions	
N/A				sucn purp	oses). (See instructions	.)
N/A				sucn purp	oses). (See instructions	
N/A				sucn purp	oses). (See instructions	.)
N/A				sucn purp	oses). (See instructions	.)
N/A				sucn purp	oses). (See instructions	
N/A				sucn purp	oses). (See instructions	

PERU, IN 46970-2219

Part)					ansfers To				nships Wi	th Noncharitabl		Га	ye i
I Cart J		-	Organiza	_	ansiers ro	and mans	actioi	is and iteration	isinps wi	an nononanabi			
1 Did					ge in any of the	e following with	n any o	ther organization de	scnbed			Yes	No
in s	ection 501((c) of the	Code (othe	er than secti	on 501(c)(3) oı	rganizations) d	r ın sed	ction 527, relating to	political				
org	anızatıons?	•											
a Tra	nsfers from	the repor	rtıng found	lation to a ne	onchantable ex	cempt organiza	ation of				ĺ	1	
• •	Cash										1a(1)		X
	Other asse										1a(2)	ļ	X
	er transact											1	ļ .,
					torganization	4					1b(1)	T	X
٠,					exempt organi	ization					1b(2) 1b(3)	_	X
٠,	Reimburse	· · · · · · · ·	• •	, or other as	sets						1b(3)		X
• •	Loans or lo		_	•							1b(5)		X
				embership o	or fundraising s	olicitations					1b(6)	-	X
				•	other assets, o		ees				1c		Х
								nn (b) should alway	s show the fa	aır market			
								he foundation recei					
								the goods, other as					
(a) Lir	ie no	(b) Amount	Involved	(c) Nam	ne of noncharitable	exempt organizatio	n	(d) Description	n of transfers, tr	ansactions, and sharing arr	angeme	ents	
<u>N/A</u>						<u> </u>				 -			
				<u> </u>						_			
				<u> </u>									
				 									
				 									
													
					•					•			
						-							
2a Ist	he foundation	on directly	y or indired	ctly affiliated	with, or related	d to, one or mo	ore tax-	exempt organizatio	ns	-		_	_
des	cribed in se	ection 501	I(c) of the	Code (other	than section 5	i01(c)(3)) or in	section	1 527?		L	Y	es X	No
b If "	res," comp			hedule	T								
		Name of orga	nızatıon		(b) Typ	e of organization			(c) Descrip	otion of relationship			
N/2	4			-	 								
						-							
					1					 			
					<u> </u>								
										my knowledge and belief,	ıt ıs tru	е,	
	correct, and o	complete De	eclaration of p	preparer (other	than taxpayer) is b	ased on all inform	ation of v	vhich preparer has any ki	nowledge	May the IRS discu	uss this r	eturn	
Sign		()	// /		\					with the preparer			¬
Here	12	/	$V \setminus I$		hlin	1/2				(see instructions)?	<u>, M</u>	Yes	No
		_91	٧ ٧		L Wa	/ \1/W		5-1 <u>7-1</u> 3	VICE	PRESIDENT	<u> </u>		
	Signatur	re of officer o	r trustee				Date		Title				
	Pnnt/Type	preparer's na	eme			Preparer's	signature	-		Date		Check	
Paid							. ,	0/10) an			setf-en	nployed
Preparer	KEVIN	R. COI	MERFOR			1 /1/	is H	r. Wirthped ,	U17	05/12		•	
Use Only	Firm's nam					PC /				PTIN POC			_
	Firm's addr	ress 🕨	36 W	FIFTH	ST			//		Firm's EIN ▶ 20 -	<u> 212</u>	260	9

Form 990-PF (2013)

765-472-2387

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

Name of the organization

Organization type (check one):

DUKES HEALTH CARE FOUNDATION OF MIAMI COUNTY INC

CARE ECHNEATION OF

20-1672681

Employer identification number

Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt chantable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt chantable trust treated as a private foundation
	501(c)(3) taxable private foundation
	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	g Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or contributor. Complete Parts I and II.
Special Rules	
under sections 509(a)(1	organization filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regulations 1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of 10 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.
during the year, total co	(8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, intributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, s, or the prevention of cruelty to children or animals. Complete Parts I, II, and III
dunng the year, contribution of total to more than \$ year for an exclusively recommendation of the second s	(8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, utions for use exclusively for religious, chantable, etc., purposes, but these contributions did 1,000. If this box is checked, enter here the total contributions that were received during the religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule tion because it received nonexclusively religious, chantable, etc., contributions of \$5,000 or
	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 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 990-PF, 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

DUKES HEALTH CARE FOUNDATION OF

Employer identification number 20-167268.1

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CLARENCE C HOLMES TRUST C/O MUTUAL WEALTH MANAGEMENT GROUP 11711 NORTH MERIDIAN ST., SUITE 170 CARMEL IN 46032	\$ 11,797	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	-	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury

	•	HEALTH CARE	FOUNDATI		to your tax rei	Identify	ing numi	ber 2681
	ss or activity to which this form relates					•		
	NDIRECT DEPRECIATI		arta Undan Ca	-tion 470				
Fö	Election To Expension Note: If you have a				omolete Par	+ I		
1	Maximum amount (see instructions		, complete Fai	t v belole you c	ompiete i ai	l I.	1	500,000
2	Total cost of section 179 property p	•	instructions)				2	
3	Threshold cost of section 179 prop	•	•	structions)			3	2,000,000
4	Reduction in limitation. Subtract line	•	•	ou doublis,			4	270007000
5	Dollar limitation for tax year Subtract lin		,	πed filmo separately, se	e instructions		5	
6	(a) Description		1000, Oritor o II mai	(b) Cost (business use		c) Elected cost		
	· · · · · · · · · · · · · · · · · · ·							
7	Listed property. Enter the amount f	rom line 29			7			
8	Total elected cost of section 179 pr		in column (c), lines	s 6 and 7			8	
9	Tentative deduction. Enter the small	aller of line 5 or line 8	, ,				9	
10	Carryover of disallowed deduction	from line 13 of your 20	012 Form 4562				10	
11	Business income limitation. Enter the	he smaller of business	s income (not less	than zero) or line 5 (s	see instructions)	11	
12	Section 179 expense deduction Ad	dd lines 9 and 10, but	do not enter more	than line 11			12	
13	Carryover of disallowed deduction			<u> </u>	13			
Note	: Do not use Part II or Part III below	for listed property Ins	stead, use Part V.			_		
P	rt II Special Depreciati	ion Allowance a	nd Other Depi	reciation (Do no	t include list	ed proper	ty.) (See instructions.)
14	Special depreciation allowance for	qualified property (oth	ner than listed prop	erty) placed in servic	e			
	during the tax year (see instruction	s)					14	
15	Property subject to section 168(f)(1) election					15	
16	Other depreciation (including ACRS	•			 -		16	4,738
Pa	urt 間 MACRS Depreciat	ion (Do not inclu			ctions.)			
				ion A				
17	MACRS deductions for assets place	ed in service in tax ye	ears beginning befo	ore 2013			17	76
<u>18</u>	If you are electing to group any assets placed					<u> </u>	<u>L</u>	
	Section B—	Assets Placed in Se	T	1	e General Dep	reciation Sy	/stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only-see instruct	int use	(e) Convention	(f) Metho	od	(g) Depreciation deduction
<u>19a</u>	3-year property	4				1		
<u>b</u>	5-year property	_						
<u> </u>	7-year property							
	10-year property	4						
<u>е</u>	15-year property	4						
f_	20-year property	1			ļ	-		
	25-year property			25 yrs	<u> </u>	S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27 5 yrs.	MM	S/L		
i	Nonresidential real property			39 yrs.	MM	S/L		
	<u> </u>	i Posta Discod in San	ion During 2012 3	For Year Hains the	MM MM	S/L		- <u></u>
20-		ssets Placed in Serv	nce During 2013	ax rear using the	MICHIALIVE DE			<u> </u>
	Class life	-		12		S/L		
	12-year			12 yrs.	1 1 1 1 1 1	S/L		
_	40-year Summary (See ins	tructions \	l	40 yrs	<u> MM</u>	S/L		<u> </u>
							24	
21 22	Listed property. Enter amount from Total. Add amounts from line 12, in		nee 10 and 20 in as	Jumn (a) and line 21	Enter here		21	
	and on the appropriate lines of you	=			. בווטו ווטופ		22	4,814

portion of the basis attributable to section 263A costs

For assets shown above and placed in service during the current year, enter the

23

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

•		Net Gain / Lośs	1,339		-1,383		-2,607		-4,277		176	-6,752
		Depreciation	<u></u>									\$ 0
		Expense	ς, 									\$ 0
		Cost	461,734 \$	•	58,583		110,407		100,000		31,663	762,387 \$
How	Received	Sale Price	PURCHASE 463,073 \$	PURCHASE	57,200	PURCHASE	107,800	PURCHASE	95,723	PURCHASE	31,839	755,635 \$
		Date Sold	N INCOME FD 7/18/13 S	UST	9/09/13	UST	9/09/13	ERICA	2/06/13 9/09/13	SUB NT	12/17/13	
	Description	Date Acquired	CLIN INCOME	HI-INC TR	2/06/13	HI-INC TR	2/06/13	FUND OF AM	2/06/13	GROUP INC	10/03/06 12/17/13	
	Dt	Whom Sold	197,052.213 SH FRANKLIN INCOME FD	5125.448 SH AMERICAN	2/06/13 9/09/13	9659.498 SH AMERICAN	2/06/13 9/09/13	7776.05 SH THE BOND FUND OF AMERICA		30000 GOLDMAN SACHS GROUP INC SUB NT		TOTAL

Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

acitairo o O	Keve	enue per		Net investment	Adjusted Net
Description		OORS	=		
EQUIPMENT LEASE INCOME	ᡐ	\$ 5,941	ᡐ	5,941	ᡐ
MISCELLANEOUS		را			
TOTAL	တ	5,946	တ	5,941	\$

Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

Charitable Purpose	\$ 1,669	\$ 1,669
Adjusted Net	\$	0 \$
Net /estment	5,006	5,006
In	တ	ςς.
Total	6,675	6,675
Description	ACCOUNTING FEES	TOTAL

20-1672681		Federal S	Statements			
	Statement 4		- Form 990-PF, Part I, Line 18 - Taxes	18 - Taxes		•
Description		Total	Net Investment		Adjusted Net	Charitable . Purpose
FOREIGN TAX EXPENSE PRIVATE FOUNDATION TAX	ر س	1,878	\$ 1,878	78 \$ 91	<i>\$</i> ₽	•
—	w.	5,869	\$ 5,8	\$ 698	w	0
	Statement 5	- Form 990-PF,	Part I, Line 19	- Depreciation		
Description	u					
Date Cost Acquired Basis	Prior Year Depreciation	Method	d	Current Year Depreciation	Net Investment Income	Adjusted Net
FILE CABINET 4/06/07 \$ 1,000 \$	924	200DB	7	92 \$	97 \$	ళ
TOTAL \$ 1,000 \$	924			\$ 76	\$ 76	0
	Statement 6 - F	Form 990-PF, F	Part I, Line 23 - C	Other Expenses		
Description		Total	Net Investment		Adjusted Net	Charitable Purpose
	φ	;	٠¢	₩.	S	
DUES & SUBSCRIPTIONS OFFICE EXPENSE LIABILITY INSURANCE		100 723 1,160	1 5 1,1	100 542 160		181
BANK SERVICE CHARGES INVESTMENT DEPRECIATION TOTAL	 	4,738 6,722	\$ 6,5	738 541 \$	0	181
						4-6

20-1672681

Federal Statements

Statement 11 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Beg of	inning Year	nd of <u>rear</u>
SALES TAX PAYABLE	\$	76	\$ 38
TOTAL	\$	76	\$ 38

Statement 12 - Form 990-PF, Part III, Line 3 - Other Increases

		Description_	 Amount
MISC.	INVESTMENT	ADJ.	\$ 663
5	TOTAL		\$ 663

		Expenses	0 .	0	0	0	0	0	0
	, Trustees,	Benefits	0	0	0	0	0	0	0
S	Line 1 - List of Officers, Directors, Trustees, <u>Etc.</u>	Compensation	1,800	1,800	1,800	2,354	1,800	1,800	1,800
Federal Statements	Line 1 - List of Etc.	Average Hours	1.00	1.00	1.00	4.00	1.00	1.00	1.00
Federa	90-PF, Part VIII,	Title	TRUSTEE	PRESIDENT	TREASURER	VICE PRES.	SECRETARY	TRUSTEE	TRUSTEE
20-1672681	Statement 13 - Form 990-P	Name and Address	JOSH FRANCIS 7995 N STATE ROAD 19 DENVER IN 46926	SALLY KEITH 2 N BROADWAY PERU IN 46970	KEVIN COMERFORD 1532 N STATE RD 19 PERU IN 46970	JOHN CLAXTON C/O COMERFORD & CO., PC 36 W 5 TH ST PERU IN 46970	BOB SCHWARTZ C/O COMERFORD & CO., PC 36 W 5TH ST PERU IN 46970	RALPH DUCKWALL 2336 AIRPORT RD PERU IN 46970	RICHARD WILES C/O COMERFORD & CO., PC 36 W 5TH ST PERU IN 46970

Federal Statements

Statement 14 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

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

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

APPLICATION MUST BE FILED ANNUALLY BY NOVEMBER 30.

Statement 15 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

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

Federal Statements

Statement 16 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

•	Amount	2,155	17,195	2,579	10,000	5,009	9,407	2,000	3,708	000'9	7,030	3,920	2,338	11,760	52,500	32,000	1,438	11,500	30,000	135,712
<u> </u>	Purpose	AUTOMATED EXTERNAL DEFIBRILLATOR	ZOLL DEFIB HEART MONITOR	6 FIRST RESP. EMERG. MED. TECH. KITS	NURSING SCHOLARSHIPS	FLU VACCINES	FLU VACCINES	EMERGENCY DENTAL CARE	BACKBOARDS AND SPLINT KITS	HEALTH RELATED SCHOLARSHIPS	2 ALUMINUM RAMPS FOR DISABLED	2 AED'S	5 PAGERS	6 AED'S	NEW FACILITY DESIGN & KIDS FAIR	PURCHASE LAND FOR TRAIL DEVELOPMENT	HEARING SCREENINGS	HEALTH ASSISTANCE FOR NEEDY	B HOSPICE & HOME HEALTH CARE FOR NEEDY	IMPLEMENT RN PROGRAM-STAGE 2
Address	Status	STREET	X ()	NON I	STREET	BROADWAY	OADWAY	SIKEEL	NOS	DIVISION ROAD	MAIN STREET	STRAWTOWN PIKE	MAIN STREET	Z	STREET			מ	SIKEEI, SOLIE	MORGAN SIREEI
Ac	Relationship	MAIN	ğ r	HAK !	MAIN	25 NORTH BR	RTH	7 1	500 E HARKISON	3	Σ '>	ഗ	3)4 W	ы S	BOX 875	90		N I	TOTO TOTO
	Rel	NONE	N NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Name	Address	AMBOY VOLUNTEER FIRE COMPANY AMBOY IN 46911	CONVERSE AMBULANCE CORPORATION CONVERSE IN 46919	\neg	NORTHERN INDIANA COMM. FOUND. ROCHESTER IN 46975	BOARD 46970			DENVER VOLUNTEER FIRE DEPT. DENVER IN 46926	DUKES HOSPITAL AUXILIARY PERU IN 46970	HARVESTING CAPABILITIES PERU IN 46970	MACONAQUAH SCHOOL CORPORATION BUNKER HILL IN 46914	MEXICO COMM. FIRE ASSOC. MEXICO IN 46958	MIAMI COUNTY SHERIFF'S DEPT. PERU IN 46970	XMCA 46970	E TRAIL 46970	NORTH MIAMI COMM. SCHOOLS DENVER IN 46926	SALVATION ARMY PERU IN 46970	WABASH IN 46992	IVY TECH FOUNDATION INC KOKOMO IN 46903

16

		,	Amount,	347,201	16
ments	Statement 16 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)		Purpose	RETURNED - STUDENT MEDICAL NEEDS	
Federal Statements	990-PF, Part XV, Line 3a - Gr <u>Year (continu</u>	Address	Relationship Status	394 E 900 N	
20-1672681	Statement 16 - Form	Name	Address	NOI	