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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017

Name of foundation
KOSCIUSKO 21ST CENTURY FOUNDATION INC
AKA K21 HEALTH FOUNDATION

A Employer identification number
35-1187105

Number and street (or P O box number if mail is not delivered to street address)
2170 N POINTE DRIVE

Room/suite

B Telephone number (see instructions)
(574) 269-5188

City or town, state or province, country, and ZIP or foreign postal code
WARSAW, IN 46582

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 76,458,820

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)	530,592			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	590,450	590,450		
	4	Dividends and interest from securities	1,036,491	1,036,491		
	5a	Gross rents	230,898	230,898		
	b	Net rental income or (loss) 78,036				
	6a	Net gain or (loss) from sale of assets not on line 10	1,226,892			
	b	Gross sales price for all assets on line 6a 46,660,314				
	7	Capital gain net income (from Part IV, line 2)		1,226,892		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	1,612	1,612	0	
	12	**Total.** Add lines 1 through 11	3,616,935	3,086,343	0	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	185,622	0	0	185,622
	14	Other employee salaries and wages	78,908	0	0	78,908
	15	Pension plans, employee benefits	26,064	0	0	26,064
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	17,515	0	0	17,515
	c	Other professional fees (attach schedule)	233,013	233,013	0	0
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	96,618	0	0	0
	19	Depreciation (attach schedule) and depletion	154,155	151,161	0	
	20	Occupancy	40,982	0	0	40,982
	21	Travel, conferences, and meetings	7,644	0	0	7,644
	22	Printing and publications	2,645	0	0	2,645
	23	Other expenses (attach schedule)	928,298	1,701	0	120,586
	24	**Total operating and administrative expenses.** Add lines 13 through 23	1,771,464	385,875	0	479,966
	25	Contributions, gifts, grants paid	2,731,240			2,732,649
	26	**Total expenses and disbursements.** Add lines 24 and 25	4,502,704	385,875	0	3,212,615
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-885,769			
	b	**Net investment income** (if negative, enter -0-)		2,700,468		
	c	**Adjusted net income**(if negative, enter -0-)			0	

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

		Beginning of year	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	989,203	1,142,163	1,142,163
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	8,668	6,420	6,420
	10a Investments—U S and state government obligations (attach schedule)	5,871,192	4,442,800	4,399,699
	b Investments—corporate stock (attach schedule)	31,647,424	30,811,741	44,960,813
	c Investments—corporate bonds (attach schedule)	9,453,825	7,579,592	7,488,611
	11 Investments—land, buildings, and equipment basis ▶ 2,321,930			
	Less accumulated depreciation (attach schedule) ▶ 498,829	1,545,947	1,823,101	1,823,101
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	8,657,118	12,528,870	14,486,810
	14 Land, buildings, and equipment basis ▶ 69,098			
	Less accumulated depreciation (attach schedule) ▶ 65,710	298,729	3,388	3,388
	15 Other assets (describe ▶)	2,835,381	2,147,815	2,147,815
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	61,307,487	60,485,890	76,458,820
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable	298,983	293,541	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)	90,116	159,729	
	23 **Total liabilities**(add lines 17 through 22)	389,099	453,270	
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	60,369,514	59,288,022	
	25 Temporarily restricted	548,874	744,598	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	60,918,388	60,032,620	
	31 **Total liabilities and net assets/fund balances** (see instructions)	61,307,487	60,485,890	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	60,918,388
2	Enter amount from Part I, line 27a	2	-885,769
3	Other increases not included in line 2 (itemize) ▶	3	6,961,330
4	Add lines 1, 2, and 3	4	66,993,949
5	Decreases not included in line 2 (itemize) ▶	5	6,961,329
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	60,032,620

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	SALE OF SECURITIES	P		
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	46,660,314		45,433,422	1,226,892
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				1,226,892
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	1,226,892
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	3,694,327	64,963,804	0 056867
2015	4,209,526	66,164,115	0 063622
2014	3,838,345	67,153,038	0 057158
2013	3,352,218	62,610,514	0 053541
2012	3,002,834	57,062,361	0 052624

2	**Total** of line 1, column (d)	2	0 283812
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 056762
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	70,162,009
5	Multiply line 4 by line 3	5	3,982,536
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	27,005
7	Add lines 5 and 6	7	4,009,541
8	Enter qualifying distributions from Part XII, line 4	8	4,020,411

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	27,005
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	27,005
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	27,005
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017 — 6a: 34,859		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments Add lines 6a through 6d	7	34,859
8	Enter any **penalty** for underpayment of estimated tax Check here ☑ if Form 2220 is attached	8	0
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	7,854
11	Enter the amount of line 10 to be **Credited to 2018 estimated tax** ▶ 7,854 **Refunded** ▶	11	0

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ IN			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10	Yes	

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW K21FOUNDATION ORG

14 The books are in care of ▶ RICH HADDAD Telephone no ▶ (574) 269-5188

Located at ▶ 2170 N POINTE DRIVE WARSAW IN ZIP+4 ▶ 46582

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2017, 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? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16		No

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
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 2017?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? ☐ 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 2017 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 2017).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		No

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

5a	During the year did the foundation pay or incur any amount to				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes	☑ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions)	☐ Yes	☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?			**5b**	
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes	☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**6b**	**No**
	If "Yes" to 6b, file Form 8870				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☑ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			**7b**	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

Total number of other employees paid over $50,000. . . . . ▶ 0

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
WJ CAREY CONSTRUCTION PO BOX 534 SOUTH WHITLEY, IN 46787	GENERAL CONTRACTOR	120,396
MARQUETTE ASSOCIATES 180 N LASALLE SUITE 3500 CHICAGO, IL 60601	INVESTMENT CONSULTING	68,000

Total number of others receiving over $50,000 for professional services. . . . . ▶ 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 FORGIVENESS OF CURRENT LOAN MORTGAGE PRINCIPAL AND INTEREST DUE FROM KOSCIUSKO HEALTH SERVICES PAVILION, INC , A SECTION 501(C(3) ORGANIZATION	799,208
2 FORGIVENESS OF CURRENT LOAN PRINCIPAL AND INTEREST DUE FROM HARVEST WITH A HEART, INC A SECTION 501(C)(3) ORGANIZATION	8,588
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 . . . . . ▶	807,796

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	70,812,625
b	Average of monthly cash balances	1b	417,841
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	71,230,466
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	71,230,466
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,068,457
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	70,162,009
6	**Minimum investment return.** Enter 5% of line 5	6	3,508,100

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6			1	3,508,100
2a	Tax on investment income for 2017 from Part VI, line 5	2a	27,005		
b	Income tax for 2017 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	27,005
3	Distributable amount before adjustments Subtract line 2c from line 1			3	3,481,095
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	3,481,095
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	3,481,095

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	3,212,615
b	Program-related investments—total from Part IX-B	1b	807,796
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	4,020,411
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	27,005
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	3,993,406

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				3,481,095
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014. 87,852				
d From 2015. 982,854				
e From 2016. 515,855				
f **Total** of lines 3a through e.	1,586,561			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ $ 4,020,411				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				3,481,095
e Remaining amount distributed out of corpus	539,316			
5 Excess distributions carryover applied to 2017	0			0
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,125,877			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2018.** Subtract lines 7 and 8 from line 6a	2,125,877			
10 Analysis of line 9				
a Excess from 2013. . . .				
b Excess from 2014. . . . 87,852				
c Excess from 2015. . . . 982,854				
d Excess from 2016. . . . 515,855				
e Excess from 2017. . . . 539,316				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

KOSCIUSKO 21ST CENTURY FOUNDATION I
2170 NORTH POINTE DRIVE
WARSAW, IN 46582
(574) 269-5188

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

SEE STATEMENTS 20 AND 21

c Any submission deadlines

SEE STATEMENTS 20 AND 21

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

SEE STATEMENTS 20 AND 21

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				2,732,649
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

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) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	590,450	
4 Dividends and interest from securities. . . .			14	1,036,491	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.			16	78,036	
6 Net rental income or (loss) from personal property					
7 Other investment income.			14	1,612	
8 Gain or (loss) from sales of assets other than inventory			18	1,226,892	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		2,933,481	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	2,933,481

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

******	2018-05-04	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
AMBER KOCHER CPA		2018-05-04		P00418596

Firm's name ▶ BLUE & CO LLC	Firm's EIN ▶35-1178661
Firm's address ▶ 500 N MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 46204	Phone no (317) 633-4705

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
RICHARD HADDAD 2170 NORTH POINTE DRIVE WARSAW, IN 46582	PRESIDENT 40 00	185,622	5,464	0
SCOTT TUCKER 2170 NORTH POINTE DRIVE WARSAW, IN 46582	CHAIRMAN 1 00	0	0	0
ANDREW GROSSNICKLE 2170 NORTH POINTE DRIVE WARSAW, IN 46582	VICE CHAIRMAN 1 00	0	0	0
DANA KRULL 2170 NORTH POINTE DRIVE WARSAW, IN 46582	TREASURER 1 00	0	0	0
SHARI BOYLE 2170 NORTH POINTE DRIVE WARSAW, IN 46582	SECRETARY 1 00	0	0	0
BECKY ALLES 2170 NORTH POINTE DRIVE WARSAW, IN 46582	DIRECTOR 1 00	0	0	0
DR DAVID DICK 2170 NORTH POINTE DRIVE WARSAW, IN 46582	DIRECTOR 1 00	0	0	0
STEVE GRILL 2170 NORTH POINTE DRIVE WARSAW, IN 46582	DIRECTOR 1 00	0	0	0
JOE HAWN 2170 NORTH POINTE DRIVE WARSAW, IN 46582	DIRECTOR 1 00	0	0	0
ROSY JANSMA 2170 NORTH POINTE DRIVE WARSAW, IN 46582	DIRECTOR 1 00	0	0	0
RICK KERLIN 2170 NORTH POINTE DRIVE WARSAW, IN 46582	DIRECTOR 1 00	0	0	0
ANITA KISHAN 2170 NORTH POINTE DRIVE WARSAW, IN 46582	DIRECTOR 1 00	0	0	0
JENNIFER LUCHT 2170 NORTH POINTE DRIVE WARSAW, IN 46582	DIRECTOR 1 00	0	0	0
MAX MOCK 2170 NORTH POINTE DRIVE WARSAW, IN 46582	DIRECTOR 1 00	0	0	0
LISA O'NEILL 2170 NORTH POINTE DRIVE WARSAW, IN 46582	DIRECTOR 1 00	0	0	0

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
KEVIN ROBERTS 2170 NORTH POINTE DRIVE WARSAW, IN 46582	DIRECTOR 1 00	0	0	0
STEVE ROSS 2170 NORTH POINTE DRIVE WARSAW, IN 46582	DIRECTOR 1 00	0	0	0
BILL SMITH 2170 NORTH POINTE DRIVE WARSAW, IN 46582	DIRECTOR 1 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER CARE GRANT AMOS ENGLAND PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,069
CANCER CARE GRANT AMY VOTH-REED PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,050
CANCER CARE GRANT ANITA SORIANO PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	4,851
CANCER CARE GRANT ANTHONY GEE PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	4,700
CANCER CARE GRANT CARLOTTA TACKETT PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,420
Total . . . . . ▶ **3a**				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER CARE GRANT CATHRYN TAYLOR PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,000
CANCER CARE GRANT CAYLE WOODWARD PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,000
CANCER CARE GRANT CHARLES SWIHART PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,417
CANCER CARE GRANT CLINT CARDEN PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,900
CANCER CARE GRANT DANIEL FATTORUSSO PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	4,918
Total . . . . . ▶ 3a				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER CARE GRANT DAVID COLLINS PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,920
CANCER CARE GRANT DAVID MCDONALD PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	3,575
CANCER CARE GRANT DELIA NAVARRO PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,900
CANCER CARE GRANT DIANA SALDIVAR PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,288
CANCER CARE GRANT DONALD CAVERLEY PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,324
Total . . . . . ▶ 3a				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER CARE GRANT ERICA WEISSER PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	3,000
CANCER CARE GRANT ERIN ALLISON PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,500
CANCER CARE GRANT EVERETT GILLMAN PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,100
CANCER CARE GRANT GARIN VOORHEIS PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,500
CANCER CARE GRANT HEIDI PAUL PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,860
Total . . . . . ▶ **3a**				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER CARE GRANT ISAAC CROW PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,000
CANCER CARE GRANT JAMES SHELDON PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	5,168
CANCER CARE GRANT JAY RICE PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,630
CANCER CARE GRANT JEFFREY DENNIS PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,019
CANCER CARE GRANT JETT ROE PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,450
Total . . . . . ▶ **3a**				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER CARE GRANT JOE DEWITT PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,167
CANCER CARE GRANT JON NYCE PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	4,000
CANCER CARE GRANT JUAN GALLEGOS PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,648
CANCER CARE GRANT KENNETH NINE PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,214
CANCER CARE GRANT LISA SEITZ PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	3,000
Total . . . . . ▶ 3a				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER CARE GRANT LORENE MARVEL PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	5,923
CANCER CARE GRANT LYNDA SNYDER PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,906
CANCER CARE GRANT MARCELLE HEADY PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	5,498
CANCER CARE GRANT MARSHA MCGLENNEN PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,887
CANCER CARE GRANT NICOLE KRILL PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,484
Total . . . . . ▶ **3a**				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER CARE GRANT NIKOLAI MARTINEZ PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	4,671
CANCER CARE GRANT PARKVIEW WARSAW Y PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	19,000
CANCER CARE GRANT PATRICIA BOWSER PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,000
CANCER CARE GRANT PHILLIP SURFACE PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,380
CANCER CARE GRANT RANDALL PIPER PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,063
Total . . . . . ▶ 3a				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER CARE GRANT RHONDA ALLEN PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	6,761
CANCER CARE GRANT RICHARD SILVEUS PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,345
CANCER CARE GRANT RON HELMAN PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,500
CANCER CARE GRANT RON OLIVER PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,000
CANCER CARE GRANT ROSA RAMOS PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	3,659
Total . . . . . ▶ 3a				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER CARE GRANT ROSARIO NUNEZ PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,000
CANCER CARE GRANT SABRINA SHEROW PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,825
CANCER CARE GRANT SONIA HUNZIKER PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	3,500
CANCER CARE GRANT STACEY YOTTER PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,500
CANCER CARE GRANT STEVE CONAWAY PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,055
Total . . . . . ▶ **3a**				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER CARE GRANT TAMARA DRAKE PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,500
CANCER CARE GRANT TERESA MOSS PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	2,000
CANCER CARE GRANT TONYA OUIMET PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,000
CANCER CARE GRANT VICKI RANDALL PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,492
CANCER CARE GRANT VONDARENE PERKINS PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	3,216
Total . . . . . ▶ **3a**				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER CARE GRANT WES KORN PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	1,552
CANCER CARE GRANT WILLIE FIELDS PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	3,213
CANCER CARE GRANT OTHER GRANTS LESS PO BOX 1810 WARSAW, IN 465811810	NONE	I	PROVIDE FINANCIAL ASSISTANCE DUE TO CANCER DIAGNOSIS	23,082
CONDITIONAL GRANT A BRIDGE TO HOPE 499 E 450 SOUTH WARSAW, IN 46580	NONE	PC	OPERATIONAL ASSISTANCE	18,000
CONDITIONAL GRANT AGAITAS 1945 PHEASANT RIDGE DR WARSAW, IN 46580	NONE	PC	EQUIPMENT	5,867
Total . . . . . ▶ 3a				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONDITIONAL GRANT AMERICAN DIABETES ASSOCIATION 6415 CASTLEWAY WEST DR STE 114 INDIANAPOLIS, IN 46250	NONE	PC	SCHOLARSHIPS FOR CHILDREN ATTENDING DIABETES CAMP	5,375
CONDITIONAL GRANT BOWEN CENTER 2621 E JEFFERSON ST WARSAW, IN 46580	NONE	PC	ASSESSMENT, EQUIPMENT, OPERATIONAL	46,395
CONDITIONAL GRANT CARDINAL SERVICES 504 N BAY DR WARSAW, IN 46580	NONE	PC	EQUIPMENT	22,360
CONDITIONAL GRANT CITY COUNTY ATHLETIC COMPLEX 3215 W OLD RD 30 WARSAW, IN 46580	NONE	PC	LAND PURCHASE	175,000
CONDITIONAL GRANT CITY OF WARSAW 102 S BUFFALO ST WARSAW, IN 46580	NONE	PC	EQUIPMENT	68,237
Total . . . . . ▶ 3a				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONDITIONAL GRANT CROSSWINDS 4150 ILLINOIS RD FORT WAYNE, IN 46804	NONE	PC	IN-HOME COUNSELING SERVICES	20,310
CONDITIONAL GRANT GRACE COLLEGE & SEMINARY 200 SEMINARY DRIVE WINONA LAKE, IN 46590	NONE	PC	RESEARCH AND FACILITY EXPANSION	579,522
CONDITIONAL GRANT HEARTLINE PREGNANCY CENTER 1515 PROVIDENT DR STE 180 WARSAW, IN 46580	NONE	PC	B A B E BOUTIQUE, CLINICAL SUPPLIES, CAR SEATS, STI TESTING	52,950
CONDITIONAL GRANT HOUSING OPPORTUNITIES OF WARSAW 109 W CATHERINE ST MILFORD, IN 46542	NONE	PC	HOME REPAIRS	26,676
CONDITIONAL GRANT KOSCIUSKO COUNTY YMCA 1305 MARINERS DR WARSAW, IN 46582	NONE	PC	LIVESTRONG PROGRAM	23,100
Total . . . . . ▶ 3a				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONDITIONAL GRANT KOSCIUSKO COUNTY COUNCIL ON AGING 800 PARK AVE WARSAW, IN 46580	NONE	PC	TRANSPORTATION VAN	14,761
CONDITIONAL GRANT KOSCIUSKO HOME CARE & HOSPICE 1515 PROVIDENT DRIVE STE 250 WARSAW, IN 46580	NONE	PC	CHILDREN'S ORAL HEALTH, MEDICATION AND DENTAL, MEDICAL SUPPLIES	318,188
CONDITIONAL GRANT LAKE CITY BMX CLUB 5105 N DOVEWOOD TRAIL WARSAW, IN 46582	NONE	PC	TRACK RENOVATIONS	35,919
CONDITIONAL GRANT LAKELAND CHRISTIAN ACADEMY 1095 S 250 E WINONA LAKE, IN 46590	NONE	PC	NURSE FACILITY AND EQUIPMENT	8,000
CONDITIONAL GRANT MAGICAL MEADOWS 3386 E 525 NORTH WARSAW, IN 46582	NONE	PC	LAND PURCHASE	80,000
Total . . . . . ▶ 3a				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONDITIONAL GRANT NORTHERN INDIANA HISPANIC HEALTH COALITION 323 STOCKER COURT ELKHART, IN 46516	NONE	PC	OPERATIONAL FUNDING FOR BILINGUAL ADVOCATE/HEALTH FAIRS	76,250
CONDITIONAL GRANT P4C PADDLE CLUB PO BOX 634 WARSAW, IN 46581	NONE	PC	EQUIPMENT	4,990
CONDITIONAL GRANT POSITIVE RESOURCE CONNECTION 525 OXFORD STREET FORT WAYNE, IN 46806	NONE	PC	HEALTH TESTING SUPPLIES	3,791
CONDITIONAL GRANT QUESTA FOUNDATION 6502 CONSTITUTION DR FORT WAYNE, IN 46804	NONE	PC	HEALTH SCHOLARS PROGRAM	100,000
CONDITIONAL GRANT SYRACUSE WAWASEE PARK FOUNDATION 1013 NORTH LONG DR SYRACUSE, IN 46567	NONE	PC	TRAILS, ICE RINK, AND EQUIPMENT	39,870
Total . . . . . ▶ 3a				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONDITIONAL GRANT THE ROSE HOME PO BOX 571 SYRACUSE, IN 46567	NONE	PC	HOME REPAIRS AND OPERATIONAL ASSISTANCE	21,336
CONDITIONAL GRANT THE WATERSHED FOUNDATION PO BOX 55 NORTH WEBSTER, IN 46555	NONE	PC	COMMUNITY OUTREACH AND EDUCATION	17,636
CONDITIONAL GRANT TIPPECANOE VALLEY SCHOOL CORP 8643 S STATE ROAD 19 AKRON, IN 46910	NONE	PC	EQUIPMENT	6,413
CONDITIONAL GRANT TOWN OF WINONA LAKE 1310 PARK AVE WINONA LAKE, IN 46590	NONE	PC	PATHWAY DEVELOPMENT	51,875
CONDITIONAL GRANT WARSAW COMMUNITY SCHOOLS 1 ADMINISTRATION DR WARSAW, IN 46580	NONE	PC	EQUIPMENT	22,800
Total 3a . . . . . ▶				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONDITIONAL GRANT WAWASEE COMMUNITY SCHOOLS 502 W BROOKLYN ST SYRACUSE, IN 46567	NONE	PC	EQUIPMENT	5,828
CONDITIONAL GRANT OTHER GRANTS LESS THAN 1000 502 W BROOKLYN ST SYRACUSE, IN 46567	NONE	PC	EQUIPMENT	17,437
DIRECT GRANT 2ND MILE MISSIONS PO BOX 733 WINONA LAKE, IN 46590	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT 212 MEDIA STUDIOS 929 E CENTER ST WARSAW, IN 46580	NONE	PC	COMMUNICATIONS WORKSHOP FOR NONPROFITS	2,500
DIRECT GRANT AGAITAS 1945 PHEASANT RIDGE DR WARSAW, IN 46580	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION	2,000
Total . . . . . ▶ 3a				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIRECT GRANT AMERICAN DIABETES ASSOCIATION 6415 CASTLEWAY WEST DR STE 114 INDIANAPOLIS, IN 46250	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT BPO ELKS LODGE 310 E CENTER ST WARSAW, IN 46580	NONE	PC	HOLIDAY ASSISTANCE FOR POOR	1,100
DIRECT GRANT BAKER YOUTH CLUB 1401 E SMITH ST WARSAW, IN 46580	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION	2,000
DIRECT GRANT CITY OF WARSAW 102 S BUFFALO ST WARSAW, IN 46580	NONE	PC	ALLEY DEVELOPMENT	2,200
DIRECT GRANT GRACE COLLEGE & SEMINARY 200 SEMINARY DRIVE WINONA LAKE, IN 46590	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION	2,000
Total . . . . . ▶ 3a				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIRECT GRANT HEARTLINE PREGANCY CENTER 1515 PROVIDENT DR SUITE 180 WARSAW, MI 46580	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT HOUSING OPPORTUNITIES OF WARSAW 1090W CATHERINE ST MILFORD, IN 46542	NONE	PC	HEALTHY HOMES TRAINING	1,000
DIRECT GRANT JOE'S KIDS 902 PROVIDENT DR SUITE C WARSAW, IN 46580	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT KOSCIUSKO COUNTY COMMUNITY FOUNDATION 102 E MARKET ST WARSAW, IN 46580	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT MILESTONES EARLY EDUCATION CENTER PO BOX 316 NORTH WEBSTER, IN 46555	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
Total 3a . . . . . ▶				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIRECT GRANT NORTHSTAR MEDICAL 6540 FULTON E SUITE A ADA, IN 49301	NONE	PC	AED PURCHASES	4,180
DIRECT GRANT RILEY CHILDREN'S FOUNDATION 30 SOUTH MERIDIAN ST INDIANAPOLIS, IN 46204	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT TIPPECANOE VALLEY COMMUNITY SCHOOLS 8343 SOUTH STATE ROAD 19 AKRON, IN 16910	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION	1,000
DIRECT GRANT WARSAW COMMUNITY SCHOOLS 1 ADMINISTRATION DR WARSAW, IN 46580	NONE	PC	MENTAL HEALTH CONVOCATIONS	4,500
DIRECT GRANTS OTHER GRANTS UNDER 1000 PO BOX 1810 WARSAW, IN 465811810	NONE	PC	K21 BOARD OF DIRECTORS DIRECTED DONATION	7,748
Total 3a . . . . . ▶				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNCONDITIONAL GRANT A BRIDGE TO HOPE 499 E 450 SOUTH WARSAW, IN 46580	NONE	PC	OPERATIONAL ASSISTANCE	11,580
UNCONDITIONAL GRANT AGAITAS 1945 PHEASANT RIDGE DR WARSAW, IN 46580	NONE	PC	OPERATIONAL ASSISTANCE	9,500
UNCONDITIONAL GRANT ALL THINGS NEW PO BOX 367 WINONA LAKE, IN 46590	NONE	PC	OPERATIONAL ASSISTANCE	6,600
UNCONDITIONAL GRANT BAKER YOUTH CLUB 1401 E SMITH ST WARSAW, IN 46580	NONE	PC	SUMMER FITNESS PROGRAM	26,700
UNCONDITIONAL GRANT BIG BROTHERS BIG SISTERS 499 E 450 SOUTH WARSAW, IN 46580	NONE	PC	OPERATIONAL ASSISTANCE	15,000
Total 3a . . . . . ▶				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNCONDITIONAL GRANT BRIGHTPOINT 227 E WASHINGTON BLVD FORT WAYNE, IN 46804	NONE	PC	OPERATIONAL ASSISTANCE	17,500
UNCONDITIONAL GRANT CANCER SERVICES OF NORTHEAST INDIANA 6316 MUTUAL DRIVE FORT WAYNE, IN 46825	NONE	PC	DIRECT ASSISTANCE / CLIENT ADVOCACY	15,000
UNCONDITIONAL GRANT CENTER FOR LAKES AND STREAMS 200 SEMINARY DRIVE WINONA LAKE, IN 46590	NONE	PC	OPERATIONAL ASSISTANCE	40,000
UNCONDITIONAL GRANT CITY-COUNTY ATHLETIC COMPLEX 3215 W OLD RD 30 WARSAW, IN 46580	NONE	PC	OPERATIONAL ASSISTANCE	4,800
UNCONDITIONAL GRANT COMBINED COMMUNITY SERVICES 1195 MARINERS DR WARSAW, IN 46582	NONE	PC	OPERATIONAL ASSISTANCE	17,000
Total 3a . . . . . ▶				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNCONDITIONAL GRANT ERIN'S HOUSE FOR GRIEVING CHILDREN 5670 YMCA PARK DRVIE WEST FORT WAYNE, IN 46835	NONE	PC	OPERATIONAL ASSISTANCE	6,000
UNCONDITIONAL GRANT FELLOWSHIP MISSIONS PO BOX 382 WINONA LAKE, IN 46590	NONE	PC	FACILITY REPAIR	15,000
UNCONDITIONAL GRANT GRACE COLLEGE 200 SEMINARY DRIVE WINONA LAKE, IN 46590	NONE	PC	CLAS OPERATING ASSISTANCE, TOBACCO CESSATION PROGRAM	52,950
UNCONDITIONAL GRANT HARVEST WITH A HEART 201 S HIGBEE ST MILFORD, IN 36542	NONE	PC	OPERATIONAL ASSISTANCE	6,735
UNCONDITIONAL GRANT HEARTLINE PREGNANCY CENTER 1515 PROVIDENT DRIVE WARSAW, IN 46580	NONE	PC	MOBILE UNIT OPERATIONS	44,300
Total . . . . . ▶ 3a				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNCONDITIONAL GRANT HOUSING OPPORTUNITIES OF WARSAW 109 W CATHERINE ST MILFORD, IN 46542	NONE	PC	OPERATIONAL ASSISTANCE	15,670
UNCONDITIONAL GRANT JOE'S KIDS 902 PROVIDENT DR SUITE C WARSAW, IN 46580	NONE	PC	OPERATIONAL ASSISTANCE	8,100
UNCONDITIONAL GRANT KCV CYCLING CLUB PO BOX 325 WINONA LAKE, IN 46590	NONE	PC	OPERATIONAL ASSISTANCE	9,000
UNCONDITIONAL GRANT KOSCIUSKO COMMUNITY YMCA 1305 MARINERS DR WARSAW, IN 46582	NONE	PC	OPERATIONAL ASSISTANCE	8,000
UNCONDITIONAL GRANT KOSCIUSKO COUNTY COMMUNITY FOUNDATION 102 EAST MARKET STREET WARSAW, IN 46580	NONE	PC	GOOD SAMARITAN FUND	62,500
Total . . . . . ▶ **3a**				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNCONDITIONAL GRANT KOSCIUSKO COUNTY SHELTER FOR ABUSE PO BOX 12 WARSAW, IN 46581	NONE	PC	OPERATING TRANSITION ASSISTANCE	15,000
UNCONDITIONAL GRANT KOSCIUSKO HOME CARE & HOSPICE 1515 PROVIDENT DRIVE STE 250 WARSAW, IN 46580	NONE	PC	OPERATIONAL ASSISTANCE	182,200
UNCONDITIONAL GRANT LAKE CITY BMX INC 5105 N DOVEWOOD TRAIL WARSAW, IN 46582	NONE	PC	OPERATIONAL ASSISTANCE	10,800
UNCONDITIONAL GRANT LAKELAND YOUTH CENTER 101 W CHICAGO ST SYRACUSE, IN 46567	NONE	PC	OPERATIONAL ASSISTANCE	9,600
UNCONDITIONAL GRANT MAD ANTHONY'S CHILDREN'S HOPE HOUSE 7922 WEST JEFFERSON BLVD FORT WAYNE, IN 46804	NONE	PC	OPERATIONAL ASSISTANCE	10,000
Total . . . . . ▶ 3a				2,732,649

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNCONDITIONAL GRANT POSITIVE RESOURCE CONNECTION 7922 WEST JEFFERSON BLVD FORT WAYNE, IN 46804	NONE	PC	OPERATIONAL ASSISTANCE	12,000
UNCONDITIONAL GRANT RYAN'S PLACE PO BOX 73 GOSHEN, IN 46527	NONE	PC	OPERATIONAL ASSISTANCE	6,000
UNCONDITIONAL GRANT THE WATERSHED FOUNDATION PO BOX 73 GOSHEN, IN 46527	NONE	PC	OPERATIONAL ASSISTANCE	3,400
Total . . . . . ▶ **3a**				2,732,649

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TY 2017 Accounting Fees Schedule

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

EIN: 35-1187105

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	17,515	0	0	17,515

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TY 2017 General Explanation Attachment

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

EIN: 35-1187105

General Explanation Attachment

Identifier	Return Reference	Explanation	
1	SUPPLEMENTARY INFORMATION	FORM 990-PF, PART XV, LINE 2A THROUGH 2D	LINE 2, NAME OF THE GRANT PROGRAM K21 HEALTH AND WELLNESS COMMUNITY GRANTSLINE 2A AND 2B, FORM AND CONTENT OF APPLICATION K21 HEALTH FOUNDATION EXISTS FOR THE BENEFIT OF KOSCIUSKO COUNTY CITIZENS TO ENSURE HEALTH CARE SERVICES ARE PROVIDED, AND TO ADVANCE PREVENTION AND HEALTHY LIVING THIS WILL BE ACCOMPLISHED BY IDENTIFYING HEALTH NEEDS IN OUR COMMUNITY AND MAINTAINING AN ENDOWMENT SO FUNDING IS AVAILABLE, THROUGH INVESTMENTS AND GRANTS, FOR THOSE NEEDS GRANT APPLICATIONS CAN BE ACCESSED THROUGH AN ONLINE PROCESS AT WWW K21FOUNDATION ORG UNDER "APPLY FOR GRANTS" GRANT APPLICATIONS ARE ACCEPTED FOUR TIMES EACH YEAR APPLICATIONS RECEIVED AFTER THESE DEADLINES WILL BE HELD UNTIL THE NEXT CYCLE FOR ASSISTANCE COMPLETING THE APPLICATION CONTACT GRANT COORDINATOR, HOLLY SWOVERLAND, AT (574) 269-5188 OR HSWOVERLAND@K21FOUNDATION ORG LINE 2C, ANY SUBMISSION DEADLINES SUBMISSION DEADLINES ARE FEB 1ST, MAY 1ST, AUG 1ST, AND NOV 1ST LINE 2D, RESTRICTIONS AND LIMITATIONS ON AWARDS GRANTEES MUST MEET THE FOLLOWING REQUIREMENTS A)NON-PROFIT AGENCY WITH VERIFIED IRS TAX-EXEMPT STATUS, OR A GOVERNMENT AGENCY B)BE IN GOOD STANDING WITH THE INDIANA SECRETARY OF STATE AS INDICATED IN A BUSINESS ENTITY REPORT C)BY LAWS MUST REQUIRE TERM LIMITS FOR DIRECTORS AND A ROTATING BOARD IS STRONGLY ENCOURAGED GRANT REQUESTS MUST MEET THE FOLLOWING REQUIREMENTS A) PROJECT, PROGRAM, OR SERVICES MUST BENEFIT RESIDENTS OF KOSCIUSKO COUNTY B) K21 GRANT PRIORITIES ARE FOR HEALTH NEEDS OR HEALTH IMPROVEMENT ALTHOUGH THE FOUNDATION CONSIDERS ANY GRANT OPPORTUNITIES THAT CLEARLY ADDRESSES HEALTH AND WELLNESS ISSUES FOR OUR COMMUNITY, OUR PRIORITIES FOR FUNDING CONSIDERATION FOCUS ON THE FOLLOWING 1) NON-PROFIT ORGANIZATIONS PROVIDING DIRECT HEALTH SERVICES TO PEOPLE IN NEED 2) FUNDING ORGANIZATIONS THAT ARE MAKING ADVANCES OR PROVIDING SERVICES IN PREVENTION IMPROVEMENTS TO MINIMIZE THE NEED FOR HEALTH SERVICES 3) SUPPORTING THOSE WHO ARE DEVELOPING AND IMPLEMENTING SOLUTIONS TOWARD PROVIDING OPPORTUNITIES TO PURSUE HEALTHY LIFESTYLES AND DECISIONS 4)A COMMITMENT TO REGULAR, CONSISTENT ASSESSMENT AND PARTICIPATION IN THE DISCOVERY OF EXISTING HEALTH NEEDS OF OUR COMMUNITY

General Explanation Attachment

Identifier	Return Reference	Explanation	
2	SUPPLEMENTARY INFORMATION	FORM 990-PF, PART XV, LINE 2A THROUGH 2D	LINE 2, NAME OF THE GRANT PROGRAM CANCER CARE FUNDLINE 2A AND 2B, FORM AND CONTENT OF APPLICATION THE KOSCIUSKO COUNTY CANCER CARE FUND, ADMINISTERED BY K21 HEALTH FOUNDATION, WAS ESTABLISHED FOR THE PURPOSE OF PROVIDING FINANCIAL ASSISTANCE TO FINANCIALLY-ELIGIBLE RESIDENTS OF KOSCIUSKO COUNTY WHO ARE SUFFERING FROM CANCER THE PURPOSE OF THE FUND IS TO RELIEVE SOME OF THE FINANCIAL STRAIN THAT OFTEN ACCOMPANIES THAT DREADED DIAGNOSIS THE ASSISTANCE PROVIDED INCLUDES BUT IS NOT LIMITED TO ITEMS SUCH AS RENT OR MORTGAGE PAYMENTS, UTILITIES, INSURANCE, FOOD, CAR PAYMENTS, AND PRESCRIPTION MEDICATIONS IN ALL SITUATIONS, FINANCIAL ASSISTANCE IS PAID DIRECTLY TO A VENDOR ON BEHALF OF THE CLIENTS IN 2017 THE CANCER CARE FUND PROVIDED FINANCIAL ASSISTANCE TO OVER 100 KOSCIUSKO COUNTY CANCER PATIENTS AND THEIR FAMILIES THE FUND DISBURSED APPROXIMATELY $185,000 FOR ITEMS SUCH AS RENT OR MORTGAGE PAYMENTS, UTILITIES, INSURANCE, FOOD, AND PRESCRIPTION MEDICATIONS, JUST TO NAME A FEW THE FUNDS ARE PRIMARILY RAISED BY A GROUP OF DEDICATED INDIVIDUALS IN KOSCIUSKO COUNTY WHO VOLUNTEER HUNDREDS OF HOURS EACH YEAR TO PLAN A NUMBER OF FUNDRAISING EVENTS, SUCH AS THE GOLF OUTING, GALA AND AUCTION THE CANCER FUND SOCIAL WORKER REVIEWS ALL CASES AND COLLABORATES WITH ONE OR MORE MEMBERS OF THE NINE-PERSON CANCER CARE COMMITTEE TO AUTHORIZE PAYMENTS FROM THE FUND FOR APPLICATION ASSISTANCE, PLEASE CONTACT LAURA DEAL-DECKER AT (574) 372-3500 OR LAURA@KOSHELPCENTER ORGLINE 2C, ANY SUBMISSION DEADLINES NONELINE 2D, RESTRICTIONS AND LIMITATIONS ON AWARDS TO QUALIFY FOR ASSISTANCE, A RECIPIENT MUST PROVIDE 1 DOCUMENTED RESIDENT OF KOSCIUSKO COUNTY 2 VERIFIED CANCER DIAGNOSIS WITHIN THE LAST THREE MONTHS 3 DEMONSTRATE A FINANCIAL NEED 4 COMPLETE REQUIRED APPLICATION

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TY 2017 Investments Corporate Bonds Schedule

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

EIN: 35-1187105

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	7,096,039	7,005,483
FOREIGN BONDS	483,553	483,128

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TY 2017 Investments Corporate Stock Schedule

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

EIN: 35-1187105

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITY SECURITIES	30,811,741	44,960,813

TY 2017 Investments Government Obligations Schedule

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

EIN: 35-1187105

US Government Securities - End of Year Book Value:	4,442,800
US Government Securities - End of Year Fair Market Value:	4,399,699
State & Local Government Securities - End of Year Book Value:	0
State & Local Government Securities - End of Year Fair Market Value:	0

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TY 2017 Investments - Land Schedule

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

EIN: 35-1187105

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND	23,895	0	23,895	23,895
LAND IMPROVEMENTS	305,265	83,260	222,005	222,005
LEASEHOLD IMPROVEMENTS	969,226	270,567	698,659	698,659
BUILDING	1,023,544	145,002	878,542	878,542

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TY 2017 Investments - Other Schedule

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

EIN: 35-1187105

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
REAL ESTATE INVESTMENT FUND	FMV	2,251,048	3,003,571
HEDGE FUND	FMV	3,562,012	3,702,866
GLOBAL MANAGED VOLATILITY	FMV	3,081,921	4,173,669
US EQUITY INDEX PUTWRITE FUND LLC	FMV	3,633,889	3,606,704

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TY 2017 Land, Etc. Schedule

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

EIN: 35-1187105

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
OFFICE & COMPUTER EQUIPMENT	69,098	65,710	3,388	3,388

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TY 2017 Other Assets Schedule

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

EIN: 35-1187105

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
NOTES RECEIVABLE HELD FOR GRANT MAKING	2,829,100	2,139,032	2,139,032
RECEIVABLE - OTHER	340	929	929
EXCISE TAX ASSET - OVERPAYMENT	5,941	7,854	7,854

TY 2017 Other Decreases Schedule

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

EIN: 35-1187105

Description	Amount
2017 BOOK VALUE AND MARKET VALUE CHANGE BETWEEN YEARS	6,961,329

TY 2017 Other Expenses Schedule

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

EIN: 35-1187105

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
KHSP MORTGAGE INTEREST FORGIVENESS	799,208	0	0	0
HARVEST LOAN FORGIVENESS	8,588	0	0	0
FUNDRAISING EXPENSES	49,268	0	0	49,268
INSURANCE	7,186	0	0	7,113
MARKETING	34,149	0	0	34,149
MISCELLANEOUS EXPENSE	33,932	1,701	0	30,056
EXPIRED GRANTS	-4,033	0	0	0

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TY 2017 Other Income Schedule

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

EIN: 35-1187105

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	1,612	1,612	

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TY 2017 Other Increases Schedule

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

EIN: 35-1187105

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	6,961,330

TY 2017 Other Liabilities Schedule

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

EIN: 35-1187105

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED TAX LIABILITY	90,116	159,729

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TY 2017 Other Professional Fees Schedule

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

EIN: 35-1187105

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MGT FEES	233,013	233,013	0	0

TY 2017 Substantial Contributors Schedule

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

EIN: 35-1187105

Name	Address
DR AND MRS RICK SASSO	10674 WINTERWOOD CARMEL, IN 46032
LUTHERAN HEALTH FOUNDATION	3024 FAIRFIELD AVENUE FORT WAYNE, IN 46807

TY 2017 Taxes Schedule

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

EIN: 35-1187105

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	96,618	0	0	0

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2017

Name of the organization	Employer identification number
KOSCIUSKO 21ST CENTURY FOUNDATION INC AKA K21 HEALTH FOUNDATION	35-1187105

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number
KOSCIUSKO 21ST CENTURY FOUNDATION INC AKA K21 HEALTH FOUNDATION	35-1187105

Part I **Contributors** (See Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Name of organization	Employer identification number
KOSCIUSKO 21ST CENTURY FOUNDATION INC AKA K21 HEALTH FOUNDATION	35-1187105

Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	MARKETABLE SECURITIES	$ 201,271	2017-12-31
		$	
		$	
		$	
		$	
		$	

Name of organization	Employer identification number
KOSCIUSKO 21ST CENTURY FOUNDATION INC AKA K21 HEALTH FOUNDATION	35-1187105

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $** __________

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Software ID:

Software Version:

EIN: 35-1187105

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

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR AND MRS RICK SASSO 10674 WINTERWOOD CARMEL, IN46032	$ 201,271	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution)
2	LUTHERAN HEALTH FOUNDATION 3024 FAIRFIELD AVE FORT WAYNE, IN46807	$ 100,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
3	JOHN THOMAS HALL TRUST 5867 E ISLAND AVE SYRACUSE, IN46567	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
4	DOUGLAS SCHROCK 631 E NORTHSHORE DR SYRACUSE, IN46567	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
5	DONETTE SMOCK 5867 E ISLAND AVE SYRACUSE, IN46567	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
6	KCV CYCLING CLUB PO BOX 325 WINONA LAKE, IN46590	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DONALD GUNDEN 64874 ORCHARD DRIVE GOSHEN, IN46526	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
8	BERTSCH FAMILY CHARITABLE FOUNDATION PO BOX 1494 WARSAW, IN46581	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)