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

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

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)* ▶$ 72,533,665

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)	565,060			
	2 Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments	544,614	544,614		
	4 Dividends and interest from securities	982,659	982,659		
	5a Gross rents	134,288	134,288		
	b Net rental income or (loss) 24,419				
	6a Net gain or (loss) from sale of assets not on line 10	1,909,313			
	b Gross sales price for all assets on line 6a 47,914,168				
	7 Capital gain net income (from Part IV, line 2)		1,909,313		
	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)	1,340	1,340	0	
	12 **Total.** Add lines 1 through 11	4,137,274	3,572,214	0	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	167,561	0	0	167,561
	14 Other employee salaries and wages	72,859	0	0	81,609
	15 Pension plans, employee benefits	29,223	0	0	29,223
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	27,700	0	0	27,700
	c Other professional fees (attach schedule)	204,016	203,866	0	150
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	28,501	0	0	0
	19 Depreciation (attach schedule) and depletion	114,082	105,695	0	
	20 Occupancy	41,106	0	0	41,106
	21 Travel, conferences, and meetings	13,767	0	0	13,767
	22 Printing and publications	4,546	0	0	4,546
	23 Other expenses (attach schedule)	994,600	4,174	0	157,668
	24 **Total operating and administrative expenses.** Add lines 13 through 23	1,697,961	313,735	0	523,330
	25 Contributions, gifts, grants paid	2,550,213			2,516,006
	26 **Total expenses and disbursements.** Add lines 24 and 25	4,248,174	313,735	0	3,039,336
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	-110,900			
	b **Net investment income** (if negative, enter -0-)		3,258,479		
	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	1,631,576	1,376,152	1,376,152
	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	8,411	7,246	7,246
	10a Investments—U S and state government obligations (attach schedule)	6,212,247	5,178,594	5,195,569
	b Investments—corporate stock (attach schedule)	33,471,241	33,991,798	45,283,222
	c Investments—corporate bonds (attach schedule)	8,578,855	9,704,881	9,599,786
	11 Investments—land, buildings, and equipment basis ▶ 1,893,615			
	Less accumulated depreciation (attach schedule) ▶ 129,623	1,736,605	1,763,992	1,763,992
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	5,044,718	5,338,895	5,699,446
	14 Land, buildings, and equipment basis ▶ 88,993			
	Less accumulated depreciation (attach schedule) ▶ 79,545	16,235	9,448	9,448
	15 Other assets (describe ▶)	4,253,278	3,598,804	3,598,804
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	60,953,166	60,969,810	72,533,665
Liabilities	17 Accounts payable and accrued expenses	11,514	351	
	18 Grants payable	618,101	652,311	
	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 ▶)	109,621	105,533	
	23 **Total liabilities** (add lines 17 through 22)	739,236	758,195	
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	59,972,931	59,826,489	
	25 Temporarily restricted	240,999	385,126	
	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 instructions)	60,213,930	60,211,615	
	31 **Total liabilities and net assets/fund balances** (see instructions)	60,953,166	60,969,810	

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	60,213,930
2	Enter amount from Part I, line 27a	2	-110,900
3	Other increases not included in line 2 (itemize) ▶	3	710,293
4	Add lines 1, 2, and 3	4	60,813,323
5	Decreases not included in line 2 (itemize) ▶	5	601,708
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	60,211,615

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	P		
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	47,914,168		46,004,855	1,909,313
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				1,909,313
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	1,909,313
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 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))
2013	3,352,218	62,610,514	0 053541
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

2	**Total** of line 1, column (d)	2	0 277468
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 055494
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	67,153,038
5	Multiply line 4 by line 3	5	3,726,591
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	32,585
7	Add lines 5 and 6	7	3,759,176
8	Enter qualifying distributions from Part XII, line 4	8	3,870,930

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	32,585
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	32,585
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	32,585
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014 — 6a: 32,238		
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	32,238
8	Enter any **penalty** for underpayment of estimated tax Check here ☑ if Form 2220 is attached	8	4
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	351
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 2015 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 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 2014 or the taxable year beginning in 2014 (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 2014, 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?		Yes	No
		16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see 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 2014?	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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? ☐ 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 2014 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 2014.)*	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 2014?	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 4945(d)(4)(A)? (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	128,702
MARQUETTE ASSOCIATE INC 180 NORTH LASALLE STREET STE 3500 CHICAGO,IL 60601	INVESTMENT CONSULTING	65,000
MATTHEW LONG 5234 W 700 S SOUTH WHITLEY,IN 46787	GENERAL CONTRACTOR	56,192
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	823,005
2 FORGIVENESS OF CURRENT LOAN DUE FROM HARVEST WITH A HEART, INC A SECTION 501(C)(3) ORGANIZATION	8,589
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 ▶	831,594

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	67,810,183
b	Average of monthly cash balances		1b	365,490
c	Fair market value of all other assets (see instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	68,175,673
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	68,175,673
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	1,022,635
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	67,153,038
6	**Minimum investment return.** Enter 5% of line 5		6	3,357,652

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	3,357,652
2a	Tax on investment income for 2014 from Part VI, line 5	2a 32,585		
b	Income tax for 2014 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	32,585
3	Distributable amount before adjustments Subtract line 2c from line 1		3	3,325,067
4	Recoveries of amounts treated as qualifying distributions		4	0
5	Add lines 3 and 4		5	3,325,067
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	3,325,067

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	3,039,336
b	Program-related investments—total from Part IX-B	1b	831,594
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	3,870,930
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	32,585
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	3,838,345

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 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				3,325,067
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			458,011	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f **Total** of lines 3a through e	0			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ $ 3,870,930				
a Applied to 2013, but not more than line 2a			458,011	
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 2014 distributable amount				3,325,067
e Remaining amount distributed out of corpus	87,852			
5 Excess distributions carryover applied to 2014	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	87,852			
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 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	0			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	87,852			
10 Analysis of line 9				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014	87,852			

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 2014, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail 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**				2,516,006
b *Approved for future payment* CONDITIONAL GRANT FUTURE PAYMENT PO BOX 1810 WARSAW,IN 465811809	NONE	PC	TO SUPPORT STATED PURPOSE OF GRANT	34,207
Total . . . . . ▶ **3b**				34,207

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)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
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	544,614	
4 Dividends and interest from securities			14	982,659	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property			16	24,419	
6 Net rental income or (loss) from personal property					
7 Other investment income			14	1,340	
8 Gain or (loss) from sales of assets other than inventory			18	1,909,313	
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		3,462,345	0
13 **Total.** Add line 12, columns (b), (d), and (e)				13	3,462,345

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

******	2015-04-21	******
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	167,561	4,952	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
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
KEVIN ROBERTS 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*				
CONDITIONAL GRANT WEIGAND CONSTRUCTION CO INC 7808 HONEYWELL DR FORT WAYNE,IN 46825	NONE	PC	NEW FACILITY CONSTRUCTION	400,000
CONDITIONAL GRANT TOWN OF WINONA LAKE 1310 PARK AVENUE WINONA LAKE,IN 46590	NONE	PC	LIMITLESS PARK	300,000
CONDITIONAL GRANT KOSCIUSKO HOME CARE & HOSPICE 1515 PROVIDENT DRIVE STE 250 WARSAW,IN 46580	NONE	PC	CHILDREN'S ORAL HEALTH INITIATIVE, MEDICAL SUPPLIES	244,103
CONDITIONAL GRANT JOE'S KIDS 3540 COMMERCE DR WARSAW,IN 46580	NONE	PC	OPERATIONAL ASSISTANCE AND START UP CAPITAL	67,500
CONDITIONAL GRANT MATTHEW LONG 5234 W 700 S SOUTH WHITLEY,IN 46787	NONE	PC	BUILD OUT FOR CANI	55,422
CONDITIONAL GRANT ICU MOBILE 2569 ROMIG ROAD STE 303 AKRON,OH 44320	NONE	PC	MOBLE UNIT	50,000
CONDITIONAL GRANT THOMPSON CONCRETE 8284 E EPWORTH FOREST RD NORTH WEBSTER,IN 46555	NONE	PC	SYRRACUSE WAWASEE TRAIL	50,000
CONDITIONAL GRANT GRACE COLLEGE & SEMINARY 200 SEMINARY DRIVE WINONA LAKE,IN 46590	NONE	PC	FUNDS FOR KOSCIUSKO LAKES & STREAMS RESEARCH STUDY	48,308
CONDITIONAL GRANT NORTHERN INDIANA HISPANIC HEALTH COALITION 323 STOCKER COURT ELKHART,IN 46516	NONE	PC	OPERATIONAL FUNDING FOR BILINGUAL ADVOCATE/HEALTH FAIRS	45,000
CONDITIONAL GRANT DIRECT FITNESS SOLUTIONS LLC 600 TOWER ROAD MUNDELIEN,IL 60060	NONE	PC	FITNESS EQUIPMENT	40,000
CONDITIONAL GRANT DRUMMOND CONSTRUCTION 201 6TH STREET WINONA LAKE,IN 46590	NONE	PC	FACILITY RENOVATIONS	30,061
CONDITIONAL GRANT GRAVELTON MACHINE SHOP 23965 US 6 NAPPANEE,IN 46550	NONE	PC	PEDESTRIAN BRIDGE CONSTRUCTION	30,000
CONDITIONAL GRANT KOSCIUSKO COUNTY SHELTER FOR ABUSE 1515 PROVIDENT DR SUITE 280 WARSAW,IN 46580	NONE	PC	HELP CENTER	27,384
CONDITIONAL GRANT MIDDLEBURY ELECTRIC 65725 US HIGHWAY 33 EAST GOSHEN,IN 46526	NONE	PC	FIELD LIGHTING	20,000
CONDITIONAL GRANT MEDSTAT LLC 1500 PROVIDENT DR SUITE A WARSAW,IN 46580	NONE	PC	STI TESTING	17,908
Total . . . . . ▶ **3a**				2,516,006

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 HEARTLINE PREGNANCY CENTER 1515 PROVIDENT DR STE 180 WARSAW,IN 46580	NONE	PC	B A B E BOUTIQUE, CLINICAL SUPPLIES, CAR SEATS, STI TESTING	15,601
CONDITIONAL GRANT TRU-KOTE ROOFING SYSTEMS 24932 US HWY 6 NAPPANEE,IN 46550	NONE	PC	ROOF REPLACEMENT	15,228
CONDITIONAL GRANT CORE MECHANICAL SERVICES INC 1200 E 450 N WARSAW,IN 46582	NONE	PC	FACILITY RENOVATIONS	15,199
CONDITIONAL GRANT BUILDERS MART 2240 N DETROIT ST WARSAW,IN 46580	NONE	PC	FACILITY RENOVATIONS	14,755
CONDITIONAL GRANT CARDINAL SERVICES INC OF INDIANA 504 NORTH BAY DRIVE WARSAW,IN 46580	NONE	PC	HEALTH EDUCATION FOR DEVELOPMENTALLY DISABLED	13,700
CONDITIONAL GRANT NEW PLUMBING HEATING COOLING 976 E POUND DR WARSAW,IN 46582	NONE	PC	FACILITY RENOVATION	13,001
CONDITIONAL GRANT WAWASEE COMMUNITY SCHOOLS 1 WARRIOR PATH SYRACUSE,IN 46567	NONE	PC	BIOMEDICAL CURRICULUM AND FITNESS EQUIPMENT	11,921
CONDITIONAL GRANT NORTH AMERICAN RESCUE LLC 35 TEDWALL CT GREER,SC 29650	NONE	PC	TRAUMA KITS FOR 1ST RESPONDERS	11,295
CONDITIONAL GRANT L A W SON INC 11265 S 850 W AKRON,IN 46910	NONE	PC	FACILITY RENOVATION	9,421
CONDITIONAL GRANT FELLOWSHIP MISSIONS PO BOX 382 WINONA LAKE,IN 46590	NONE	PC	FACILITY RENOVATIONS	9,028
CONDITIONAL GRANT AMERICAN DIABETES ASSOCIATION 6415 CASTLEWAY WEST DR STE 114 INDIANAPOLIS,IN 46250	NONE	PC	SCHOLARSHIPS FOR CHILDREN ATTENDING DIABETES CAMP	8,600
CONDITIONAL GRANT KOSCIUSKO RUNNERS' ASSOCIATION 1370 N SHAGBARK DR WARSAW,IN 46582	NONE	PC	DIGITAL TIMING SYSTEM	8,000
CONDITIONAL GRANT PROLONG BUILDING SERVICES 5234 W 700 S SOUTH WHITLEY,IN 46787	NONE	PC	DOOR OPERATORS	7,512
CONDITIONAL GRANT JR INTERIORS DBA ONE ELEVEN DESIGN 203 E BERRY ST STE 704 FORT WAYNE,IN 46802	NONE	PC	OFFICE BUILDOUT FOR CANI	7,152
CONDITIONAL GRANT ONE ELEVEN DESIGN 203 E BERRY ST STE 704 FORT WAYNE,IN 46802	NONE	PC	OFFICE BUILDOUT CANI	7,152
Total . . . . . ▶ **3a**				2,516,006

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 YOUNG TIGER FOOTBALL PO BOX 1362 WARSAW,IN 46581	NONE	PC	PROTECTIVE EQUIPMENT	7,000
CONDITIONAL GRANT REFLECTIONS MASONRY 1728 W 800 SOUTH CLAYPOOL,IN 46510	NONE	PC	FACILITY RENOVATIONS	5,938
CONDITIONAL GRANT KENDALL ELECTRIC 1095 FISHER AVENUE WARSAW,IN 46580	NONE	PC	FACILITY RENOVATION	4,564
CONDITIONAL GRANT MARTIN RILEY 221 W BAKER ST FORT WAYNE,IN 46802	NONE	PC	ROOF REPLACEMENT	3,675
CONDITIONAL GRANT MILLWOOD ROOFING & CONSTRUCTION INC 1176 W 800 N MILFORD,IN 46542	NONE	PC	FACILITY RENOVATION	3,403
CONDITIONAL GRANT HOUSING OPPORTUNITIES OF WARSAW 827 SOUTH UNION ST STE 230 WARSAW,IN 46580	NONE	PC	MOBILE HOME REMEDIES PROGRAM AND EMERGENCY REPAIR	3,079
CONDITIONAL GRANT NORBERT'S PO BOX 1890 SAN PEDRO,CA 90733	NONE	PC	ROMP & ROLL EQUIPMENT	3,039
CONDITIONAL GRANT METCALF PAYNE & BELL INC PO BOX 208 NORTH WEBSTER,IN 46555	NONE	PC	BASEBOARD HEATING	3,000
CONDITIONAL GRANT NORTHSTAR MEDICAL EQUIPMENT 6308 E FULTON ST ADA,MI 49301	NONE	PC	AEDS	2,790
CONDITIONAL GRANT BOWEN CENTER 850 NORTH HARRISON ST WARSAW,IN 46580	NONE	PC	ENCHANTED HILLS MENTAL HEALTH SERVICES	2,640
CONDITIONAL GRANT BEST BUY 7601 PENN AVE SOUTH RICHFIELD,MN 55422	NONE	PC	EQUIPMENT AND FACILITY RENOVATION	2,639
CONDITIONAL GRANT COTTAGE WATCHMAN 883 S 900 E PIERCETON,IN 46562	NONE	PC	SECURITY SYSTEM	2,500
CONDITIONAL GRANT AMERICAN ANIMAL CONTROL 11877 N PINE RD SYRACUSE,IN 46567	NONE	PC	BIRD REMOVAL	2,395
CONDITIONAL GRANT CAPITAL ONE COMMERCIAL PO BOX 5219 CAROL STREAM,IL 60197	NONE	PC	BUILDIGN RENOVATIONS	2,128
CONDITIONAL GRANT STAFFORD SOLID WASTE PO BOX 1599 WARSAW,IN 46581	NONE	PC	FACILITY RENOVATIONS	2,118
Total . . . . . ▶ **3a**				2,516,006

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 ROSE HOME NORTH PO BOX 571 SYRACUSE,IN 46567	NONE	PC	READING MATERIAL AND SUPPLIES	2,112
CONDITIONAL GRANT KOSCIUSKO COUNTY DRUG COURT 121 NORTH LAKE ST WARSAW,IN 46580	NONE	PC	DRUG COURT IMPLEMENTATION	1,784
CONDITIONAL GRANT KOSCIUSKO COUNTY FBO DRUG COURT PROGRAM 121 NORTH LAKE ST WARSAW,IN 46580	NONE	PC	DRUG COURT IMPLEMENTATION	1,462
CONDITIONAL GRANT CENTER FOR HEALING & HOPE PO BOX 195 GOSHEN,IN 46527	NONE	PC	URGENT CARE CENTER OPERATING SUPPORT	1,449
CONDITIONAL GRANT BABSCO SUPPLY INC PO BOX 1447 ELKHART,IN 46515	NONE	PC	FACILITY RENOVATIONS	1,382
CONDITIONAL GRANT WESTERN RESERVE DISTRIBUTING 305 LAKE RD MEDINA,OH 44256	NONE	PC	CAR SEATS	1,268
CONDITIONAL GRANT MIDWEST CONSTRUCTION EQUIPMENT 3925 CORRIDOR DR WARSAW,IN 46582	NONE	PC	FACILITY RENOVATION	1,198
CONDITIONAL GRANT CONE INSTRUMENTS 3261 MOMENTUM PLACE CHICAGO,IL 60689	NONE	PC	CLINICAL SUPPLIES	1,183
CONDITIONAL GRANT DREAMS UNLIMITED CONSTRUCTION 1826 SUE STREET WARSAW,IN 46580	NONE	PC	FACILITY RENOVATIONS	1,056
CONDITIONAL GRANT FORENSIC FLUDS LABORATORIES 225 PARSONS ST KALAMAZOO,MI 49007	NONE	PC	DRUG TESTING SUPPLIES	1,000
CONDITIONAL GRANT OTHER GRANTS LESS THAN 1000 PO BOX 1810 WARSAW,IN 465811809	NONE	PC	TO SUPPORT STATED PURPOSE OF GRANT	3,999
CONDITIONAL GRANT BROUWER'S CARPET & FURNITURE 3333 EAST CENTER STREET EXT WARSAW,IN 46580	NONE	PC	NORTHER WINONA CHILD CARE MINISTRY	5,000
UNCONDITIONAL GRANT KOSCIUSKO HOME CARE & HOSPICE 1515 PROVIDENT DRIVE STE 250 WARSAW,IN 46580	NONE	PC	OPERATIONAL ASSISTANCE AND MEDICATION & DENTAL OPERATIONAL ASSISTANCE	249,908
UNCONDITIONAL GRANT KOSCIUSKO COUNTY COMMUNITY FOUNDATION 102 EAST MARKET STREET WARSAW,IN 46580	NONE	PC	GOOD SAMARITAN FUND	155,000
UNCONDITIONAL GRANT QUESTA FOUNDATION FOR EDUCATION 6502 CONSTITUTION DRIVE FORT WAYNE,IN 46815	NONE	PC	HEALTH EDUCATION SCHOLARS PROGRAM	100,000
Total . . . . . ▶ **3a**				2,516,006

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 GRACE COLLEGE & SEMINARY 200 SEMINARY DRIVE WINONA LAKE,IN 46590	NONE	PC	E COLI ASSESSMENT	25,000
UNCONDITIONAL GRANT HEARTLINE PREGNANCY CENTER 1515 PROVIDENT DR STE 180 WARSAW,IN 46580	NONE	PC	OPERATING SUPPORT FOR MOBILE CLINIC	25,000
UNCONDITIONAL GRANT KOSCIUSKO COMMUNITY SENIOR SERVICES 800 NORTH PARK AVENUE WARSAW,IN 46580	NONE	PC	TRANSPORTATION SUPPORT	20,000
UNCONDITIONAL GRANT BAKER YOUTH CLUB 765 W MARKET ST WARSAW,IN 46580	NONE	PC	SUMMER FITNESS PROGRAM	17,000
UNCONDITIONAL GRANT CANCER SERVICES OF NORTHEAST INDIANA 6316 MUTUAL DRIVE FORT WAYNE,IN 46825	NONE	PC	DIRECT ASSISTANCE / CLIENT ADVOCACY	15,000
UNCONDITIONAL GRANT MAD ANTHONY'S CHILDREN'S HOPE HOUSE 7922 WEST JEFFERSON BLVD FORT WAYNE,IN 46804	NONE	PC	OPERATIONAL ASSISTANCE	15,000
UNCONDITIONAL GRANT ERIN'S HOUSE FOR GRIEVING CHILDREN 5670 YMCA PARK DRIVE WEST FORT WAYNE,IN 46835	NONE	PC	OPERATING SUPPORT	10,000
UNCONDITIONAL GRANT BIG BROTHERS BIG SISTERS 2349 FAIRFIELD AVENUE FORT WAYNE,IN 46807	NONE	PC	STOP SEXUAL ABUSE TRAINING	5,000
UNCONDITIONAL GRANT EARLY CHILDHOOD ALLIANCE 3320 FAIRFIELD AVE FORT WAYNE,IN 46807	NONE	PC	HEALTH EDUCATION MATERIALS	2,000
DIRECT GRANT KOSCIUSKO HEALTH SERVICES PAVILION 1515 PROVIDENT DR WARSAW,IN 46580	NONE	PC	MORTGAGE INTEREST AND OPERATING SUBSIDY	68,000
DIRECT GRANT NORTHSTAR MEDICAL EQUIPMENT 1241 RIDGE CREEK TRAIL ADA,MI 49301	NONE	PC	AUTOMATIC EXTERNAL DEFIBRILLATORS AND SUPPLIES	13,939
DIRECT GRANT 2ND MILE MISSION PO BOX 733 WINONA LAKE,IN 46590	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION	13,000
DIRECT GRANT MARY & JERRY'S HELPING HANDS INC 10072 WEST 600 SOUTH MENTONE,IN 46539	NONE	PC	FOOD PANTRY SUPPORT	5,000
DIRECT GRANT SOCIETY OF ST ANDREW 3383 SWEET HOLLOW ROAD BIG ISLAND,VA 24526	NONE	PC	TRANSPORTATION COSTS FOR FOOD	3,500
DIRECT GRANT BAKER YOUTH CLUB 765 W MARKET ST WARSAW,IN 46580	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION	3,000
Total . . . . . ▶ **3a**				2,516,006

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 GRACE COLLEGE & SEMINARY 200 SEMINARY DRIVE WINONA LAKE,IN 46590	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION AND SMOKING CESSATION	3,000
DIRECT GRANT AMERICAN DIABETES ASSOCIATION 6415 CASTLEWAY WEST DR STE 114 INDIANAPOLIS,IN 46250	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION	2,000
DIRECT GRANT WAGON WHEEL THEATER PO BOX 804 WARSAW,IN 46581	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION	2,000
DIRECT GRANT BEAMAN HOME PO BOX 12 WARSAW,IN 46581	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT NORTH WINONA CHILD CARE MINISTRY 2475 EAST 100 NORTH WARSAW,IN 46582	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT TIPPECANOE VALLEY COMMUNITY SCHOOLS 8343 SOUTH STATE ROAD 19 AKRON,IN 16910	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT OTHER GRANTS LESS THAN 1000 PO BOX 1810 WARSAW,IN 465811809	NONE	PC	TO SUPPORT STATED PURPOSE OF GRANT	5,500
CANCER CARE GRANT LINDA NOVOTNY PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	5,200
CANCER CARE GRANT BRENDA CAMPBELL PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	4,668
CANCER CARE GRANT JUDY CHILDERS PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	4,221
CANCER CARE GRANT BRENDA BOWERS PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	3,500
CANCER CARE GRANT KATHY MCELROY PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	3,458
CANCER CARE GRANT TAMMY MARTIN PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	3,068
CANCER CARE GRANT DELIA NAVARRO PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	3,000
CANCER CARE GRANT MELISSA TOURAY PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,987
Total . . . . . ▶ **3a**				2,516,006

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 ABBY DAUGHERTY PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,986
CANCER CARE GRANT THOMAS GRAY PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,845
CANCER CARE GRANT ROBERTO CERVANTES PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,750
CANCER CARE GRANT SUSAN GERRITY PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,500
CANCER CARE GRANT PEGGY METZGER PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,500
CANCER CARE GRANT RYAN OWEN PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,408
CANCER CARE GRANT JUAN CERVANTES PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,309
CANCER CARE GRANT SHIRLEY OWENS PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,035
CANCER CARE GRANT JULIA YOUST PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,859
CANCER CARE GRANT OSCAR VALTIERREZ PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,737
CANCER CARE GRANT MARSHAL CRAWFORD PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,701
CANCER CARE GRANT CHARLES GIBSON PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,500
CANCER CARE GRANT KAREN LEIGH PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,498
CANCER CARE GRANT JUDY ROBERTS PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,449
CANCER CARE GRANT JUNIOR ISAAC PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,343
Total . . . . . ▶ **3a**				2,516,006

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 LESLIE CARNES PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,311
CANCER CARE GRANT JOANN SNYDER PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,274
CANCER CARE GRANT CAROL GRIFFITH PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,111
CANCER CARE GRANT STEPHANIE COUVILL PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,078
CANCER CARE GRANT BRYAN FOREMAN PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,000
CANCER CARE GRANT OTHER CANCER CARE PO BOX 1810 WARSAW,IN 465811809	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	20,811
Total . . . . . ▶ **3a**				2,516,006

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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

2014

Name of the organization	Employer identification number
KOSCIUSKO 21ST CENTURY FOUNDATION INC AKA K21 HEALTH FOUNDATION	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, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled 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 totaling $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	BARBARA FARIS ESTATE PO BOX 864 WARSAW, IN 465810864	$ 242,667	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
2	AMERICAN LEGION POST 253 (KAY'S CRUISE FOR CANCER) PO BOX 131 NORTH WEBSTER, IN 46555	$ 6,100	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
3	JOHN THOMAS HALL FUND 5867 E ISLAND AVE SYRACUSE, IN 46567	$ 60,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
____		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
____		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
____		$	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., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** 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 2014 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	27,700	0	0	27,700

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TY 2014 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 2014 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	9,019,189	8,922,505
FOREIGN BONDS	685,692	677,281

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TY 2014 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	33,991,798	45,283,222

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TY 2014 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:	5,083,824
US Government Securities - End of Year Fair Market Value:	5,099,780
State & Local Government Securities - End of Year Book Value:	94,770
State & Local Government Securities - End of Year Fair Market Value:	95,789

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TY 2014 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	554,764	10,542	544,222	544,222
BUILDING	1,023,544	114,224	909,320	909,320

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TY 2014 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
REAL ESTATE INVESTMENT FUND	FMV	2,193,186	2,400,884
HEDGE FUND	FMV	3,145,709	3,298,562

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TY 2014 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	79,545	7,848	7,848
CONSTRUCTION IN PROGRESS	1,600	0	1,600	1,600

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TY 2014 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	4,253,146	3,598,650	3,598,650
RECEIVABLE - OTHER	132	154	154

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TY 2014 Other Decreases Schedule

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

EIN: 35-1187105

Description	Amount
2014 BOOK VALUE AND MARKET VALUE CHANGE BETWEEN YEARS	601,708

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TY 2014 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	823,005	0	0	0
HARVEST LOAN FORGIVENESS	8,588	0	0	0
FUNDRAISING EXPENSES	90,159	0	0	90,159
INSURANCE	6,503	0	0	6,963
MARKETING	34,484	0	0	34,484
MISCELLANEOUS EXPENSE	31,861	4,174	0	26,062

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TY 2014 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	1,340	1,340	

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TY 2014 Other Increases Schedule

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

EIN: 35-1187105

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	710,293

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TY 2014 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	109,621	105,533

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TY 2014 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	203,866	203,866	0	0
CONSULTING FEES	150	0	0	150

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TY 2014 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	28,501	0	0	0