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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

2016

Open to Public Inspection

For calendar year 2016 or tax year beginning , 2016, 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) ► $ 6,723,929.

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)	680.			
	2 Check ► ☒ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	127,066.	127,066.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	284,032.	L-6a Stmt		
	b Gross sales price for all assets on line 6a 2,169,375.				
	7 Capital gain net income (from Part IV, line 2)		281,036.		
	8 Net short-term capital gain			0.	
	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	411,778.	408,102.	0.	
ADMINISTRATIVE EXPENSES	13 Compensation of officers, directors, trustees, etc	44,251.	44,251.		
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach sch) L-16b Stmt	5,190.	5,190.		
	c Other professional fees (attach sch)				
	17 Interest				
	18 Taxes (attach schedule)(see instrs) See Line 18 Stmt	10,193.	2,888.		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	6,000.	6,000.		
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) See Line 23 Stmt	66,313.	64,822.		
	24 **Total operating and administrative expenses.** Add lines 13 through 23	131,947.	123,151.		
	25 Contributions, gifts, grants paid	336,766.			336,766.
	26 **Total expenses and disbursements.** Add lines 24 and 25	468,713.	123,151.		336,766.
	27 Subtract line 26 from line 12: a **Excess of revenue over expenses and disbursements**	-56,935.			
	b **Net investment income** (if negative, enter -0-)		284,951.		
	c **Adjusted net income** (if negative, enter -0-)			0.	

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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	675,937.	929,966.	929,966.
	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)			
	b Investments — corporate stock (attach schedule) L-10b Stmt	3,304,221.	3,130,438.	3,805,777.
	c Investments — corporate bonds (attach schedule) L-10c Stmt	2,169,048.	2,031,867.	1,988,186.
	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 ►)			
	16 **Total assets** (to be completed by all filers — see the instructions Also, see page 1, item I)	6,149,206.	6,092,271.	6,723,929.
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 ► ☒ 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	6,149,206.	6,092,271.	
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	6,149,206.	6,092,271.	
	31 **Total liabilities and net assets/fund balances** (see instructions)	6,149,206.	6,092,271.	

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	6,149,206.
2	Enter amount from Part I, line 27a	2	-56,935.
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3	4	6,092,271.
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	6,092,271.

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 (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	SHORT TERM - SEE ATTACHED STATEMENT	P	Various	Various
b	LONG TERM - SEE ATTACHED STATEMENT	P	Various	Various
c	LONG TERM - SEE ATTACHED STATEMENT	P	Various	Various
d	CAPITAL GAIN DISTRIBUTIONS	P	Various	Various
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	494,545.		499,325.	-4,780.
b	711,062.		696,053.	15,009.
c	963,768.		713,282.	250,486.
d	20,321.		0.	20,321.
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				-4,780.
b	0.	0.	0.	15,009.
c	0.	0.	0.	250,486.
d	0.	0.	0.	20,321.
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	281,036.
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	-4,780.

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 (col. (b) divided by col. (c))
2015	393,377.	7,017,103.	0.056060
2014	479,277.	7,387,944.	0.064873
2013	425,659.	7,360,946.	0.057827
2012	364,702.	7,313,683.	0.049866
2011	333,181.	7,381,243.	0.045139

2	**Total** of line 1, column (d) . . .	2	0.273765
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	0.054753
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5. . . .	4	6,671,734.
5	Multiply line 4 by line 3 . . .	5	365,297.
6	Enter 1% of net investment income (1% of Part I, line 27b) . . .	6	2,850.
7	Add lines 5 and 6 . . .	7	368,147.
8	Enter qualifying distributions from Part XII, line 4 . . .	8	336,766.

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 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	5,699.
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	5,699.
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	5,699.
6	Credits/Payments.		
a	2016 estimated tax pmts and 2015 overpayment credited to 2016 — 6a: 3,800.		
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	3,800.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☒ if Form 2220 is attached	8	23.
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	1,922.
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	0.
11	Enter the amount of line 10 to be **Credited to 2017 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		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		
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, col (c), and Part XV*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ 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 2016 or the taxable year beginning in 2016 (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 2016, 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. 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 2016?	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?		☐ 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 2016 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 2016.)*	3b		
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 2016?	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

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	PRESIDENT 2.00	0.	0.	0.
FRED MILLER 2207 FAIRWAY DR MICHIGAN CITY IN 46360	TREASURER 2.00	0.	0.	0.
CAMIE EDSON WHITE 1411 WOODLAND AVE, SUITE E MICHIGAN CITY IN 46360	EXECUTIVE DIRECTOR 32.00	44,251.	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	6,773,334.
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	6,773,334.
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	6,773,334.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	101,600.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	6,671,734.
6	**Minimum investment return.** Enter 5% of line 5	6	333,587.

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	333,587.
2a	Tax on investment income for 2016 from Part VI, line 5	2a	5,699.		
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	5,699.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	327,888.
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	327,888.
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	327,888.

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	336,766.
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	336,766.
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	0.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	336,766.

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				327,888.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			171,216.	
b Total for prior years 20 ___, 20 ___, 20 ___				
3 Excess distributions carryover, if any, to 2016				
a From 2011 . . . . . 0.				
b From 2012 . . . . . 0.				
c From 2013 . . . . . 0.				
d From 2014 . . . . . 0.				
e From 2015 . . . . . 0.				
f **Total** of lines 3a through e	0.			
4 Qualifying distributions for 2016 from Part XII, line 4: ► $ 336,766.				
a Applied to 2015, but not more than line 2a			171,216.	
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 2016 distributable amount				165,550.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 *(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 2015 Subtract line 4a from line 2a Taxable amount – see instructions			0.	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				162,338.
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 2011 not applied on line 5 or line 7 (see instructions)	0.			
9 **Excess distributions carryover to 2017.** Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2012 . . 0.				
b Excess from 2013 . . 0.				
c Excess from 2014 . . 0.				
d Excess from 2015 . . 0.				
e Excess from 2016 . . 0.				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, 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)

	Tax year	Prior 3 years			(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
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*				
SINAI TEMPLE WEST LAFAYETTE IN 47907	N/A		JACK RUBY YOUTH FUND	7,500.
CATHOLIC CHARITIES (RSVP) MICHIGAN CITY IN 46360	N/A		VOLUNTEER PROGRAMS	12,500.
HEALTHY COMMUNITIES MICHIGAN CITY IN 46360			OPERATIONS	6,000.
SAMARITAN CENTER MICHIGAN CITY IN 46360	N/A		PATIENT FEES	32,612.
STEPPING STONE SHELTER FOR WOMEN MICHIGAN CITY IN 46360	N/A		CHILD ADVOCACY PROGRAM	8,250.
SALVATION ARMY MICHIGAN CITY IN 46360	N/A		OPERATIONS	2,500.
UNITED WAY MICHIGAN CITY IN 46360	N/A		211 INFORMATION AND REFERRAL SERVICES	70,418.
PURDUE UNIVERSITY NORTH CENTRAL MICHIGAN CITY IN 46360	N/A		NURSING SCHOLARSHIPS	2,000.
OPEN DOOR COMMUNITY MICHIGAN CITY IN 46360	N/A		OPERATIONS	6,000.
See Line 3a statement				188,986.
Total ▶ **3a**				336,766.
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	127,066.	
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	284,032.	
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)				411,098.	
13 **Total.** Add line 12, columns (b), (d), and (e)				13	411,098.

(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 — Date: 8-4-17 — Title: President

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

Paid Preparer Use Only

Print/Type preparer's name: PAUL E. APPLEGATE, CPA	Preparer's signature: Paul E Applegate CPA	Date: 7-25-17	Check ☐ if self-employed	PTIN: 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 Part I, Line 6a	Net Gain or Loss From Sale of Assets	2016

Name	Employer Identification Number
DUNELAND HEALTH COUNCIL	35-2021548

Asset Information:

Description of Property: . . . .
Date Acquired: . How Acquired. . . .
Date Sold: . . . Name of Buyer: . . .
Sales Price: . . Cost or other basis (do not reduce by depreciation) . . .
Sales Expense: . . Valuation Method: . . . .
Total Gain (Loss). . . Accumulation Depreciation . . .

Description of Property: . . . .
Date Acquired. . How Acquired: . . .
Date Sold. . . . Name of Buyer: . . .
Sales Price: . . Cost or other basis (do not reduce by depreciation) . . .
Sales Expense: . . Valuation Method . . . .
Total Gain (Loss): . . Accumulation Depreciation: . . .

Description of Property: . . . . . .
Date Acquired: . How Acquired: . . .
Date Sold. . . . Name of Buyer: . . .
Sales Price: . . Cost or other basis (do not reduce by depreciation) . . .
Sales Expense . . Valuation Method: . . . .
Total Gain (Loss): . . Accumulation Depreciation. . . .

Description of Property . . . .
Date Acquired . How Acquired: . . .
Date Sold. . . . Name of Buyer: . . .
Sales Price. . . Cost or other basis (do not reduce by depreciation) . . .
Sales Expense . . Valuation Method . . . .
Total Gain (Loss): . . Accumulation Depreciation. . . .

Description of Property: . . . .
Date Acquired: . How Acquired . . .
Date Sold . . . Name of Buyer . . .
Sales Price. . . Cost or other basis (do not reduce by depreciation) . . .
Sales Expense: . . Valuation Method. . . . .
Total Gain (Loss) . . Accumulation Depreciation: . . .

Description of Property . . . . . .
Date Acquired . How Acquired . . .
Date Sold . . . Name of Buyer: . . .
Sales Price . . Cost or other basis (do not reduce by depreciation) . . .
Sales Expense. . . Valuation Method . . . .
Total Gain (Loss) . . Accumulation Depreciation: . . .

Description of Property. . . . .
Date Acquired. . How Acquired: . . .
Date Sold. . . . Name of Buyer: . . .
Sales Price: . . Cost or other basis (do not reduce by depreciation) . . .
Sales Expense. . . Valuation Method: . . . .
Total Gain (Loss) . . Accumulation Depreciation: . . .

Description of Property. . . . .
Date Acquired. . How Acquired. . . .
Date Sold . . . Name of Buyer . . .
Sales Price: . . Cost or other basis (do not reduce by depreciation) . . .
Sales Expense: . . Valuation Method . . . .
Total Gain (Loss). . . Accumulation Depreciation: . . .

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	2,888.	2,888.		
EXCISE TAX	7,305.			
Total	10,193.	2,888.		

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	52,278.	52,278.		
INSURANCE EXPENSE	2,004.	2,004.		
MEALS & ENTERTAINMENT	2,982.	1,491.		
ADMINISTRATIVE SUPPORT	270.	270.		
OFFICE EXPENSE	2,392.	2,392.		
DUES & SUBSCRIPTIONS	1,944.	1,944.		
TELEPHONE	2,259.	2,259.		
MISCELLANEOUS EXPENSE	1,382.	1,382.		
BOARD RETREAT	802.	802.		
Total	66,313.	64,822.		

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 1010 COOLSPRING AVE MICHIGAN CITY IN 46360	DIRECTOR 2.00	0.	0.	0.
Person . . [X] Business . [ ] JOE COAR 1623 GREENWOOD AVE MICHIGAN CITY IN 46360	GRANT COMMITTEE CHAIR 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 . [ ] STEVEN HALE 801 WASHINGTON ST MICHIGAN CITY IN 46360	DIRECTOR 2.00	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 . [ ] STEPHANIE OBERLIE 1024 N KARWICK RD MICHIGAN CITY IN 46350	DIRECTOR 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	DIRECTOR 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*				
LAPORTE FAMILY YMCA MICHIGAN CITY IN 46360	N/A		COMMUNITY PROGRAMS	Person or [ ] Business [X] 26,500.
THE LUBEZNIK CENTER MICHIGAN CITY IN 46360	N/A		OPERATIONAL COSTS	Person or [ ] Business [X] 7,500.
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] 22,523.
BOYS AND GIRLS CLUB OF MICHIGAN CITY MICHIGAN CITY IN 46360			OPERATIONS	Person or [ ] Business [X] 7,500.

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

Continued

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*				
PURDUE FOUNDATION WEST LAFAYETTE IN 47907			SCHOLARSHIPS	Person or [ ] Business [X] 37,500.
PARENTS & FRIENDS, INC 2354 US 35 LA PORTE IN 46350			PROGRAMS	Person or [ ] Business [X] 2,623.
SAND CASTLE SHELTER FOR CHILDREN & FAMILIES MICHIGAN CITY IN 46360			HEALTH LITERACY PROGRAM	Person or [ ] Business [X] 27,200.
MICHIANA RESOURCES MICHIGAN CITY IN 46360			COMMUNITY PROGRAMS	Person or [ ] Business [X] 5,000.
KEYS TO HOPE MICHIGAN CITY IN 46360			COMMUNITY PROGRAMS	Person or [ ] Business [X] 14,000.
DUNEBROOK COMMUNITY PARTNERS 7451 W JOHNSON RD MICHIGAN CITY IN 46360			COMMUNITY PROGRAMS	Person or [ ] Business [X] 10,000.
MEALS ON WHEELS 301 E 8TH ST MICHIGAN CITY IN 46360			COMMUNITY PROGRAMS	Person or [ ] Business [ ] 13,640.
Total				188,986.

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 10b
L-10b Stmt

Line 10b - Investments - Corporate Stock:	End of Year Book Value	End of Year Fair Market Value
PREFERRED STOCK	161,980.	148,314.
COMMON STOCK	285,148.	507,626.
STOCK MUTUAL FUNDS	2,683,310.	3,149,837.
Total	3,130,438.	3,805,777.

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

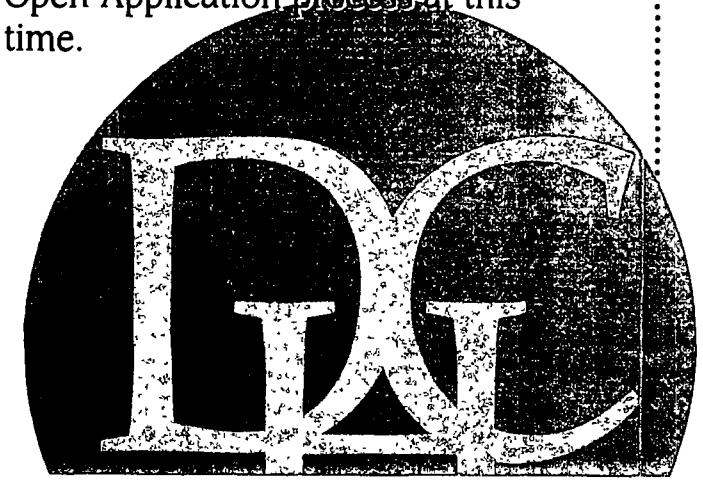
Line 10c - Investments - Corporate Bonds:	End of Year Book Value	End of Year Fair Market Value
FIXED INCOME MUTUAL FUNDS	2,031,867.	1,988,186.
Total	2,031,867.	1,988,186.

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

The Duneland Health Council

is dedicated to

improving the health

and general welfare

of the greater Michigan City

community.

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

S

HORIZON
TRUST & INVESTMENT MANAGEMENT

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

From:

HORIZON TRUST & INVESTMENT MANAGEMENT
515 FRANKLIN SQUARE
MICHIGAN CITY, IN 46360

DUNELAND HEALTH COUNCIL

Contents

Mail to:

DUNELAND HEALTH COUNCIL
P.O. BOX 9327
MICHIGAN CITY, IN 46361

Questions?

If you have any questions regarding this tax information statement, please call Your Relationship Manager at (888)873-2640

Tracking ID: 60BTF061S5EJGDFKEH49ML
Important Tax Return Documents Enclosed

HORIZON
TRUST & INVESTMENT MANAGEMENT

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

We are pleased to provide you with this Tax Information Statement to assist you in the preparation of your Income Tax Returns.

Amounts shown on the 1099 forms should be reported on the appropriate schedules of your Federal Income Tax Return and (if applicable) State Income Tax Return. The name of the Payer is shown at the top of each 1099 form. IRS Instructions for Recipients are included for each 1099 form at the end of this package. It is important to note that amounts shown as "not reported on 1099" may also be taxable to you.

Cost Basis

Under the Emergency Economic Stabilization Act of 2008 (the Act), payers are required to report adjusted cost basis to the IRS on Form 1099-B beginning in 2011. The intent is to ensure that investors accurately report gains and losses of securities in their annual tax filings.

The cost basis reporting provisions go into effect over a four-year period, during which specific security types are considered Covered under a phased approach. For 2011, all stock held in a corporation (except those for which average cost is permissible) acquired on or after January 1, 2011 is considered Covered. This includes both US and non-US issued stock. For 2012, all mutual funds and securities eligible for average cost, which are acquired on or after January 1, 2012, are considered Covered. Certain Dividend Reinvestment Plans and Exchange-Traded Funds also fall into this category. For 2014, options and other security options (as well as other securities specified by the IRS), which were acquired on or after January 1, 2014, are considered Covered.

In most cases, only cost basis information for Covered securities is reported to the IRS. Payers are allowed (but are not required) to report cost basis information for Noncovered securities. Noncovered securities are those securities that are not one of the specific security types listed above or are securities that were acquired before the effective dates listed above.

Amortization

The regulations require us to amortize bond premium for both tax-exempt and taxable covered bonds. For covered taxable bonds, the regulations require us to compute bond premium amortization, unless you notified

HORIZON TRUST & INVESTMENT MANAGEMENT

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

us that you did not want us to take into account the election to amortize bond premium. If we compute the amortization, we must adjust the basis of the bond by the amount of amortization. For covered tax-exempt bonds, we must compute the amortization and adjust the basis of the bond.

Even though the regulations require us to compute and report amortization on covered taxable bonds to the IRS and to you, you must still follow the IRS requirement to make an election to amortize bond premium on your individual federal tax return. Our computing the amortization on taxable bonds for Form 1099 information reporting purposes does not constitute an election for purposes of your federal income tax return. Please consult with your personal tax advisor on whether and how to make this election. If you elect to amortize premium on your taxable bonds, the election applies to all bonds you hold during the tax year and acquire subsequently. This includes not just "covered" bonds, but all bonds. This information is provided to you on a supporting statement included in your tax package.

Please see IRS Publication 550 at www.irs.gov/pub/irs-pdf/p550.pdf for further information about amortization, market discount and elections with respect to debt instruments.

Partnerships (MLP)

If your account has a partnership interest, the Schedule K-1 will be mailed directly to you. The amounts shown on the Schedule K-1 will need to be reported by you on your income tax return(s). Please note that if any shares of your MLP holdings were liquidated, no cost basis adjustments have been made. Please review this with your tax advisor.

Please forward this Tax Information Statement to your tax advisor. If you have any questions or if we can be of further assistance, please do not hesitate to contact us.

HORIZON
TRUST & INVESTMENT MANAGEMENT

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

Tax Summary

Listed below is a summarization of all items posted to your account. It includes items reported to the IRS on 1099 Forms INT, DIV, B and OID, items reported to the IRS by individual payers, and miscellaneous information you may need in the preparation of your federal and state income tax returns.

INCOME	Reported on Combined 1099	Total
Domestic Dividends:		
Total for year	$93,475.67	$93,475.67
Qualified	$50,975.96	$50,975.96
U.S. Government Interest Reported as Dividends:		
Total for year	$10,770.53	$10,770.53
Qualified	$5.63	$5.63
Foreign Dividends:		
Total for year	$7,438.33	$7,438.33
Qualified	$3,814.99	$3,814.99
Exempt Interest Dividends (not subject to Alt Min Tax):		
Non-taxable in Indiana	$11.82	$11.82
Territorial Interest	$7.41	$7.41
Taxable in Indiana	$1,139.79	$1,139.79
Exempt-interest Dividends (subject to Alt Min Tax):		
Non-taxable in Indiana	$0.48	$0.48
Territorial Interest	$0.30	$0.30
Taxable in Indiana	$46.00	$46.00
Domestic Interest	$15,066.22	$15,066.22
Short Term Gains and Losses:		
Other Short Term (Basis information reported to the IRS):		
Sales Price	$494,544.62	$494,544.62
Cost or other basis	$499,325.19	$499,325.19
Net gain/loss	(N/A)	-$4,780.57
Long Term Gains and Losses:		
Capital Gain Distributions:		
Capital gain distributions	$20,320.83	$20,320.83
Unrecaptured Section 1250 Gain	$199.41	$199.41

HORIZON
TRUST & INVESTMENT MANAGEMENT

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

INCOME	Reported on Combined 1099	Total
Other Long Term (Basis information reported to the IRS):		
Sales Price	$711,061.77	$711,061.77
Cost or other basis	$696,053.28	$696,053.28
Market discount	$0.00	$0.00
Net gain/loss	(N/A)	$15,008.49
Other Long Term (Basis information not reported to the IRS):		
Sales Price	$963,768.37	$963,768.37
Cost or other basis	(N/A)	$713,281.52
Net gain/loss	(N/A)	$250,486.85
Rent/Royalty Income (Active/Passive Activity)	(N/A)	-$3,932.19

DEDUCTIONS	Gross Amount	Allocated to Tax-Exempt Income	Net Amount
State Income Taxes			$1,816.53
Other Tax Expense			$83.19
Other Deductions Subject to 2% Limitation	$52,110.31	$131.67	$51,978.64

MISCELLANEOUS	Reported on 1099	Total
Nondividend Distributions	$1,540.93	$1,540.93
Foreign Taxes Paid on Dividends and Interest	$490.87	$490.87

2016 Tax Information Statement

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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: 0002543508-001
State: IN
Questions? (888)873-2640

☐ Corrected ☐ FATCA ☐ 2nd TIN notice

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

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Description of property *(Box 1a)*

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12.0	CHEVRON CORP									
166764100	02/02/2016	04/24/2003	990.46	387.09			603.37		0.00	0.00
25.0	CISCO SYSTEMS INC									
17275R102	02/02/2016	11/21/2006	577.48	674.77			-97.29		0.00	0.00
130.0	ISHARES S&P NORTH AMERICA TECHNOLOGY SEC									
464287549	02/02/2016	04/28/2005	13,385.85	5,250.76			8,135.09		0.00	0.00
9.0	JOHNSON & JOHNSON									
478160104	02/02/2016	10/20/1997	929.86	261.12			668.74		0.00	0.00
17.0	MARATHON PETE CORP									
56585A102	02/02/2016	08/21/2007	694.10	343.63			350.47		0.00	0.00
21.0	MICROSOFT CORP									
594918104	02/02/2016	11/03/1997	1,136.71	349.89			786.82		0.00	0.00
10.0	NATIONAL OIL WELL VARCO INC									
637071101	02/02/2016	08/20/2009	311.49	340.11			-28.62		0.00	0.00
9.0	OMNICOM GROUP									
681919106	02/02/2016	06/24/2003	657.43	332.70			324.73		0.00	0.00
33.0	SPDR S&P REGIONAL BANKING ETF									
78464A698	02/02/2016	09/01/2011	1,182.36	702.82			479.54		0.00	0.00

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16.0 SPDR ENERGY SELECT SECTOR SPDR FUND										
81369Y506	02/02/2016	09/14/2006	893.26	829.16			64.10		0.00	0.00
18.0 TD AMERITRADE HOLDING CORP										
87236Y108	02/02/2016	08/20/2009	486.71	335.34			151.37		0.00	0.00
19.0 TJX COS INC										
872540109	02/02/2016	01/19/2007	1,385.26	284.61			1,100.65		0.00	0.00
211.0 VANGUARD CONSUMER DISCRETIONARY ETF										
92204A108	02/02/2016	Various	24,296.19	11,849.54			12,446.65		0.00	0.00
39.0 VANGUARD FINANCIALS ETF										
92204A405	02/02/2016	04/23/2009	1,701.14	840.68			860.46		0.00	0.00
15.0 VANGUARD HEALTH CARE INDEX FUND										
92204A504	02/02/2016	04/23/2009	1,795.31	618.27			1,177.04		0.00	0.00
3.0 VANGUARD MATERIALS INDEX FUND										
92204A801	02/02/2016	02/09/2006	253.29	187.48			65.81		0.00	0.00
15.0 WELLS FARGO & CO										
949746101	02/02/2016	06/17/2003	737.24	390.44			346.80		0.00	0.00
9.0 ACCENTURE PLC										
G1151C101	02/02/2016	01/19/2007	944.44	330.36			614.08		0.00	0.00

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81.525	WILLIAM BLAIR INTL GROWTH CL N									
093001402	07/20/2016	Various	2,000.62	1,158.37			842.25		0.00	0.00
36.0	CSX CORP									
126408103	07/20/2016	09/10/2010	1,019.49	658.40			361.09		0.00	0.00
5.0	CVS HEALTH CORP									
126650100	07/20/2016	09/10/2010	485.99	145.74			340.25		0.00	0.00
13.0	CISCO SYSTEMS INC									
17275R102	07/20/2016	11/21/2006	389.33	350.88			38.45		0.00	0.00
984.067	COLUMBIA DIVIDEND INCOME Z									
19765N245	07/20/2016	04/23/2009	18,854.73	9,289.59			9,565.14		0.00	0.00
30.0	ISHARES S&P NORTH AMERICA TECHNOLOGY SEC									
464287549	07/20/2016	04/28/2005	3,471.52	1,211.72			2,259.80		0.00	0.00
719.975	LAUDUS GROWTH INVESTORS US LARGE CAP GR									
51855Q549	07/20/2016	10/14/2011	11,965.98	9,323.68			2,642.30		0.00	0.00
114.144	MFS INTERNATIONAL VALUE I									
55273E822	07/20/2016	04/23/2009	4,355.69	1,987.25			2,368.44		0.00	0.00
37.0	MARATHON OIL CORP									
565849106	07/20/2016	Various	537.96	531.00			6.96		0.00	0.00

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MICHIGAN CITY, IN 46360

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8.0	MARATHON PETE CORP									
56585A102	07/20/2016	08/21/2007	297.91	161.71			136.20		0.00	0.00
15.0	MICROSOFT CORP									
594918104	07/20/2016	11/03/1997	840.88	249.92			590.96		0.00	0.00
209.818	T ROWE PRICE GROWTH STOCK									
741479109	07/20/2016	Various	11,101.49	6,753.79			4,347.70		0.00	0.00
17.0	SPDR S&P REGIONAL BANKING ETF									
78464A698	07/20/2016	09/01/2011	684.06	362.06			322.00		0.00	0.00
9.0	SPDR ENERGY SELECT SECTOR SPDR FUND									
81369Y506	07/20/2016	09/14/2006	617.38	466.41			150.97		0.00	0.00
19.0	SPDR UTILITIES SELECT SECTOR SPDR FUND									
81369Y886	07/20/2016	08/16/2005	985.88	603.22			382.66		0.00	0.00
16.0	TD AMERITRADE HOLDING CORP									
87236Y108	07/20/2016	08/20/2009	478.38	298.08			180.30		0.00	0.00
8.0	TJX COS INC									
872540109	07/20/2016	01/19/2007	636.22	119.83			516.39		0.00	0.00
81.041	VANGUARD DEVELOPED MRKTS INDEX ADMIRAL									
921943809	07/20/2016	04/23/2009	943.31	646.85			296.46		0.00	0.00

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16.0 VANGUARD CONSUMER STAPLES ETF										
92204A207	07/20/2016	03/07/2006	2,283.78	909.86			1,373.92		0.00	0.00
23.0 VANGUARD FINANCIALS ETF										
92204A405	07/20/2016	04/23/2009	1,127.66	495.79			631.87		0.00	0.00
9.0 VANGUARD HEALTH CARE INDEX FUND										
92204A504	07/20/2016	04/23/2009	1,215.42	370.96			844.46		0.00	0.00
10.0 VANGUARD INDUSTRIALS ETF										
92204A603	07/20/2016	09/14/2006	1,112.87	606.72			506.15		0.00	0.00
7.0 VANGUARD MATERIALS INDEX FUND										
92204A801	07/20/2016	Various	753.74	445.59			308.15		0.00	0.00
8.0 VANGUARD TELECOM SERVICES ETF										
92204A884	07/20/2016	12/05/2008	803.34	353.56			449.78		0.00	0.00
9.0 WELLS FARGO & CO										
949746101	07/20/2016	06/17/2003	436.76	234.27			202.49		0.00	0.00
238.0 VANGUARD MATERIALS INDEX FUND										
92204A801	09/09/2016	Various	25,338.59	15,589.16			9,749.43		0.00	0.00
161.0 NATIONAL OIL WELL VARCO INC										
637071101	09/29/2016	08/20/2009	6,161.68	5,475.84			685.84		0.00	0.00

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9.0	CSX CORP									
126408103	11/02/2016	09/10/2010	275.51	164.60			110.91		0.00	0.00
93.0	CVS HEALTH CORP									
126650100	11/02/2016	09/10/2010	7,724.40	2,710.67			5,013.73		0.00	0.00
5.0	CHEVRON CORP									
166764100	11/02/2016	04/24/2003	528.72	161.29			367.43		0.00	0.00
9.0	CISCO SYSTEMS INC									
17275R102	11/02/2016	11/21/2006	274.70	242.92			31.78		0.00	0.00
3187.286	COLUMBIA DIVIDEND INCOME Z									
19765N245	11/02/2016	04/23/2009	58,359.22	30,087.97			28,271.25		0.00	0.00
2.0	INTERNATIONAL BUSINESS MACHINES									
459200101	11/02/2016	10/14/2004	304.31	169.35			134.96		0.00	0.00
196.0	ISHARES S&P NORTH AMERICA TECHNOLOGY SEC									
464287549	11/02/2016	04/28/2005	23,912.94	7,916.54			15,996.40		0.00	0.00
7.0	JOHNSON & JOHNSON									
478160104	11/02/2016	10/20/1997	806.74	203.09			603.65		0.00	0.00
3984.698	LAUDUS GROWTH INVESTORS US LARGE CAP GR									
51855Q549	11/02/2016	10/14/2011	65,588.13	51,601.85			13,986.28		0.00	0.00

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113.0 MARATHON OIL CORP										
565849106	11/02/2016	12/05/2008	1,464.82	1,454.65			10.17		0.00	0.00
275.0 MARATHON PETE CORP										
56585A102	11/02/2016	Various	11,665.35	2,802.84			8,862.51		0.00	0.00
10.0 MICROSOFT CORP										
594918104	11/02/2016	11/03/1997	598.21	166.61			431.60		0.00	0.00
7.0 OMNICOM GROUP										
681919106	11/02/2016	06/24/2003	555.98	258.77			297.21		0.00	0.00
7.0 PEPSICO INC										
713448108	11/02/2016	04/24/2003	749.67	301.06			448.61		0.00	0.00
1238.888 T ROWE PRICE GROWTH STOCK										
741479109	11/02/2016	Various	65,636.28	38,046.65			27,589.63		0.00	0.00
100.0 SPDR S&P REGIONAL BANKING ETF										
78464A698	11/02/2016	09/01/2011	4,328.23	2,129.76			2,198.47		0.00	0.00
94.0 SPDR ENERGY SELECT SECTOR SPDR FUND										
81369Y506	11/02/2016	Various	6,399.64	4,708.52			1,691.12		0.00	0.00
12.0 SPDR UTILITIES SELECT SECTOR SPDR FUND										
81369Y886	11/02/2016	08/16/2005	575.54	380.98			194.56		0.00	0.00

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99.0 TD AMERITRADE HOLDING CORP										
87236Y108	11/02/2016	08/20/2009	3,336.54	1,844.37			1,492.17		0.00	0.00
5.0 TJX COS INC										
872540109	11/02/2016	01/19/2007	363.27	74.90			288.37		0.00	0.00
99.0 VANGUARD CONSUMER STAPLES ETF										
92204A207	11/02/2016	Various	13,399.78	5,635.40			7,764.38		0.00	0.00
103.0 VANGUARD FINANCIALS ETF										
92204A405	11/02/2016	04/23/2009	5,126.21	2,220.25			2,905.96		0.00	0.00
7.0 VANGUARD HEALTH CARE INDEX FUND										
92204A504	11/02/2016	04/23/2009	857.68	288.53			569.15		0.00	0.00
4.0 VANGUARD INDUSTRIALS ETF										
92204A603	11/02/2016	09/14/2006	430.68	242.69			187.99		0.00	0.00
6.0 VANGUARD TELECOM SERVICES ETF										
92204A884	11/02/2016	12/05/2008	532.76	265.17			267.59		0.00	0.00
6.0 WELLS FARGO & CO										
949746101	11/02/2016	06/17/2003	271.27	156.18			115.09		0.00	0.00
7.0 ACCENTURE PLC										
G1151C101	11/02/2016	01/19/2007	815.27	256.95			558.32		0.00	0.00
Total Long Term Sales Reported on 1099-B			963,768.37	713,281.52	0.00	0.00	250,486.85		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. For noncovered securities shown on this statement, cost basis information is not being reported to the Internal Revenue Service. The taxpayer is ultimately responsible for the accuracy of their own tax return.

2016 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: 0002543508-001
State: IN
Questions? (888)873-2640

☐ **Corrected** ☐ **FATCA** ☐ **2nd TIN notice**

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

Reported to the IRS is proceeds less commissions and option premiums.
For noncovered securities (Box 5 is checked) shown on this statement, cost basis information is not being reported to the IRS.
Cost or Other Basis amounts shown with a "U" are unknown or unsubstantiated.

Description of property *(Box 1a)*

Cusip Number	Date Sold or Disposed *(Box 1c)*	Date Acquired *(Box 1b)*	Proceeds *(Box 1d)*	Cost or Other Basis *(Box 1e)*	Market Discount *(Box 1f)*	Wash Loss Disallowed *(Box 1g)*	Net Gain or Loss	Ordinary *(Box 2)*	Federal Income Tax Withheld *(Box 4)*	State Tax Withheld *(Box 16)*

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

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

Dividends and Interest Detail

Qualified Dividends

Qualified Domestic Dividends

Description	Amount of dividend
Reported on Form 1099-DIV	
CHEVRON CORP	620.94
CISCO SYSTEMS INC	671.11
COLUMBIA DIVIDEND INCOME Z	3,798.16
CRACKER BARREL OLD CTRY STORE	1,103.30
CSX CORP	552.78
CVS HEALTH CORP	496.83
DISCOVER FINANCIAL SERVICES	508.04
DRIEHAUS EMERGING MARKETS GROWTH	386.08
ENTERGY LOUISIANA LLC 1ST MTG 5.25%	5,249.98
FINL INVS TR VULCAN VALUE PARTNERS SMALL	643.07
FIRST TRUST FINANCIALS ALPHADEX	548.51
HCP INC	0.51
INTEL CORP	562.38
INTERNATIONAL BUSINESS MACHINES	200.70
ISHARES NASDAQ BIOTECHNOLOGY INDEX FUND	71.47
ISHARES S&P NORTH AMERICA TECHNOLOGY SEC	1,640.25
JHANCOCK3 DISCIPLINED VALUE MID CAP I	1,740.54
JOHNSON & JOHNSON	627.55

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

Qualified Domestic Dividends

Description	Amount of dividend
MARATHON OIL CORP	370.65
MARATHON PETE CORP	435.12
MFS INTERNATIONAL VALUE I	523.99
MFS INTERNATIONAL VALUE I	22.50
MICROSOFT CORP	1,138.80
MSC INDUSTRIAL DIRECT INC CL A	214.47
NATIONAL OIL WELL VARCO INC	102.48
NORTHROP GRUMMAN CORP	524.20
OMNICOM GROUP	464.40
PEPSICO INC	634.17
POWERSHARES DWA BASIC MATERIALS MOMENTUM	282.92
POWERSHARES DWA ENERGY MOMENTUM PORTFOLI	52.16
POWERSHARES DYNAMIC PHARMACEUTICALS PORT	349.11
ROPER TECHNOLOGIES, INC	185.10
SPDR ENERGY SELECT SECTOR SPDR FUND	732.55
SPDR S&P REGIONAL BANKING ETF	607.66
SPDR UTILITIES SELECT SECTOR SPDR FUND	1,529.84
T ROWE PRICE GROWTH STOCK	104.13
TD AMERITRADE HOLDING CORP	571.66
TJX COS INC	374.70

Important Tax Return Documents Enclosed

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

Qualified Domestic Dividends

Description	Amount of dividend
VANECK VECTORS TRUST AGRIBUSINESS ETF	189.32
VANGUARD CONSUMER DISCRETIONARY ETF	1,107.07
VANGUARD CONSUMER STAPLES ETF	2,512.98
VANGUARD DIVIDEND GROWTH FUND	6,202.88
VANGUARD DIVIDEND GROWTH FUND	417.12
VANGUARD EQUITY INCOME ADM	5,591.47
VANGUARD FINANCIALS ETF	883.08
VANGUARD HEALTH CARE INDEX FUND	896.28
VANGUARD INDUSTRIALS ETF	781.43
VANGUARD MATERIALS INDEX FUND	296.39
VANGUARD REIT ETF	59.18
VANGUARD TELECOM SERVICES ETF	1,154.79
WELLS FARGO & CO	712.79
WILLIAM BLAIR INTL GROWTH CL N	1,528.37
Total Reported on Form 1099-DIV	**$50,975.96**
Total Qualified Domestic Dividends	**$50,975.96**

Important Tax Return Documents Enclosed

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

Qualified U.S. Government Interest Reported as Dividends

Description	Amount of dividend
Reported on Form 1099-DIV	
T ROWE PRICE GROWTH STOCK	0.29
VANGUARD DIVIDEND GROWTH FUND	3.10
VANGUARD EQUITY INCOME ADM	2.24
Total Reported on Form 1099-DIV	**$5.63**
Total Qualified U.S. Government Interest Reported as Dividends	**$5.63**

Qualified Foreign Dividends

Description	Amount of dividend
Reported on Form 1099-DIV	
ACCENTURE PLC	505.89
MFS INTERNATIONAL VALUE I	1,342.63
MFS INTERNATIONAL VALUE I	76.76
SPDR DOW JONES INTL REAL ESTATE	631.62
VANGUARD DEVELOPED MRKTS INDEX ADMIRAL	1,258.09
Total Reported on Form 1099-DIV	**$3,814.99**
Total Qualified Foreign Dividends	**$3,814.99**

Total Qualified Dividends included on 1099-DIV box 1a and 1b **$54,796.58**

Important Tax Return Documents Enclosed

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

Non-Qualified Dividends

Non-Qualified Domestic Dividends

Description	Amount of dividend
Reported on Form 1099-DIV	
DEUTSCHE MANAGED MUNICIPAL BOND S	30.25
DFA FIVE YEAR GLOBAL FIXED INCOME I	3,221.33
DFA FIVE YEAR GLOBAL FIXED INCOME I	84.17
FIDELITY GOVERNMENT PORTFOLIO INSTITUTI	17.66
FIRST TRUST FINANCIALS ALPHADEX	206.80
HCP INC	184.83
MERRILL LYNCH 7% PFD CAP TR III	700.00
Northern Inst Govt Portfolio (MMKT) .010%	13.82
POWERSHARES DWA BASIC MATERIALS MOMENTUM	4.17
PUBLIC STORAGE 1/1000 PFD	4,920.50
RIDGEWORTH US GOVT ULTRA-SHORT BOND I	381.42
SCOUT UNCONSTRAINED BOND FUND	894.43
SIT US GOVERNMENT SECURITIES FUND INC	678.25
SPDR DOW JONES INTL REAL ESTATE	0.53
SPDR S&P REGIONAL BANKING ETF	58.55
SPDR UTILITIES SELECT SECTOR SPDR FUND	83.06
VANECK VECTORS TRUST AGRIBUSINESS ETF	63.22
VANGUARD CONSUMER DISCRETIONARY ETF	74.43

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

Non-Qualified Domestic Dividends

Description	Amount of dividend
VANGUARD DEVELOPED MRKTS INDEX ADMIRAL	15.80
VANGUARD DIVIDEND GROWTH FUND	26.29
VANGUARD FINANCIALS ETF	227.16
VANGUARD GNMA ADMIRAL FUND	2,859.81
VANGUARD GNMA ADMIRAL FUND	820.43
VANGUARD INTERM TERM BOND INDEX ADM	15,033.49
VANGUARD INTERM TERM BOND INDEX ADM	15.67
VANGUARD REIT ETF	1,588.12
VANGUARD SHORT-TERM INVESTMENT ADMIRAL F	10,295.52
Total Reported on Form 1099-DIV	**$42,499.71**
Total Non-Qualified Domestic Dividends	**$42,499.71**

Non-Qualified U.S. Government Interest Reported as Dividends

Description	Amount of dividend
Reported on Form 1099-DIV	
DFA FIVE YEAR GLOBAL FIXED INCOME I	5.49
FIDELITY GOVERNMENT PORTFOLIO INSTITUTI	30.82
Northern Inst Govt Portfolio (MMKT) .010%	19.81
RIDGEWORTH US GOVT ULTRA-SHORT BOND I	0.04

Important Tax Return Documents Enclosed

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

Non-Qualified U.S. Government Interest Reported as Dividends

Description	Amount of dividend
SCOUT UNCONSTRAINED BOND FUND	266.88
SIT US GOVERNMENT SECURITIES FUND INC	6.49
VANGUARD DEVELOPED MRKTS INDEX ADMIRAL	0.32
VANGUARD GNMA ADMIRAL FUND	4.29
VANGUARD INTERM TERM BOND INDEX ADM	9,482.96
VANGUARD SHORT-TERM INVESTMENT ADMIRAL F	947.80
Total Reported on Form 1099-DIV	**$10,764.90**
Total Non-Qualified U.S. Government Interest Reported as Dividends	**$10,764.90**

Non-Qualified Foreign Dividends

Description	Amount of dividend
Reported on Form 1099-DIV	
MFS INTERNATIONAL VALUE I	16.53
SPDR DOW JONES INTL REAL ESTATE	3,275.08
VANGUARD DEVELOPED MRKTS INDEX ADMIRAL	331.73
Total Reported on Form 1099-DIV	**$3,623.34**
Total Non-Qualified Foreign Dividends	**$3,623.34**

Total Non-Qualified Dividends included in Form 1099-DIV box 1a **$56,887.95**

Important Tax Return Documents Enclosed

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

Capital Gain Distributions

Description	Amount of dividend
Reported on Form 1099-DIV	
AQUILA THREE PEAKS OPPORTUNITY GROWTH I	33.61
COLUMBIA DIVIDEND INCOME Z	3,307.61
DFA FIVE YEAR GLOBAL FIXED INCOME I	659.97
JHANCOCK3 DISCIPLINED VALUE MID CAP I	3,657.79
LAUDUS GROWTH INVESTORS US LARGE CAP GR	2,238.59
T ROWE PRICE GROWTH STOCK	2,976.10
VANGUARD DIVIDEND GROWTH FUND	2,246.97
VANGUARD EQUITY INCOME ADM	1,479.52
VANGUARD INTERM TERM BOND INDEX ADM	3,526.04
VANGUARD REIT ETF	194.63
Total Reported on Form 1099-DIV	**$20,320.83**
Total capital gain distributions	**$20,320.83**

Unrecaptured Section 1250 Gain

Description	Amount of dividend
Reported on Form 1099-DIV	
VANGUARD REIT ETF	199.41
Total Reported on Form 1099-DIV	**$199.41**

Important Tax Return Documents Enclosed

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

Unrecaptured Section 1250 Gain

Description	Amount of dividend
Total Unrecaptured Section 1250 Gain	**$199.41**

Nondividend Distributions

Description	Amount of dividend
Reported on Form 1099-DIV	
HCP INC	799.07
VANGUARD REIT ETF	741.86
Total Reported on Form 1099-DIV	**$1,540.93**
Total Nondividend Distributions	**$1,540.93**

Exempt interest dividends non-taxable in Indiana (not subject to Alt Min Tax)

Description	Investment expense	Amount of dividend
Reported on Form 1099-DIV		
Indiana		
DEUTSCHE MANAGED MUNICIPAL BOND S		11.82
Total for Indiana		**$11.82**

Important Tax Return Documents Enclosed

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

Exempt interest dividends non-taxable in Indiana (not subject to Alt Min Tax)

Description	Investment expense	Amount of dividend
Total Reported on Form 1099-DIV box 10		**$11.82**
Totals		**$11.82**

Territorial exempt-interest dividends (not subject to Alt Min Tax)

Description	Amount of dividend
Reported on Form 1099-DIV	
Puerto Rico	
DEUTSCHE MANAGED MUNICIPAL BOND S	7.41
Total for Puerto Rico	**$7.41**
Total Reported on Form 1099-DIV box 10	**$7.41**
Totals	**$7.41**

Important Tax Return Documents Enclosed

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

Exempt interest dividends taxable in Indiana (not subject to Alt Min Tax)

Description	Investment expense	Amount of dividend
Reported on Form 1099-DIV		
Various		
DEUTSCHE MANAGED MUNICIPAL BOND S		1,139.79
Total for Various		**$1,139.79**
Total Reported on Form 1099-DIV box 10		**$1,139.79**
Totals		**$1,139.79**

Exempt interest dividends non-taxable in Indiana (subject to Alt Min Tax)

Description	Amount of dividend
Reported on Form 1099-DIV	
Indiana	
DEUTSCHE MANAGED MUNICIPAL BOND S	0.48
Total for Indiana	**$0.48**
Total Reported on Form 1099-DIV box 10 and 11	**$0.48**
Totals	**$0.48**

Important Tax Return Documents Enclosed

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

Territorial exempt-interest dividends (subject to Alt Min Tax)

Description	Amount of dividend
Reported on Form 1099-DIV	
Puerto Rico	
DEUTSCHE MANAGED MUNICIPAL BOND S	0.30
Total for Puerto Rico	**$0.30**
Total Reported on Form 1099-DIV box 10 and 11	**$0.30**
Totals	**$0.30**

Exempt interest dividends taxable in Indiana (subject to Alt Min Tax)

Description	Amount of dividend
Reported on Form 1099-DIV	
Various	
DEUTSCHE MANAGED MUNICIPAL BOND S	46.00
Total for Various	**$46.00**
Total Reported on Form 1099-DIV box 10 and 11	**$46.00**
Totals	**$46.00**

Important Tax Return Documents Enclosed

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

Dividends and Interest Detail

Interest

Domestic Interest

Description	Amount of market discount	Amount of bond premium	Amount of interest
Reported on Form 1099-INT			
CATHAY BANK, 90 DAY EWP 1.8% 05/16/2019			3,609.86
FAR EAST NATIONAL BANK, 6 MONTH EWP 1.95			3,910.69
FIRST INTERNET BANK, CD 6 MONTH EWP 2.1			3,534.71
SYNCHRONY BANK, 6 MONTH EWP, 2% 04/25/20			4,010.96
Total Reported on Form 1099-INT			**$15,066.22**
Total Domestic Interest			**$15,066.22**

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

Foreign Tax Withheld on Dividends and Interest

Description	Amount of tax
VARIOUS	
ACCENTURE PLC	101.18
MFS INTERNATIONAL VALUE I	156.88
MFS INTERNATIONAL VALUE I	16.53
SPDR DOW JONES INTL REAL ESTATE	19.99
SPDR DOW JONES INTL REAL ESTATE	103.69
VANGUARD DEVELOPED MRKTS INDEX ADMIRAL	72.55
VANGUARD DEVELOPED MRKTS INDEX ADMIRAL	20.05
Total for VARIOUS	**$490.87**
Total Foreign Tax Withheld on dividends and interest (1099-INT and 1099-Div box 6)	**$490.87**

Important Tax Return Documents Enclosed

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

Other Tax Information

Deductions

Taxes Paid

Description	Amount of expense
Other Taxes	83.19
Total Taxes Paid	**83.19**

Other Deductions Subject to 2% Limitation

Description	Amount of expense
Available for allocation to tax exempt income	
Investment Management Fees	52,277.54
WILLIAM BLAIR INTL GROWTH CL N	-167.23
Total available for allocation to tax exempt income	**52,110.31**
Total Other Deductions Subject to 2% Limitation	**52,110.31**

Important Tax Return Documents Enclosed

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

Profit or Loss from Supplemental Activity

Rent and Royalty Gain or Loss

RENT AND ROYALTY PROPERTY	Amount	Total	Net
RENTAL PROPERTY			
Expenses:			
UTILITIES	-$3,932.19		
Total		**-$3,932.19**	
Rental Income or Loss			**-$3,932.19**
Net Rental Income or Loss			**-$3,932.19**

Important Tax Return Documents Enclosed

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

Computation of Expenses Allocable to Federal Tax Exempt Income

1.	Tax exempt income		$1,205.80
2.	Gross taxable income		$475,989.01
3.	Total income		$477,194.81
4.	Allocable expenses		$52,110.31
	Other deductions subject to 2% limitation	$52,110.31	
5.	Expenses allocated to TEI (line 1/line 3 * line 4)		$131.67
6.	Expenses allocated to taxable income (line 4 - line 5)		$51,978.64

Important Tax Return Documents Enclosed

2016 Tax Information Statement

DUNELAND HEALTH COUNCIL

Account Number: 27891000877
Tax ID Number: XX-XXX1548
Ref: 5479

Summary of Foreign Investments

Country	Foreign Dividends Qualified	Foreign Dividends Non-Qualified	Foreign Interest	Total Foreign Income	Foreign Tax Paid
Reported on 1099 Forms DIV or INT	*1099-DIV Box 1*		*1099-INT Box 1*		*1099-DIV/INT Box 6*
VARIOUS	3,814.99	3,623.34		7,438.33	490.87
Total Reported on 1099 Forms DIV or INT	**3,814.99**	**3,623.34**		**7,438.33**	**490.87**
Total Foreign Investments	**3,814.99**	**3,623.34**		**7,438.33**	**490.87**

(Enter on Form 1116)

Important Tax Return Documents Enclosed