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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 separate instructions is at *www.irs.gov/form990pf.*

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning , 2014, and ending ,

Name of foundation
DUNELAND HEALTH COUNCIL

A Employer identification number
35-2021548

Number and street (or P O box number if mail is not delivered to street address) | Room/suite
P.O. BOX 9327

B Telephone number (see instructions)
(219) 874-4193

City or town, state or province, country, and ZIP or foreign postal code
MICHIGAN CITY IN 46361

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, column (c), line 16) ► $ 7,289,807.

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)				
	2 Ck ► ☒ if the foundn is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	141,492.	141,492.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	242,285.			
	b Gross sales price for all assets on line 6a 1,510,878.				
	7 Capital gain net income (from Part IV, line 2)		242,285.		
	8 Net short-term capital gain			471.	
	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)				
	12 Total. Add lines 1 through 11	383,777.	383,777.	471.	
OPERATING AND ADMINISTRATIVE EXPENSES	13 Compensation of officers, directors, trustees, etc	51,000.	51,000.		
	14 Other employee salaries and wages	23,047.	23,047.		
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach sch) L-16b Stmt	5,190.	5,190.		
	c Other prof fees (attach sch)				
	17 Interest				
	18 Taxes (attach schedule)(see instrs) See Line 18 Stmt	7,965.	5,665.		
	19 Depreciation (attach sch) and depletion				
	20 Occupancy	5,850.	5,850.		
	21 Travel, conferences, and meetings	527.	527.		
	22 Printing and publications				
	23 Other expenses (attach schedule) See Line 23 Stmt	73,960.	71,632.		
	24 **Total operating and administrative expenses.** Add lines 13 through 23	167,539.	162,911.		
	25 Contributions, gifts, grants paid	481,486.			481,486.
	26 **Total expenses and disbursements** Add lines 24 and 25	649,025.	162,911.		481,486.
	27 Subtract line 26 from line 12.				
	a **Excess of revenue over expenses and disbursements**	-265,248.			
	b **Net investment income** (if negative, enter -0-)		220,866.		
	c **Adjusted net income** (if negative, enter -0-)			471.	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1 Cash — non-interest-bearing			
	2 Savings and temporary cash investments	197,797.	875,009.	875,009.
	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 sch) ►			
	Less: allowance for doubtful accounts ►			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments — U S and state government obligations (attach schedule) L-10a. Stmt	200,000.	0.	0.
	b Investments — corporate stock (attach schedule) L-10b. Stmt	3,322,880.	3,124,531.	4,261,284.
	c Investments — corporate bonds (attach schedule) L-10c. Stmt	2,699,439.	2,177,546.	2,153,514.
	11 Investments — land, buildings, and equipment basis ►			
	Less accumulated depreciation (attach schedule) ►			
	12 Investments — mortgage loans			
	13 Investments — other (attach schedule)			
	14 Land, buildings, and equipment basis ►			
	Less accumulated depreciation (attach schedule) ►			
	15 Other assets (describe ► L-15 Stmt)	22,218.	0.	0.
	16 **Total assets** (to be completed by all filers — see the instructions. Also, see page 1, item I)	6,442,334.	6,177,086.	7,289,807.
LIABILITIES	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ►)			
	23 **Total liabilities** (add lines 17 through 22)			
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			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ► [X] 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	6,442,334.	6,177,086.	
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	6,442,334.	6,177,086.	
	31 **Total liabilities and net assets/fund balances** (see instructions)	6,442,334.	6,177,086.	

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	6,442,334.
2	Enter amount from Part I, line 27a	2	-265,248.
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3	4	6,177,086.
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	6,177,086.

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 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a	SHORT TERM - SEE ATTACHED STATEMENT	P	Various	Various
b	LONG TERM - SEE ATTACHED STATEMENT	P	Various	Various
c	SHORT TERM - SEE ATTACHED STATEMENT	P	Various	Various
d	LONG TERM - SEE ATTACHED STATEMENT	P	Various	Various
e	CAPITAL GAIN DISTRIBUTIONS	P	Various	Various

	(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	188,169.		187,698.	471.
b	450,079.		431,441.	18,638.
c	200,000.		200,000.	0.
d	672,630.		579,340.	93,290.
e	129,886.		0.	129,886.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
a	0.	0.	0.	471.
b	0.	0.	0.	18,638.
c				0.
d	0.	0.	0.	93,290.
e	0.	0.	0.	129,886.

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	242,285.
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	471.

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 the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2013	425,659.	7,360,946.	0.057827
2012	364,702.	7,313,683.	0.049866
2011	333,181.	7,381,243.	0.045139
2010	324,549.	7,142,957.	0.045436
2009	186,845.	6,491,349.	0.028784

2	**Total** of line 1, column (d)	2	0.227052
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	0.045410
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	7,387,944.
5	Multiply line 4 by line 3	5	335,487.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	2,209.
7	Add lines 5 and 6	7	337,696.
8	Enter qualifying distributions from Part XII, line 4	8	481,486.

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 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 instrs)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► ☒ and enter 1% of Part I, line 27b	1	2,209.
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (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	2,209.
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	2,209.
6	Credits/Payments		
a	2014 estimated tax pmts and 2013 overpayment credited to 2014 — 6a: 2,483.		
b	Exempt foreign organizations – tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0.		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	2,483.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☒ if Form 2220 is attached	8	7.
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ►	9	
10	**Overpayment** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ►	10	267.
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ► 267. **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		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		X
	*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		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ► $ (2) On foundation managers ► $			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► $			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If 'Yes,' attach a detailed description of the activities.*	2		X
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	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If 'Yes,' attach the statement required by General Instruction T*	5		X
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	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If 'Yes,' complete Part II, column (c), and Part XV*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► IN - Indiana			
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	X	
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		X
10	Did any persons become substantial contributors during the tax year? *If 'Yes,' attach a schedule listing their names and addresses*	10		X

Part VII-A Statements Regarding Activities *(continued)*

			Yes	No
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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ► N/A

14 The books are in care of ► CAMI WHITE Telephone no ► (219) 874-4193

Located at ► P.O. BOX 9327, MICHIGAN CITY, IN ZIP + 4 ► 46360

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

			Yes	No
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?	16		X

See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If 'Yes,' enter the name of the foreign country ►

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

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

			Yes	No
1a	During the year did the foundation (either directly or indirectly).			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No			
b	If any answer is 'Yes' to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here ► ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
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	N/A	
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	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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		X

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 X
	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 N/A

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
GIL PONTIUS P.O. BOX 737 MICHIGAN CITY IN 46360	CHAIRMAN 2.00	0.	0.	0.
GEORGE R. AVERITT 212 PEARL ST MICHIGAN CITY IN 46360	VICE CHAIRMAN 2.00	0.	0.	0.
NORMAN D. STEIDER 619 FRANKLIN MICHIGAN CITY IN 46360	EXECUTIVE DIRECTOR 32.00	51,000.	0.	0.
See Information about Officers, Directors, Trustees, Etc.		0.	0.	0.

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 ▶ None

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 **Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'**

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ►		None

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	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 ►	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
a	Average monthly fair market value of securities	1a	7,500,451.
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets (see instructions)	1c	
d	**Total** (add lines 1a, b, and c)	1d	7,500,451.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	7,500,451.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	112,507.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	7,387,944.
6	**Minimum investment return.** Enter 5% of line 5	6	369,397.

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	369,397.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	2,209.		
b	Income tax for 2014. (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	2,209.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	367,188.
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	367,188.
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	367,188.

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	481,486.
b	Program-related investments — total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	481,486.
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	2,209.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	479,277.

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				367,188.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			335,492.	
b Total for prior years 20 ___, 20 ___, 20 ___				
3 Excess distributions carryover, if any, to 2014				
a From 2009 0.				
b From 2010 0.				
c From 2011 0.				
d From 2012 0.				
e From 2013 0.				
f **Total** of lines 3a through e	0.			
4 Qualifying distributions for 2014 from Part XII, line 4: ► $ 481,486.				
a Applied to 2013, but not more than line 2a			335,492.	
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2014 distributable amount				145,994.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 *(If an amount appears in column (d), the same amount must be shown in column (a).)*				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
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				221,194.
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)				
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	0.			
10 Analysis of line 9				
a Excess from 2010 0.				
b Excess from 2011 0.				
c Excess from 2012 0.				
d Excess from 2013 0.				
e Excess from 2014 0.				

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

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 foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2014	Prior 3 years (b) 2013	(c) 2012	(d) 2011	(e) Total
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 foundation 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))

NONE

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

NONE

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:

DUNELAND HEALTH COUNCIL GRANTS COMMITTEE
P.O. BOX 9327
MICHIGAN CITY IN 46360 (219) 874-4193

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

DUNELAND HEALTH COUNCIL GRANT APPLICATION FORM

c Any submission deadlines:

OPEN APPLICATION PROCESS

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

SEE ATTACHED COPY OF DUNELAND HEALTH COUNCIL GRANT APPLICATION INFORMATION PAMPHLET

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*				
PURDUE UNIVERSITY WEST LAFAYETTE IN 47907	N/A		SCHOLARSHIPS	16,500.
DUNEBROOK MICHIGAN CITY IN 46360	N/A		FAMILY SUPPORT SERVICES	54,545.
HEALTHY COMMUNITIES MICHIGAN CITY IN 46360			OPERATIONS	10,000.
SAMARITAN CENTER MICHIGAN CITY IN 46360	N/A		PATIENT FEES	91,000.
STEPPING STONE SHELTER FOR WOMEN MICHIGAN CITY IN 46360	N/A		CHILD ADVOCACY PROGRAM	50,000.
SALVATION ARMY MICHIGAN CITY IN 46360	N/A		OPERATIONS	8,480.
UNITED WAY MICHIGAN CITY IN 46360	N/A		211 INFORMATION AND REFERRAL SERVICES	24,255.
PURDUE UNIVERSITY NORTH CENTRAL MICHIGAN CITY IN 46360	N/A		NURSING SCHOLARSHIPS	16,300.
SINAI SUNDAY FORUM MICHIGAN CITY IN 46360	N/A		SPEAKER FEES	7,500.
See Line 3a statement				202,906.
Total . . . . . ► **3a**				481,486.
b *Approved for future payment*				
Total . . . . . ► **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclu-sion 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					
4 Dividends and interest from securities			14	141,492.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	242,285.	
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)				383,777.	
13 **Total.** Add line 12, columns (b), (d), and (e)				13	383,777.

(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.)
N/A	

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	1 a (1)		X
(2)	Other assets	1 a (2)		X
b	Other transactions		
(1)	Sales of assets to a noncharitable exempt organization	1 b (1)		X
(2)	Purchases of assets from a noncharitable exempt organization	1 b (2)		X
(3)	Rental of facilities, equipment, or other assets	1 b (3)		X
(4)	Reimbursement arrangements	1 b (4)		X
(5)	Loans or loan guarantees	1 b (5)		X
(6)	Performance of services or membership or fundraising solicitations	1 b (6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1 c		X

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

2 a 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

Signature of officer or trustee: [signature] Date: 8/11/15 Title: Executive Director

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed / PTIN
PAUL E. APPLEGATE, CPA	Paul E Applegate CPA	7-28-15	P00212518
Firm's name ► APPLEGATE & COMPANY, PC, CPAS			Firm's EIN ►
Firm's address ► 1421 S. WOODLAND AVE. MICHIGAN CITY IN 46360			Phone no (219) 871-7880

BAA

Form 990-PF (2014)

Form 990-PF, Page 1, Part I, Line 18
Line 18 Stmt

Taxes	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
PAYROLL TAXES	5,665.	5,665.		
FEDERAL EXCISE TAXES	2,300.			
Total	7,965.	5,665.		

Form 990-PF, Page 1, Part I, Line 23
Line 23 Stmt

Other expenses	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
INVESTMENT MANAGEMENT FEES	55,012.	55,012.		
INSURANCE EXPENSE	2,022.	2,022.		
MEALS & ENTERTAINMENT	4,656.	2,328.		
ADMINISTRATIVE SUPPORT	240.	240.		
OFFICE EXPENSE	4,390.	4,390.		
DUES & SUBSCRIPTIONS	1,073.	1,073.		
TELEPHONE	2,863.	2,863.		
MISCELLANEOUS EXPENSE	2,087.	2,087.		
HEALTHLINC PAYMENT	1,617.	1,617.		
Total	73,960.	71,632.		

Form 990-PF, Page 6, Part VIII, Line 1
Information about Officers, Directors, Trustees, Etc.

(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
Person . . [X] Business . [ ] ALLAN WHITLOW 301 E. 8TH STREET MICHIGAN CITY IN 46360	DIRECTOR 2.00	0.	0.	0.
Person . . [X] Business . [ ] LINDA ANAST-MAY 2423 HIDEAWAY POINTE MICHIGAN CITY IN 46360	DIRECTOR 3.00	0.	0.	0.
Person . . [X] Business . [ ] LINDA BECHINSKI 3613 N. EVERGREEN TRAIL LAPORTE IN 46350	DIRECTOR 2.00	0.	0.	0.
Person . . [X] Business . [ ] H. FRED MILLER 2207 FAIRWAY DR MICHIGAN CITY IN 46360	TREASURER 3.00	0.	0.	0.
Person . . [X] Business . [ ] JUDY JACOBI 128 VALENTINE CT MICHIGAN CITY IN 46360	DIRECTOR 2.00	0.	0.	0.

Form 990-PF, Page 6, Part VIII, Line 1 Continued

Information about Officers, Directors, Trustees, Etc.

(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
Person . . [X] Business . [ ] JOE COAR 3768 N. 525 W. LAPORTE IN 46350	GRANT COMMITTEE CHAIR 2.00	0.	0.	0.
Person . . [X] Business . [ ] BARBARA EASON-WATKINS 408 S. CARROLL AVE. MICHIGAN CITY IN 46360	DIRECTOR 2.00	0.	0.	0.
Person . . [X] Business . [ ] TOM CIPARES 1685 RIDGEVIEW RD MICHIGAN CITY IN 46360	SECRETARY 2.00	0.	0.	0.
Total		0.	0.	0.

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

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	Person or Business Checkbox / Amount
a *Paid during the year*				
HEY U.G.L.Y., INC. MICHIGAN CITY IN 46360	N/A		OPERATIONS	Person or [ ] Business [X] 1,975.
MEALS ON WHEELS MICHIGAN CITY IN 46360	N/A		"GOT MILK" PROGRAM COSTS	Person or [ ] Business [X] 14,095.
THE LUBEZNIK CENTER MICHIGAN CITY IN 46360	N/A		OPERATIONAL COSTS	Person or [ ] Business [X] 26,850.
IVY TECH FOUNDATION MICHIGAN CITY IN 46360	N/A		SCHOLARSHIPS	Person or [ ] Business [X] 15,000.
ADOLESCENT HEALTH CENTER MICHIGAN CITY IN 46360			PROFESSIONAL STAFF AND OPERATIONS	Person or [ ] Business [X] 30,000.

Form 990-PF, Page 11, Part XV, line 3a Continued
Line 3a statement

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	Person or Business Checkbox / Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF MICHIGAN CITY MICHIGAN CITY IN 46360			OPERATIONS	Person or [ ] Business [X] 15,000.
PURDUE FOUNDATION WEST LAFAYETTE IN 47907			SCHOLARSHIPS	Person or [ ] Business [X] 50,000.
MICHIGAN CITY POLICE DEPARTMENT MICHIGAN CITY IN 46360			SUMMER CAMP & OTHER PROGRAMS	Person or [ ] Business [X] 15,000.
SAND CASTLE SHELTER FOR CHILDREN & FAMILIES MICHIGAN CITY IN 46360			HEALTH LITERACY PROGRAM	Person or [ ] Business [X] 31,986.
LAPORTE COUNTY GOVERNMENT MICHIGAN CITY IN 46360			COMMUNITY PROGRAMS	Person or [ ] Business [X] 3,000.
Total				202,906.

Form 990-PF, Page 1, Part I
Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
APPLEGATE & COMPANY, CPA'S	ACCOUNTING & TAX SERVICES	5,190.			
Total		5,190.			

Form 990-PF, Page 2, Part II, Line 10a
L-10a Stmt

Line 10a - Investments - US and State Government Obligations:	End of Year State and Local Obligations Book Value	End of Year State and Local Obligations FMV	End of Year US Government Obligations Book Value	End of Year US Government Obligations FMV
U.S. GOVERNMENT OBLIGATIONS			0.	0.
Total			0.	0.

Form 990-PF, Page 2, Part II, Line 10b
L-10b Stmt

Line 10b - Investments - Corporate Stock:	End of Year Book Value	End of Year Fair Market Value
PREFERRED STOCK	331,022.	315,504.
COMMON STOCK	363,606.	662,748.
STOCK MUTUAL FUNDS	2,429,903.	3,283,032.
Total	3,124,531.	4,261,284.

Form 990-PF, Page 2, Part II, Line 10c
L- 10c Stmt

Line 10c - Investments - Corporate Bonds:	End of Year Book Value	End of Year Fair Market Value
CORPORATE NOTES & BONDS	199,884.	199,406.
FIXED INCOME MUTUAL FUNDS	1,977,662.	1,954,108.
Total	2,177,546.	2,153,514.

Form 990-PF, Page 2, Part II, Line 15
Other Assets Stmt

Line 15 - Other Assets:	Beginning Year Book Value	End of Year Book Value	End of Year Fair Market Value
HEALTH LINC PROGRAM RELATED INVESTMENT	22,218.	0.	0.
Total	22,218.	0.	0.

2014 Tax Information Statement

yer's Name and Address:
IORIZON TRUST & INVESTMENT MANAGEMENT
15 FRANKLIN SQUARE
MICHIGAN CITY, IN 46360

Account Number: 27891000877
Recipient's Tax ID Number: XX-XXX1548
Payer's Federal ID Number: 35-1560616
Payer's State ID Number: 0002543508
State: IN
Questions? (888)873-2640

☐ Corrected ☐ 2nd TIN notice

Recipient's Name and Address:
DUNELAND HEALTH COUNCIL
P.O. BOX 9327
MICHIGAN CITY, IN 46361

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

leported to the IRS is proceeds less commissions and option premiums.
:overed (Box 5 is not checked)

Description of property *(Box 1a)*

Cusip Number	Date Sold or Disposed *(Box 1c)*	Date Acquired *(Box 1b)*	Form 8949 Checkbox	Proceeds *(Box 1d)*	Cost or Other Basis *(Box 1e)*	Code if any *(Box 1f)*	Adjustments *(Box 1g)*	Net Gain or Loss	Federal Income Tax Withheld *(Box 4)*	State Tax Withheld *(Box 16)*
hort Term Sales Reported on 1099-B										
2208.481	SIT US GOVERNMENT SECURITIES FUND INC									
829800101	02/13/2014	02/21/2013	A	24,425.80	24,977.92		0.00	-552.12	0.00	0.00
1491.519	SIT US GOVERNMENT SECURITIES FUND INC									
829800101	02/13/2014	Various	A	16,496.20	16,878 85		0.00	-382.65	0.00	0 00
287.404	LAZARD EMERGING MARKETS EQUITY INSTL									
52106N889	04/21/2014	05/30/2013	A	5,475.05	5,544.00		0.00	-68.95	0.00	0.00
3097.346	PIMCO TOTAL RETURN FUND INSTITUTIONAL									
693390700	04/21/2014	05/06/2013	A	33,482.31	35,000.00		0 00	-1,517 69	0.00	0 00
314.768	VULCAN VALUE PARTNERS SMALL CAP									
317609683	05/13/2014	07/11/2013	A	5,949.12	5,678.41		0.00	270.71	0.00	0.00
189.0	VANGUARD CONSUMER STAPLES ETF									
92204A207	05/13/2014	11/05/2013	A	21,678.50	20,938 97		0.00	739.53	0.00	0.00
36.0	VANGUARD TELECOM SERVICES ETF									
92204A884	05/13/2014	05/31/2013	A	3,117 53	2,801 16		0.00	316.37	0.00	0 00
25.0	DISCOVER FINANCIAL SERVICES									
254709108	07/22/2014	05/07/2014	A	1,603 59	1,411.90		0.00	191.69	0.00	0 00

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return.

2014 Tax Information Statement

ayer's Name and Address:
HORIZON TRUST & INVESTMENT MANAGEMENT
515 FRANKLIN SQUARE
MICHIGAN CITY, IN 46360

Account Number: 27891000877
Recipient's Tax ID Number: XX-XXX1548
Payer's Federal ID Number: 35-1560616
Payer's State ID Number: 0002543508
State: IN
Questions? (888)873-2640

☐ Corrected ☐ 2nd TIN notice

Recipient's Name and Address:
DUNELAND HEALTH COUNCIL
P.O. BOX 9327
MICHIGAN CITY, IN 46361

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.
Covered (Box 5 is not checked)

Description of property *(Box 1a)*

Cusip Number	Date Sold or Disposed *(Box 1c)*	Date Acquired *(Box 1b)*	Form 8949 Checkbox	Proceeds *(Box 1d)*	Cost or Other Basis *(Box 1e)*	Code if any *(Box 1f)*	Adjustments *(Box 1g)*	Net Gain or Loss	Federal Income Tax Withheld *(Box 4)*	State Tax Withheld *(Box 16)*
527.682	DRIEHAUS EMERGING MARKETS GROWTH									
262028301	07/22/2014	04/22/2014	A	18,104.77	17,244.65		0.00	860.12	0.00	0 00
36.0	POWERSHARES DWA ENERGY MOMENTUM PORTFOLI									
73935X385	07/22/2014	05/07/2014	A	2,307.68	2,180.63		0.00	127.05	0.00	0 00
30.0	VANGUARD CONSUMER STAPLES ETF									
92204A207	07/22/2014	11/05/2013	A	3,490 92	3,323 65		0.00	167.27	0 00	0.00
1768.909	SIT US GOVERNMENT SECURITIES FUND INC									
829800101	07/28/2014	01/09/2014	A	19,546 44	19,511 06		0.00	35.38	0.00	0.00
35.289	DRIEHAUS EMERGING MARKETS GROWTH									
262028301	09/16/2014	04/22/2014	A	1,190.65	1,153.24		0.00	37.41	0.00	0 00
10.0	DISCOVER FINANCIAL SERVICES									
254709108	09/17/2014	05/07/2014	A	645.83	564 76		0.00	81.07	0.00	0.00
2764 183	SIT US GOVERNMENT SECURITIES FUND INC									
829800101	10/20/2014	01/09/2014	A	30,654.79	30,488.94		0.00	165 85	0.00	0 00
otal Short Term Sales Reported on 1099-B				**188,169.18**	**187,698.14**		**0.00**	**471.04**	**0.00**	**0.00**

Report on Form 8949, Part I, with Box A checked

ong Term Sales Reported on 1099-B

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return.

2014 Tax Information Statement

Payer's Name and Address:
HORIZON TRUST & INVESTMENT MANAGEMENT
515 FRANKLIN SQUARE
MICHIGAN CITY, IN 46360

Account Number: 27891000877
Recipient's Tax ID Number: XX-XXX1548
Payer's Federal ID Number: 35-1560616
Payer's State ID Number: 0002543508
State: IN
Questions? (888)873-2640

☐ Corrected ☐ 2nd TIN notice

Recipient's Name and Address:
DUNELAND HEALTH COUNCIL
P.O. BOX 9327
MICHIGAN CITY, IN 46361

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.
Covered (Box 5 is not checked)

Description of property *(Box 1a)*

Cusip Number	Date Sold or Disposed *(Box 1c)*	Date Acquired *(Box 1b)*	Form 8949 Checkbox	Proceeds *(Box 1d)*	Cost or Other Basis *(Box 1e)*	Code if any *(Box 1f)*	Adjustments *(Box 1g)*	Net Gain or Loss	Federal Income Tax Withheld *(Box 4)*	State Tax Withheld *(Box 16)*
346.03	LAZARD EMERGING MARKETS EQUITY INSTL									
52106N889	04/21/2014	03/19/2012	D	6,591.87	6,886.00		0.00	-294.13	0.00	0 00
7546.815	PIMCO TOTAL RETURN FUND INSTITUTIONAL									
693390700	04/21/2014	Various	D	81,581.07	84,544.81		0.00	-2,963.74	0.00	0 00
722.508	DWS MANAGED MUNI BOND FUND S									
23337W865	04/23/2014	10/23/2012	D	6,632.62	6,914.40		0.00	-281.78	0.00	0.00
10277.492	DWS MANAGED MUNI BOND FUND S									
23337W865	04/23/2014	Various	D	94,347.38	99,281.79		0.00	-4,934.41	0.00	0.00
30.0	AFLAC INC									
001055102	05/07/2014	09/01/2011	D	1,873.23	1,107.60		0.00	765.63	0.00	0.00
5213.764	DWS MANAGED MUNI BOND FUND S									
23337W865	05/07/2014	Various	D	48,070.90	50,592 18		0.00	-2,521 28	0.00	0.00
2620.545	DWS MANAGED MUNI BOND FUND S									
23337W865	05/07/2014	Various	D	24,161.43	25,036.25		0.00	-874.82	0.00	0.00
4488.796	DWS MANAGED MUNI BOND FUND S									
23337W865	05/07/2014	02/28/2013	D	41,386.70	43,047.56		0.00	-1,660.86	0.00	0.00

2014 Tax Information Statement

ayer's Name and Address:
HORIZON TRUST & INVESTMENT MANAGEMENT
515 FRANKLIN SQUARE
MICHIGAN CITY, IN 46360

Account Number: 27891000877
Recipient's Tax ID Number: XX-XXX1548
Payer's Federal ID Number: 35-1560616
Payer's State ID Number: 0002543508
State: IN
Questions? (888)873-2640

☐ **Corrected** ☐ **2nd TIN notice**

Recipient's Name and Address:
DUNELAND HEALTH COUNCIL
P.O. BOX 9327
MICHIGAN CITY, IN 46361

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.
Covered (Box 5 is not checked)

Description of property *(Box 1a)*

Cusip Number	Date Sold or Disposed *(Box 1c)*	Date Acquired *(Box 1b)*	Form 8949 Checkbox	Proceeds *(Box 1d)*	Cost or Other Basis *(Box 1e)*	Code if any *(Box 1f)*	Adjustments *(Box 1g)*	Net Gain or Loss	Federal Income Tax Withheld *(Box 4)*	State Tax Withheld *(Box 16)*
1415.779	JHANCOCK3 DISCIPLINED VALUE MID CAP I									
47803W406	05/13/2014	08/17/2012	D	26,489.22	18,022.87		0.00	8,466.35	0.00	0 00
650.547	VANGUARD DIVIDEND GROWTH FUND									
921908604	05/13/2014	03/19/2012	D	14,292.52	10,779.56		0.00	3,512.96	0.00	0.00
37.0	VANGUARD TELECOM SERVICES ETF									
92204A884	05/13/2014	08/17/2012	D	3,204.13	2,667 70		0.00	536.43	0.00	0.00
5 0	CATERPILLAR INC									
149123101	07/22/2014	09/01/2011	D	552.82	442.57		0.00	110.25	0.00	0 00
332.0	FIRST TRUST FINANCIALS ALPHADEX									
33734X135	07/22/2014	07/10/2013	D	7,351.55	6,397 34		0 00	954 21	0 00	0 00
473.911	JHANCOCK3 DISCIPLINED VALUE MID CAP I									
47803W406	07/22/2014	08/17/2012	D	9,217.57	6,032.89		0 00	3,184.68	0.00	0.00
61.0	MSC INDUSTRIAL DIRECT INC CL A									
553530106	07/22/2014	08/17/2012	D	5,428.84	4,258.41		0.00	1,170.43	0.00	0.00
20.0	PETSMART INC									
716768106	07/22/2014	05/31/2013	D	1,381.37	1,357.00		0.00	24.37	0.00	0 00

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2014 Tax Information Statement

ayer's Name and Address:
HORIZON TRUST & INVESTMENT MANAGEMENT
515 FRANKLIN SQUARE
MICHIGAN CITY, IN 46360

Account Number: 27891000877
Recipient's Tax ID Number: XX-XXX1548
Payer's Federal ID Number: 35-1560616
Payer's State ID Number: 0002543508
State: IN
Questions? (888)873-2640

☐ **Corrected** ☐ **2nd TIN notice**

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2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

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Covered (Box 5 is not checked)

Description of property *(Box 1a)*

Cusip Number	Date Sold or Disposed *(Box 1c)*	Date Acquired *(Box 1b)*	Form 8949 Checkbox	Proceeds *(Box 1d)*	Cost or Other Basis *(Box 1e)*	Code if any *(Box 1f)*	Adjustments *(Box 1g)*	Net Gain or Loss	Federal Income Tax Withheld *(Box 4)*	State Tax Withheld *(Box 16)*
55.0	POWERSHARES DYNAMIC PHARMACEUTICALS PORT									
73935X799	07/22/2014	08/17/2012	D	3,324.08	1,832.00		0.00	1,492.08	0.00	0.00
124.0	SPDR S&P REGIONAL BANKING ETF									
78464A698	07/22/2014	07/10/2013	D	4,834.24	4,427.77		0.00	406.47	0.00	0.00
70.0	UTILITIES SELECT SECTOR SPDR FUND									
81369Y886	07/22/2014	05/31/2013	D	2,987.84	2,650.57		0.00	337.27	0.00	0.00
299.409	VANGUARD DIVIDEND GROWTH FUND									
921908604	07/22/2014	03/19/2012	D	6,655.86	4,961.21		0 00	1,694 65	0.00	0 00
351.573	VANGUARD EQUITY INCOME FUND #65									
921921102	07/22/2014	08/17/2012	D	11,183.54	8,497.52		0.00	2,686.02	0.00	0 00
86 0	VANGUARD CONSUMER DISCRETIONARY ETF									
92204A108	07/22/2014	Various	D	9,427.62	7,140.78		0.00	2,286.84	0.00	0.00
46.0	VANGUARD FINANCIALS ETF									
92204A405	07/22/2014	05/31/2013	D	2,141.07	1,899.34		0.00	241 73	0.00	0.00
8.0	VANGUARD HEALTH CARE INDEX FUND									
92204A504	07/22/2014	08/17/2012	D	900.82	559.68		0.00	341.14	0.00	0.00

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MICHIGAN CITY, IN 46360

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MICHIGAN CITY, IN 46361

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

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Covered (Box 5 is not checked)

Description of property *(Box 1a)*

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29.0	VANGUARD INDUSTRIALS ETF									
92204A603	07/22/2014	07/10/2013	D	3,030 57	2,446.99		0.00	583.58	0.00	0.00
53.0	VANGUARD MATERIALS INDEX FUND									
92204A801	07/22/2014	Various	D	5,935.06	4,652.82		0.00	1,282.24	0.00	0 00
1231.091	SIT US GOVERNMENT SECURITIES FUND INC									
829800101	07/28/2014	02/28/2013	D	13,603.56	13,935.95		0.00	-332.39	0.00	0 00
160.631	VULCAN VALUE PARTNERS SMALL CAP									
317609683	09/16/2014	07/11/2013	D	3,055.20	2,897.78		0.00	157.42	0 00	0 00
85.875	JHANCOCK3 DISCIPLINED VALUE MID CAP I									
47803W406	09/16/2014	08/17/2012	D	1,688.30	1,093.19		0.00	595 11	0.00	0 00
143.552	VANGUARD DIVIDEND GROWTH FUND									
921908604	09/16/2014	03/19/2012	D	3,251.44	2,378.66		0.00	872 78	0.00	0 00
57 785	VANGUARD EQUITY INCOME FUND #65									
921921102	09/16/2014	08/17/2012	D	1,841.62	1,396.66		0.00	444.96	0.00	0 00
24 0	FIRST TRUST FINANCIALS ALPHADEX									
33734X135	09/17/2014	02/21/2013	D	537.59	412.44		0.00	125.15	0.00	0.00

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515 FRANKLIN SQUARE
MICHIGAN CITY, IN 46360

Account Number: 27891000877
Recipient's Tax ID Number: XX-XXX1548
Payer's Federal ID Number: 35-1560616
Payer's State ID Number: 0002543508
State: IN
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P.O. BOX 9327
MICHIGAN CITY, IN 46361

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

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Covered (Box 5 is not checked)

Description of property *(Box 1a)*

Cusip Number	Date Sold or Disposed *(Box 1c)*	Date Acquired *(Box 1b)*	Form 8949 Checkbox	Proceeds *(Box 1d)*	Cost or Other Basis *(Box 1e)*	Code if any *(Box 1f)*	Adjustments *(Box 1g)*	Net Gain or Loss	Federal Income Tax Withheld *(Box 4)*	State Tax Withheld *(Box 16)*
27.0	HCP INC									
40414L109	09/17/2014	11/21/2012	D	1,098.68	1,224.35		0.00	-125.67	0.00	0.00
16.0	INTEL CORP									
458140100	09/17/2014	08/17/2012	D	558.71	426.88		0.00	131.83	0.00	0.00
5.0	MARKET VECTORS AGRIBUSINESS ETF									
57060U605	09/17/2014	03/19/2012	D	268.06	266.23		0.00	1.83	0.00	0.00
8.0	ROPER INDS INC									
776696106	09/17/2014	02/21/2013	D	1,192.03	971.78		0.00	220.25	0.00	0.00
otal Long Term Sales Reported on 1099-B				**450,079.11**	**431,441.53**		**0.00**	**18,637.58**	**0.00**	**0.00**

Report on Form 8949, Part II, with Box D checked

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yer's Name and Address:
IORIZON TRUST & INVESTMENT MANAGEMENT
)15 FRANKLIN SQUARE
/ICHIGAN CITY, IN 46360

Account Number: 27891000877
Recipient's Tax ID Number: XX-XXX1548
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DUNELAND HEALTH COUNCIL
P.O. BOX 9327
MICHIGAN CITY, IN 46361

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

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Description of property *(Box 1a)*

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Short Term Sales Reported on 1099-B										
200000.0	FNMA CALL STEP 4% 09/20/2028-2014									
3136G1UK3	03/20/2014	Various	B	200,000.00	200,000.00		0.00	0.00	0.00	0.00
Total Short Term Sales Reported on 1099-B				**200,000.00**	**200,000.00**		**0.00**	**0.00**	**0.00**	**0.00**
Report on Form 8949, Part I, with Box B checked										
Long Term Sales Reported on 1099-B										
4095.353	LAZARD EMERGING MARKETS EQUITY INSTL									
52106N889	04/21/2014	Various	E	78,016 48	76,329.83		0.00	1,686.65	0.00	0 00
8811.127	PIMCO TOTAL RETURN FUND INSTITUTIONAL									
693390700	04/21/2014	Various	E	95,248.28	94,648.72		0.00	599 56	0.00	0.00
433.0	AFLAC INC									
001055102	05/07/2014	Various	E	27,037.01	18,295 50		0.00	8,741.51	0 00	0.00
468.0	NOBLE CORP									
G65431101	05/07/2014	Various	E	14,326.38	18,942.34		0.00	-4,615.96	0.00	0 00
157.097	WILLIAM BLAIR INTL GROWTH CL N									
093001402	05/13/2014	01/17/2008	E	4,128.51	4,009.11		0.00	119.40	0.00	0.00

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Description of property *(Box 1a)*

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807.811	IVY SMALL CAP GROWTH I									
466001872	05/13/2014	05/27/2011	E	16,616.67	14,524 44		0.00	2,092.23	0.00	0.00
111.326	LAUDUS GROWTH INVESTORS US LARGE CAP GR									
51855Q549	05/13/2014	10/14/2011	E	1,993.85	1,441.67		0.00	552.18	0.00	0.00
755.367	LAUDUS GROWTH INVESTORS US LARGE CAP GR									
51855Q549	05/13/2014	10/14/2011	E	13,528.62	9,782.00		0.00	3,746.62	0.00	0 00
63.184	MUNDER MID CAP SELECT Y									
626124242	05/13/2014	07/17/2006	E	2,740.92	1,440.59		0.00	1,300.33	0 00	0.00
264.317	MUNDER MID CAP SELECT Y									
626124242	05/13/2014	07/17/2006	E	11,466 07	6,026.43		0.00	5,439.64	0 00	0.00
579.351	T ROWE PRICE GROWTH STOCK									
741479109	05/13/2014	01/22/2007	E	29,720.71	18,492.88		0.00	11,227.83	0 00	0 00
26.0	VANGUARD TELECOM SERVICES ETF									
92204A884	05/13/2014	09/14/2006	E	2,251.55	1,748.57		0.00	502.98	0.00	0.00
0.75	NOW INC									
67011P100	06/02/2014	08/20/2009	E	25.24	11.47		0.00	13.77	0.00	0 00
70.0	NOW INC									
67011P100	06/16/2014	08/20/2009	E	2,349.51	1,070.88		0 00	1,278.63	0.00	0.00

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2014 Tax Information Statement

yer's Name and Address:
IORIZON TRUST & INVESTMENT MANAGEMENT
315 FRANKLIN SQUARE
MICHIGAN CITY, IN 46360

Account Number: 27891000877
Recipient's Tax ID Number: XX-XXX1548
Payer's Federal ID Number: 35-1560616
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46.854	WILLIAM BLAIR INTL GROWTH CL N									
093001402	07/22/2014	01/17/2008	E	1,276.77	1,195 71		0.00	81.06	0.00	0.00
72.0	CATERPILLAR INC									
149123101	07/22/2014	11/08/2006	E	7,960 58	4,334.58		0.00	3,626.00	0 00	0.00
40.0	CISCO SYSTEMS INC									
17275R102	07/22/2014	11/21/2006	E	1,038.14	1,079 63		0.00	-41.49	0.00	0 00
538.486	COLUMBIA DIVIDEND INCOME Z									
19765N245	07/22/2014	04/23/2009	E	10,495.09	5,083.31		0.00	5,411.78	0.00	0.00
91.0	DIRECTV									
25490A309	07/22/2014	08/21/2007	E	7,888.14	1,991.37		0.00	5,896.77	0.00	0.00
155.0	ISHARES S&P NORTH AMERICA TECHNOLOGY SEC									
464287549	07/22/2014	Various	E	15,200.66	7,918.40		0.00	7,282.26	0.00	0.00
23.0	JOHNSON & JOHNSON									
478160104	07/22/2014	10/20/1997	E	2,352.62	667 30		0.00	1,685.32	0.00	0 00
35.882	MFS INTERNATIONAL VALUE I									
55273E822	07/22/2014	05/25/2006	E	1,330.50	1,075.02		0 00	255.48	0 00	0 00
121.566	MUNDER MID CAP SELECT Y									
626124242	07/22/2014	07/17/2006	E	5,523.96	2,771.70		0.00	2,752 26	0 00	0.00

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63.184	MUNDER MID CAP SELECT Y									
626124242	07/22/2014	07/17/2006	E	2,871.08	1,440 60		0.00	1,430.48	0.00	0 00
71.0	PHILIP MORRIS INTERNATIONAL INC									
718172109	07/22/2014	09/10/2010	E	6,067.05	3,891 30		0.00	2,175.75	0.00	0 00
110.0	UTILITIES SELECT SECTOR SPDR FUND									
81369Y886	07/22/2014	08/16/2005	E	4,695.18	3,492.34		0 00	1,202.84	0.00	0.00
31.0	TJX COS INC NEW									
872540109	07/22/2014	01/19/2007	E	1,626.32	464.36		0 00	1,161.96	0.00	0 00
32.0	VANGUARD CONSUMER DISCRETIONARY ETF									
92204A108	07/22/2014	09/21/2007	E	3,507 95	1,944.13		0 00	1,563.82	0.00	0.00
243.0	VANGUARD FINANCIALS ETF									
92204A405	07/22/2014	09/10/2010	E	11,310.43	7,249.66		0.00	4,060.77	0.00	0 00
50 0	VANGUARD HEALTH CARE INDEX FUND									
92204A504	07/22/2014	09/01/2011	E	5,630 11	2,958.05		0 00	2,672 06	0.00	0.00
1 0	VANGUARD MATERIALS INDEX FUND									
92204A801	07/22/2014	03/19/2008	E	111 98	87.38		0.00	24.60	0.00	0.00
92.0	VANGUARD TELECOM SERVICES ETF									
92204A884	07/22/2014	09/14/2006	E	8,159.34	6,187.23		0.00	1,972.11	0.00	0 00

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247.0	WELLS FARGO & CO COMPANY NEW									
949746101	07/22/2014	06/17/2003	E	12,674 09	6,429.29		0 00	6,244.80	0.00	0.00
3717.472	VANGUARD SHORT-TERM INVESTMENT ADMIRAL F									
922031836	08/18/2014	06/19/2008	E	40,000.00	38,996.28		0.00	1,003.72	0.00	0.00
81.396	WILLIAM BLAIR INTL GROWTH CL N									
093001402	09/16/2014	01/17/2008	E	2,147 21	2,077.23		0.00	69.98	0 00	0.00
87 452	COLUMBIA DIVIDEND INCOME Z									
19765N245	09/16/2014	04/23/2009	E	1,726.31	825.55		0.00	900 76	0.00	0 00
84.8	IVY SMALL CAP GROWTH I									
466001872	09/16/2014	05/27/2011	E	1,801.15	1,524 70		0.00	276.45	0.00	0 00
37 12	LAUDUS GROWTH INVESTORS US LARGE CAP GR									
51855Q549	09/16/2014	10/14/2011	E	718.28	480 70		0.00	237 58	0.00	0 00
49.666	MFS INTERNATIONAL VALUE I									
55273E822	09/16/2014	05/25/2006	E	1,792.95	1,487.99		0.00	304.96	0.00	0.00
21 996	MUNDER MID CAP SELECT Y									
626124242	09/16/2014	07/17/2006	E	1,010.92	501 51		0.00	509.41	0.00	0.00
5.506	T ROWE PRICE GROWTH STOCK									
741479109	09/16/2014	01/22/2007	E	304.62	175.75		0.00	128.87	0.00	0.00

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2014 Tax Information Statement

Account Number: 27891000877
Recipient's Tax ID Number: XX-XXX1548
Payer's Federal ID Number: 35-1560616
Payer's State ID Number: 0002543508
State: IN
Questions? (888)873-2640

☐ **Corrected** ☐ **2nd TIN notice**

Recipient's Name and Address:
DUNELAND HEALTH COUNCIL
P.O. BOX 9327
MICHIGAN CITY, IN 46361

ıyer's Name and Address:
HORIZON TRUST & INVESTMENT MANAGEMENT
515 FRANKLIN SQUARE
MICHIGAN CITY, IN 46360

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Description of property *(Box 1a)*

CUSIP Number	Date Sold or Disposed *(Box 1c)*	Date Acquired *(Box 1b)*	Form 8949 Checkbox	Proceeds *(Box 1d)*	Cost or Other Basis *(Box 1e)*	Code if any *(Box 1f)*	Adjustments *(Box 1g)*	Net Gain or Loss	Federal Income Tax Withheld *(Box 4)*	State Tax Withheld *(Box 16)*
45 329	VANGUARD DEVELOPED MARKETS IDX INVESTOR									
92206J107	09/16/2014	06/29/2006	E	464.17	449.40		0.00	14.77	0.00	0.00
16.0	CSX CORP									
126408103	09/17/2014	09/10/2010	E	516.63	292.62		0.00	224 01	0.00	0 00
9.0	CHEVRON CORP									
166764100	09/17/2014	04/24/2003	E	1,123.56	290.32		0.00	833.24	0 00	0 00
6.0	CISCO SYSTEMS INC									
17275R102	09/17/2014	11/21/2006	E	151 32	161 94		0.00	-10.62	0 00	0.00
9.0	INTERNATIONAL BUSINESS MACHINES									
459200101	09/17/2014	10/14/2004	E	1,736 69	762.08		0.00	974.61	0 00	0 00
9.0	ISHARES S&P NORTH AMERICA TECHNOLOGY SEC									
464287549	09/17/2014	04/28/2005	E	892 19	363.51		0.00	528.68	0.00	0.00
6 0	MARATHON OIL CORP									
565849106	09/17/2014	08/21/2007	E	241 19	186.65		0 00	54 54	0.00	0.00
34.0	MICROSOFT CORP									
594918104	09/17/2014	11/03/1997	E	1,582.44	566.48		0 00	1,015 96	0.00	0.00
7.0	OMNICOM GROUP									
681919106	09/17/2014	06/24/2003	E	494.83	258 76		0 00	236.07	0 00	0 00

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MICHIGAN CITY, IN 46360

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10.0	SPDR S&P REGIONAL BANKING ETF									
78464A698	09/17/2014	09/01/2011	E	394.19	212.98		0.00	181.21	0.00	0.00
15.0	ENERGY SELECT SECTOR SPDR FUND									
81369Y506	09/17/2014	09/14/2006	E	1,427 70	777.34		0.00	650.36	0.00	0.00
11.0	UTILITIES SELECT SECTOR SPDR FUND									
81369Y886	09/17/2014	08/16/2005	E	471.26	349 23		0.00	122.03	0.00	0.00
15.0	AMERITRADE HOLDING CORP									
87236Y108	09/17/2014	08/20/2009	E	503.59	279.45		0.00	224 14	0.00	0 00
5.0	VANGUARD CONSUMER DISCRETIONARY ETF									
92204A108	09/17/2014	09/21/2007	E	556.58	303.77		0.00	252 81	0 00	0 00
5.0	VANGUARD CONSUMER STAPLES ETF									
92204A207	09/17/2014	03/07/2006	E	589.36	284 33		0.00	305.03	0.00	0 00
11.0	VANGUARD FINANCIALS ETF									
92204A405	09/17/2014	04/23/2009	E	521.61	237.11		0.00	284.50	0.00	0.00
5.0	VANGUARD INDUSTRIALS ETF									
92204A603	09/17/2014	09/14/2006	E	523.23	303 36		0.00	219 87	0.00	0 00
6.0	VANGUARD MATERIALS INDEX FUND									
92204A801	09/17/2014	02/09/2006	E	679 73	374 96		0.00	304.77	0.00	0 00

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P.O. BOX 9327
MICHIGAN CITY, IN 46361

ıyer's Name and Address:
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MICHIGAN CITY, IN 46360

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Description of property *(Box 1a)*

CUSIP Number	Date Sold or Disposed *(Box 1c)*	Date Acquired *(Box 1b)*	Form 8949 Checkbox	Proceeds *(Box 1d)*	Cost or Other Basis *(Box 1e)*	Code if any *(Box 1f)*	Adjustments *(Box 1g)*	Net Gain or Loss	Federal Income Tax Withheld *(Box 4)*	State Tax Withheld *(Box 16)*
5.0	VANGUARD TELECOM SERVICES ETF									
92204A884	09/17/2014	09/14/2006	E	440 12	336.26		0.00	103.86	0.00	0 00
11.0	WAL-MART STORES INC									
931142103	09/17/2014	12/17/2003	E	836 12	571.30		0.00	264 82	0.00	0 00
3696.565	VANGUARD SHORT-TERM INVESTMENT ADMIRAL F									
922031836	10/20/2014	06/19/2008	E	39,812.00	38,776 97		0.00	1,035.03	0.00	0.00
5602.241	VANGUARD SHORT-TERM INVESTMENT ADMIRAL F									
922031836	11/12/2014	Various	E	60,000.01	60,105.62		0.00	-105.61	0.00	0 00
100000.0	U S BANCORP 2.875% 11/20/2014									
91159HGT1	11/20/2014	02/18/2010	E	100,000.00	100,000 00		0.00	0 00	0.00	0 00
Total Long Term Sales Reported on 1099-B				**672,629.75**	**579,339.94**		**0.00**	**93,289.81**	**0.00**	**0.00**

Report on Form 8949, Part II, with Box E checked

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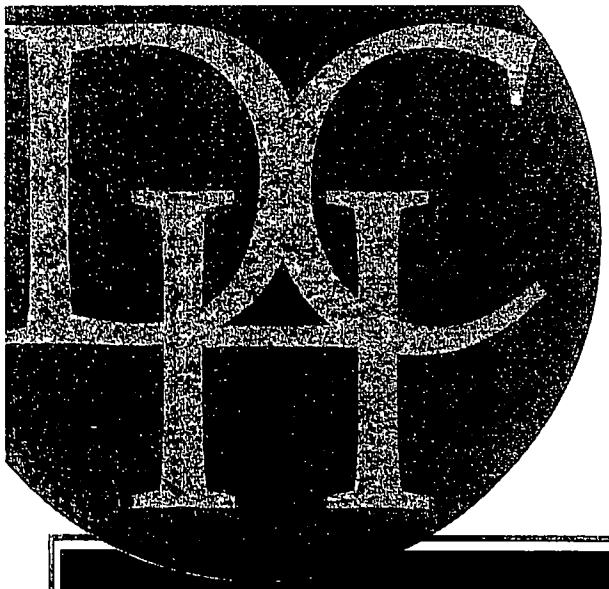


T

Council

Grant Priorities:

Requests Most Likely To Be Considered:

- Proposals that demonstrate coordination with other organizations.
- Proposals that identify matching grants.
- Proposals that can be replicated in other areas and communities.
- Proposals that address an unmet need.
- Proposals that address prevention
- Proposals that identify future funding sources.

Duneland Health Council Will Look Less Favorably On Proposals For:

- Capital for building, repairs and leasehold improvements.
- Scholarship awards and travel.
- Research
- Debt reduction
- Financial straits or crisis situations

Duneland Health Council Will Not Consider Grant Proposals For:

- Political contributions or lobbying efforts.
- Religious organizations (except for nonsectarian purposes)
- Endowments.
- Fund raising events
- Program advertising, tickets or raffles
- Programs that benefit individual applicants.

Additional Guidelines:

Organizations may be asked to provide an on-site visit to help clarify applications. If your grant request is awarded, you will be required to execute a Grant Agreement outlining the conditions of the grant. An organization representative may be asked to make a presentation at a Grants Committee meeting. The Grants Committee meets quarterly or as necessary to review applications.

Grant Performance Reports:

All successful grant applicants must submit a performance report to Duneland Health Council within 60 days of the project completion date. Multi-year grants require annual performance reports. No further support will be considered unless the required performance report is on file with the Duneland Health Council.

The Duneland Health Council Foundation does not guarantee further support or a pledge for future support.

Applications and correspondence should be addressed to:

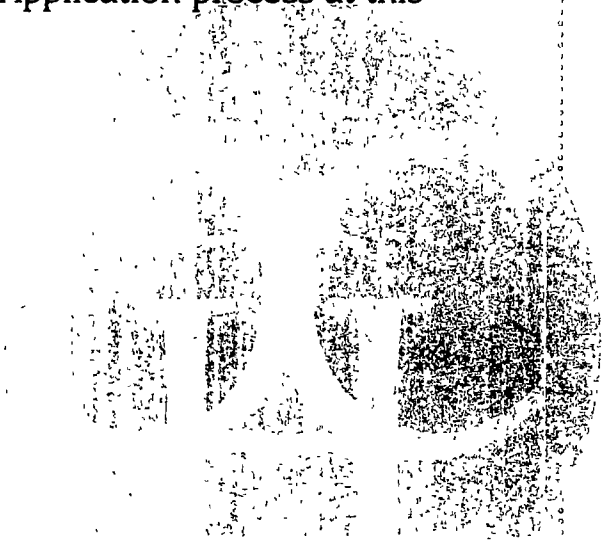
Duneland Health Council
Grants Committee
P.O. Box 9327
Michigan City, IN 46361

Duneland Health Council is a private, not-for-profit foundation formed on July 1, 1997.

Grant Eligibility for Grants:
nonprofit, tax exempt, 501(c)(3) organizations whose purpose reflects the Duneland Health Council mission.

Application Procedure:
Applicants must complete an Application for Grant form which includes a statement of need, definition of program or project, program or project budget, statement of funding sources, description of how program's or project's success will be measured, copy of most recent annual financial statement, copy of IRS 501(c)(3) designation letter.

Deadlines For Application:
Open Application process at this time.



Duneland Health Council
Grants Committee
P.O. Box 9327
Michigan City, IN 46361

DUNELAND HEALTH COUNCIL

Form **8868**
(Rev January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at *www.irs.gov/form8868.*

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file).* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only . . . . . ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return See instructions

Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
DUNELAND HEALTH COUNCIL	35-2021548
Number, street, and room or suite number If a P O box, see instructions.	**Social security number (SSN)**
P.O. BOX 9327	
City, town or post office, state, and ZIP code For a foreign address, see instructions.	
MICHIGAN CITY IN 46361	

Enter the Return code for the return that this application is for (file a separate application for each return) 04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► CAMI WHITE

Telephone No. ► (219) 874-4193 Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box . . . . . ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . ► [ ]. If it is for part of the group, check this box . . . ► [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 17, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [X] calendar year 20 14 or

► [ ] tax year beginning _____, 20 ___, and ending _____, 20 ___.

2 If the tax year entered in line 1 is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**3a**	$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	**3b**	$ 183.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions