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Form **990-PF**

Department of the Treasury
Internal Revenue Service

# Return of Private Foundation
## or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

**Note.** The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

**2009**

**For calendar year 2009, or tax year beginning , and ending**

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

**Use the IRS label. Otherwise, print or type. See Specific Instructions.**

Name of foundation
TUSCORA PARK HEALTH & WELLNESS FOUNDATION

Number and street (or P O box number if mail is not delivered to street address) | Room/suite
460 WEST PAIGE AVENUE

City or town, state, and ZIP code
BARBERTON OH 44203

**A** Employer identification number
34-1193807

**B** Telephone number (see page 10 of the instructions)
330-753-4607

**C** If exemption application is pending, check here ▶ ☐

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

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

**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

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

**I** Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ $ 4,206,417

**J** Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis )

**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 page 11 of the 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) | 60 | | | |
| | 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 | 115,334 | 115,334 | | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 STMT 1 | -89,681 | | | |
| | b Gross sales price for all assets on line 6a 649,861 | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 0 | | |
| | 8 Net short-term capital gain | | | 0 | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns & 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 | 25,713 | 115,334 | 0 | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc | | | | |
| | 14 Other employee salaries and wages | | | | |
| | 15 Pension plans, employee benefits | | | | |
| | 16a Legal fees (attach schedule) | | | | |
| | b Accounting fees (attach schedule) STMT 2 | 1,100 | 1,100 | | |
| | c Other professional fees (attach schedule) STMT 3 | 52,552 | 52,552 | | |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) (see page 14 of the instructions) STMT 4 | 1,200 | 1,200 | | |
| | 19 Depreciation (attach schedule) and depletion | | | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | 101 | 101 | | |
| | 22 Printing and publications | | | | |
| | 23 Other expenses (att sch ) STMT 5 | 5,078 | 4,481 | | 597 |
| | 24 **Total operating and administrative expenses.** Add lines 13 through 23 | 60,031 | 59,434 | | 597 |
| | 25 Contributions, gifts, grants paid | 142,729 | | | 118,604 |
| | 26 **Total expenses and disbursements.** Add lines 24 and 25 | 202,760 | 59,434 | 0 | 119,201 |
| | 27 Subtract line 26 from line 12 | | | | |
| | a **Excess of revenue over expenses and disbursements** | -177,047 | | | |
| | b **Net investment income** (if negative, enter -0-) | | 55,900 | | |
| | 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 | 7,801 | 10,167 | 10,167 |
| | 2 | Savings and temporary cash investments | 201,795 | 94,320 | 94,320 |
| | 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 page 16 of the instructions) | | | |
| | 7 | Other notes and loans receivable (att schedule) ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 8 | Inventories for sale or use | | | |
| | 9 | Prepaid expenses and deferred charges | 3,062 | 3,075 | 3,075 |
| | 10a | Investments—U S and state government obligations (attach schedule) STMT 6 | 561,459 | 578,574 | 578,574 |
| | b | Investments—corporate stock (attach schedule) SEE STMT 7 | 2,328,706 | 3,152,559 | 3,152,559 |
| | c | Investments—corporate bonds (attach schedule) SEE STMT 8 | 366,099 | 367,722 | 367,722 |
| | 11 | Investments—land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation (attach sch ) ▶ | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation (attach sch ) ▶ | | | |
| | 15 | Other assets (describe ▶ ) | | | |
| | 16 | **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I) | 3,468,922 | 4,206,417 | 4,206,417 |
| Liabilities | 17 | Accounts payable and accrued expenses | 6,711 | 130 | |
| | 18 | Grants payable | | 24,125 | |
| | 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 ▶ ) | | | |
| | 23 | **Total liabilities** (add lines 17 through 22) | 6,711 | 24,255 | |
| Net Assets or Fund Balances | | **Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.** | | | |
| | 24 | Unrestricted | 3,462,211 | 4,182,162 | |
| | 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 | | | |
| | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| | 30 | **Total net assets or fund balances** (see page 17 of the instructions) | 3,462,211 | 4,182,162 | |
| | 31 | **Total liabilities and net assets/fund balances** (see page 17 of the instructions) | 3,468,922 | 4,206,417 | |

**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 | 3,462,211 |
| 2 | Enter amount from Part I, line 27a | 2 | -177,047 |
| 3 | Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 9 | 3 | 905,998 |
| 4 | Add lines 1, 2, and 3 | 4 | 4,191,162 |
| 5 | Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 10 | 5 | 9,000 |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 | 6 | 4,182,162 |

## 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 ) |
|---|---|---|---|---|
| 1a | N/A | | | |
| 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 | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

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

| | (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 | (l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) |
|---|---|---|---|---|
| a | | | | |
| 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 | |
| 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 pages 13 and 17 of the 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 page 18 of 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)) |
|---|---|---|---|
| 2008 | 285,029 | 4,186,627 | 0.068081 |
| 2007 | 229,585 | 4,679,090 | 0.049066 |
| 2006 | 199,870 | 4,335,741 | 0.046098 |
| 2005 | 196,780 | 4,059,953 | 0.048469 |
| 2004 | 209,352 | 4,054,706 | 0.051632 |

| | | | |
|---|---|---|---|
| 2 | **Total** of line 1, column (d) | 2 | 0.263346 |
| 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 | 0.052669 |
| 4 | Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 | 4 | 3,642,836 |
| 5 | Multiply line 4 by line 3 | 5 | 191,865 |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 559 |
| 7 | Add lines 5 and 6 | 7 | 192,424 |
| 8 | Enter qualifying distributions from Part XII, line 4 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 on page 18 | 8 | 119,201 |

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

| | | | | |
|---|---|---|---|---|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b | | 1 | 1,118 |
| 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 | 1,118 |
| 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 | 1,118 |
| 6 | Credits/Payments | | | |
| a | 2009 estimated tax payments and 2008 overpayment credited to 2009 | 6a 408 | | |
| b | Exempt foreign organizations—tax withheld at source | 6b | | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c 1,000 | | |
| d | Backup withholding erroneously withheld | 6d | | |
| 7 | Total credits and payments Add lines 6a through 6d | | 7 | 1,408 |
| 8 | Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached | | 8 | |
| 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 | 290 |
| 11 | Enter the amount of line 10 to be **Credited to 2010 estimated tax** ▶ 290 **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 page 19 of the instructions for 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? N/A | 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 page 19 of the instructions) ▶ OH | | | |
| 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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? 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)

| | | | | |
|---|---|---|---|---|
| 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 page 20 of the instructions) | 11 | | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |

Website address ▶ WWW.BCFCHARITY.ORG/BCF/TUSCORAPARK_TXT.HTML

14 The books are in care of ▶ BARBERTON COMMUNITY FNDTN Telephone no ▶ 330-753-4607

460 WEST PAIGE AVENUE

Located at ▶ BARBERTON, OH ZIP+4 ▶ 44203

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

**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 page 20 of the instructions)? N/A | 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 2009? N/A | 1c | | |
| 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 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? ☐ 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 page 20 of the instructions ) N/A | 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 2009 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 2009 ) N/A | 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 2009? | 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 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the 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 page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ ☐ | | | 5b | X |
| 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? N/A | ☐ 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? N/A | | | 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 page 22 of the instructions).**

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---|
| SEE STATEMENT 11 | | | | |
| | | | | |
| | | | | |
| | | | | |

**2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the 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 ▶

**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 page 23 of the 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 ▶

## 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 DIRECT GRANTS TO 14 ORGANIZATIONS FOR HEALTH AND WELLNESS PROGRAMS | 116,729 |
| 2 SCHOLARSHIPS FOR 13 NURSING STUDENTS | 26,000 |
| 3 | |
| 4 | |

## Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|---|---|
| 1 N/A | |
| 2 | |
| All other program-related investments See page 24 of the instructions<br>3 | |
| **Total.** Add lines 1 through 3 ▶ | |

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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 | 3,543,367 |
| b | Average of monthly cash balances | | 1b | 154,944 |
| c | Fair market value of all other assets (see page 24 of the instructions) | | 1c | 0 |
| d | **Total** (add lines 1a, b, and c) | | 1d | 3,698,311 |
| 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 | 3,698,311 |
| 4 | Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions) | | 4 | 55,475 |
| 5 | **Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4 | | 5 | 3,642,836 |
| 6 | **Minimum investment return.** Enter 5% of line 5 | | 6 | 182,142 |

**Part XI Distributable Amount** (see page 25 of the 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 | 182,142 |
| 2a | Tax on investment income for 2009 from Part VI, line 5 | 2a | 1,118 | | |
| b | Income tax for 2009. (This does not include the tax from Part VI ) | 2b | | | |
| c | Add lines 2a and 2b | | | 2c | 1,118 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | | | 3 | 181,024 |
| 4 | Recoveries of amounts treated as qualifying distributions | | | 4 | |
| 5 | Add lines 3 and 4 | | | 5 | 181,024 |
| 6 | Deduction from distributable amount (see page 25 of the instructions) | | | 6 | |
| 7 | **Distributable amount** as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | | | 7 | 181,024 |

**Part XII Qualifying Distributions** (see page 25 of the 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 | 119,201 |
| 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 | 119,201 |
| 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 page 26 of the instructions) | 5 | 0 |
| 6 | **Adjusted qualifying distributions.** Subtract line 5 from line 4 | 6 | 119,201 |

**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 page 26 of the instructions)

| | | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
|---|---|---|---|---|---|
| 1 | Distributable amount for 2009 from Part XI, line 7 | | | | 181,024 |
| 2 | Undistributed income, if any, as of the end of 2009 | | | | |
| a | Enter amount for 2008 only | | | | |
| b | Total for prior years 20 ____ , 20 ____ , 20 ____ | | | | |
| 3 | Excess distributions carryover, if any, to 2009 | | | | |
| a | From 2004 | | | | |
| b | From 2005 | | | | |
| c | From 2006 3,114 | | | | |
| d | From 2007 | | | | |
| e | From 2008 76,822 | | | | |
| f | **Total** of lines 3a through e | 79,936 | | | |
| 4 | Qualifying distributions for 2009 from Part XII, line 4 ▶ $ 119,201 | | | | |
| a | Applied to 2008, but not more than line 2a | | | | |
| b | Applied to undistributed income of prior years (Election required—see page 26 of the instructions) | | | | |
| c | Treated as distributions out of corpus (Election required—see page 26 of the instructions) | | | | |
| d | Applied to 2009 distributable amount | | | | 119,201 |
| e | Remaining amount distributed out of corpus | | | | |
| 5 | Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a) ) | 61,823 | | | 61,823 |
| 6 | **Enter the net total of each column as indicated below:** | | | | |
| a | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 18,113 | | | |
| b | Prior years' undistributed income Subtract line 4b from line 2b | | | | |
| 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 page 27 of the instructions | | | | |
| e | Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions | | | | |
| f | Undistributed income for 2009. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010 | | | | 0 |
| 7 | Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) | | | | |
| 8 | Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) | | | | |
| 9 | **Excess distributions carryover to 2010.** Subtract lines 7 and 8 from line 6a | 18,113 | | | |
| 10 | Analysis of line 9 | | | | |
| a | Excess from 2005 | | | | |
| b | Excess from 2006 | | | | |
| c | Excess from 2007 | | | | |
| d | Excess from 2008 18,113 | | | | |
| e | Excess from 2009 | | | | |

**Part XIV Private Operating Foundations** (see page 27 of the 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 2009, 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 |
|---|---|---|---|---|---|
| | (a) 2009 | (b) 2008 | (c) 2007 | (d) 2006 | |
| 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 foundation had $5,000 or more in assets at any time during the year—see page 28 of the 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) )

N/A

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.

N/A

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 page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

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

SEE ATTACHED STMT 12

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

SEE ATTACHED STMT 12

c Any submission deadlines

SEE ATTACHED STMT 12

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

SEE ATTACHED STMT 12

**Part XV Supplementary Information** (continued)

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

| Recipient<br>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<br>VARIOUS<br>SEE ATTACHED STATEMENT 13 | | | | 108,604 |
| AKRON AREA YMCA<br>209 S MAIN ST SUITE 501<br>AKRON OH 44308 | LAKE ANNA | YMCA COMMUNITY | CENTER | 10,000 |
| **Total** | | | ▶ 3a | 118,604 |
| **b** Approved for future payment<br>VARIOUS<br>SEE ATTACHED STATEMENT 13 | | | | 24,125 |
| **Total** | | | ▶ 3b | 24,125 |

## 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 page 28 of the 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 | | | | | |
| 4 Dividends and interest from securities | | | 14 | 115,334 | |
| 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 | | | | | -89,681 |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | 25 | | |
| 11 Other revenue: a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0 | | 115,334 | -89,681 |
| 13 **Total.** Add line 12, columns (b), (d), and (e) | | | | 13 | 25,653 |

(See worksheet in line 13 instructions on page 28 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 page 29 of the 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 | 1a(1) | | X |
| | (2) Other assets | 1a(2) | | X |
| b | Other transactions: | | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | | X |
| | (4) Reimbursement arrangements | 1b(4) | | X |
| | (5) Loans or loan guarantees | 1b(5) | | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | 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 nonchantable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|---|---|---|---|
| N/A | | | |
| | | | |
| | | | |
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| | | | |

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 |
|---|---|---|
| N/A | | |
| | | |
| | | |
| | | |
| | | |

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

▶ Signature of officer or trustee — Date 7/12/10 — ▶ Title TREASURER

Paid Preparer's Use Only

| | | | |
|---|---|---|---|
| Preparer's signature ▶ | Date 06/28/10 | Check if self-employed ▶ ☐ | Preparer's identifying number (see Signature on page 30 of the instructions) P00299022 |
| Firm's name (or yours if self-employed), address, and ZIP code ▶ MCMANUS, DOSEN & CO<br>7251 ENGLE RD STE 406<br>MIDDLEBURG HEIGHTS, OH 44130-3400 | | EIN ▶ 34-1639529<br>Phone no 440-243-3400 | |

# Federal Statements

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

| Description | | | How Received | | | | |
|---|---|---|---|---|---|---|---|
| Whom Sold | Date Acquired | Date Sold | Sale Price | Cost | Expense | Depreciation | Net Gain / Loss |
| V | VARIOUS | VARIOUS | PURCHASE $ 147,723 | $ 127,129 | $ | $ | $ 20,594 |
| | VARIOUS | VARIOUS | PURCHASE 369,693 | 480,239 | | | -110,546 |
| | VARIOUS | VARIOUS | PURCHASE 54,538 | 56,943 | | | -2,405 |
| | VARIOUS | VARIOUS | PURCHASE 77,907 | 75,231 | | | 2,676 |
| TOTAL | | | $ 649,861 | $ 739,542 | $ 0 | $ 0 | $ -89,681 |

## Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---|---|---|---|---|
| ACCOUNTING FEES | $ 1,100 | $ 1,100 | $ | $ |
| TOTAL | $ 1,100 | $ 1,100 | $ 0 | $ 0 |

## Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---|---|---|---|---|
| INVESTMENT AND CUSTODIAL FEES | $ 24,762 | $ 24,762 | $ | $ |
| MANAGEMENT FEES | 27,790 | 27,790 | | |
| TOTAL | $ 52,552 | $ 52,552 | $ 0 | $ 0 |

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

| | | Proceeds | Cost | Gain | |
|---|---|---|---|---|---|
| First Merit a/c | C | 77,907 | 75,230 | 2,677 | See attached detail |
| First Merit a/c | B | 54,538 | 56,943 | (2,405) | See attached detail |
| First Merit a/c | A | 231 | - | 231 | Capital Gain Distribution |
| First Merit a/c | A | 517,185 | 607,369 | (90,184) | See attached detail |
| | | 649,861 | 739,542 | (89,681) | |

STATEMENT 1



TAX PREPARER: 3813
TRUST ADMINISTRATOR 5
INVESTMENT OFFICER 21

LEGEND. F - FEDERAL S - STATE I - INHERITED
E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

| PROPERTY DESCRIPTION | SHARES | DATE | SALES PRICE | COST BASIS | GAIN/LOSS | TERM |
|---|---|---|---|---|---|---|
| 180 0000 ALLERGAN, INC - 018490102 - MINOR = 50 | | | | | | |
| SOLD | | 03/24/2009 | 8750.79 | | | |
| ACQ | 180 0000 | 02/20/2009 | 8750 79 | 7243.99 | 1506 80 | ST |
| 390 0000 AMERICAN EXPRESS CO - 025816109 - MINOR = 50 | | | | | | |
| SOLD | | 07/27/2009 | 11375 69 | | | |
| ACQ | 390 0000 | 06/26/2008 | 11375 69 | 15427 00 | -4051 31 | LT15 |
| 140 0000 BECTON DICKINSON & CO - 075887109 - MINOR = 50 | | | | | | |
| SOLD | | 01/28/2009 | 9918.10 | | | |
| ACQ | 140 0000 | 10/08/2008 | 9918 10 | 10850 11 | -932 01 | ST |
| 780 0000 CARNIVAL CORP - 143658300 - MINOR = 54 | | | | | | |
| SOLD | | 09/21/2009 | 24899.45 | | | |
| ACQ | 30.0000 | 06/09/2003 | 957 67 | 937 20 | 20 47 | LT15 |
| | 620 0000 | 06/18/2008 | 19791.87 | 21616 11 | -1824 24 | LT15 |
| | 130.0000 | 10/16/2001 | 4149.91 | 2938 00 | 1211 91 | LT15 |
| 280 0000 CERNER CORP - 156782104 - MINOR = 50 | | | | | | |
| SOLD | | 03/12/2009 | 12270.93 | | | |
| ACQ | 220.0000 | 01/04/2008 | 9641 45 | 12339.73 | -2698 29 | LT15 |
| | 60.0000 | 02/20/2008 | 2629 49 | 2777 34 | -147.86 | LT15 |
| 80 0000 CERNER CORP - 156782104 - MINOR = 50 | | | | | | |
| SOLD | | 07/27/2009 | 5201.11 | | | |
| ACQ | 80.0000 | 02/20/2008 | 5201 11 | 3703 12 | 1497.99 | LT15 |
| 6870 0000 CHARTER COMMUNICATIONS - 16117M107 - MINOR = 50 | | | | | | |
| SOLD | | 03/18/2009 | 333 87 | | | |
| ACQ | 6870 0000 | 07/17/2007 | 333.87 | 32324 04 | -31990 17 | LT15 |
| 420 0000 CISCO SYSTEMS INC - 17275R102 - MINOR = 50 | | | | | | |
| SOLD | | 09/15/2009 | 9658.62 | | | |
| ACQ | 420.0000 | 04/22/2008 | 9658 62 | 10375 51 | -716.89 | LT15 |
| 810 0000 COMCAST CORP-CL A - 20030N101 - MINOR = 50 | | | | | | |
| SOLD | | 03/06/2009 | 9623 87 | | | |
| ACQ | 440.0000 | 08/15/2007 | 5227.78 | 11191 66 | -5963 88 | LT15 |
| | 170.0000 | 10/03/2007 | 2019.82 | 4065.70 | -2045.88 | LT15 |
| | 200 0000 | 10/25/2005 | 2376.26 | 3721 67 | -1345.41 | LT15 |
| 1287 0000 COMCAST CORP-CL A - 20030N101 - MINOR = 50 | | | | | | |
| SOLD | | 12/03/2009 | 20527 12 | | | |
| ACQ | 887.0000 | 10/25/2005 | 14147 28 | 16505 59 | -2358 31 | LT15 |
| | 400.0000 | 09/29/2009 | 6379.84 | 6891 32 | -511 48 | ST |
| 390 0000 DEAN FOODS CO - 242370104 - MINOR = 50 | | | | | | |
| SOLD | | 01/26/2009 | 7677.26 | | | |
| ACQ | 390.0000 | 08/21/2007 | 7677.26 | 10815 63 | -3138 37 | LT15 |
| 170 0000 DICK'S SPORTING GOODS INC - 253393102 - MINOR = 50 | | | | | | |
| SOLD | | 04/08/2009 | 2681.92 | | | |
| ACQ | 170.0000 | 01/05/2009 | 2681 92 | 2505 61 | 176 31 | ST |
| 1380 0000 E M C CORPORATION - 268648102 - MINOR = 50 | | | | | | |
| SOLD | | 04/09/2009 | 18195.98 | | | |
| ACQ | 1030.0000 | 01/04/2008 | 13581.06 | 17900.06 | -4319.00 | LT15 |
| | 350.0000 | 01/30/2008 | 4614.92 | 5710 00 | -1095 08 | LT15 |
| 720 0000 E M C CORPORATION - 268648102 - MINOR = 50 | | | | | | |
| SOLD | | 07/23/2009 | 10837 52 | | | |
| ACQ | 290.0000 | 01/30/2008 | 4365.11 | 4731 15 | -366 04 | LT15 |
| | 430.0000 | 07/23/2008 | 6472 41 | 6003 79 | 468 62 | ST |
| 320 0000 ECLIPSYS CORP COM - 278856109 - MINOR = 50 | | | | | | |
| SOLD | | 05/11/2009 | 5109.17 | | | |
| ACQ | 100.0000 | 09/30/2008 | 1596 62 | 2095 06 | -498 44 | ST |
| | 220 0000 | 08/22/2006 | 3512.55 | 3296 35 | 216 20 | LT15 |
| 130 0000 ECOLAB INC - 278865100 - MINOR = 50 | | | | | | |
| SOLD | | 04/28/2009 | 4979 84 | | | |
| ACQ | 130 0000 | 03/09/2009 | 4979.84 | 3877 60 | 1102 24 | ST |
| 160 0000 ECOLAB INC - 278865100 - MINOR = 50 | | | | | | |
| SOLD | | 08/03/2009 | 6800.92 | | | |
| ACQ | 160.0000 | 03/09/2009 | 6800.92 | 4772 43 | 2028 49 | ST |
| 170 0000 FEDEX CORPORATION - 31428X106 - MINOR = 50 | | | | | | |
| SOLD | | 06/09/2009 | 9709 45 | | | |
| ACQ | 50 0000 | 02/06/2008 | 2855.72 | 4534 11 | -1678 39 | LT15 |
| | 110 0000 | 05/12/2008 | 6282.59 | 9821 81 | -3539 22 | LT15 |
| | 10.0000 | 03/14/2008 | 571.14 | 846 26 | -275 12 | LT15 |
| 130 0000 FEDEX CORPORATION - 31428X106 - MINOR = 50 | | | | | | |
| SOLD | | 07/23/2009 | 8263.13 | | | |
| ACQ | 90.0000 | 03/14/2008 | 5720 63 | 7616 38 | -1895 75 | LT15 |
| | 40 0000 | 09/30/2008 | 2542.50 | 3218 02 | -675.52 | ST |
| 120 0000 FORTUNE BRANDS INC - 349631101 - MINOR = 50 | | | | | | |
| SOLD | | 09/21/2009 | 5359.92 | | | |
| ACQ | 120.0000 | 05/30/2007 | 5359.92 | 9559 37 | -4199 45 | LT15 |
| 90 0000 GENERAL MILLS INC - 370334104 - MINOR = 50 | | | | | | |
| SOLD | | 12/03/2009 | 6174 51 | | | |
| ACQ | 90.0000 | 08/18/2009 | 6174.51 | 5193 55 | 980 96 | ST |
| 30.0000 GOOGLE INC - CL A - 38259P508 - MINOR = 50 | | | | | | |
| SOLD | | 02/03/2009 | 10216 12 | | | |
| ACQ | 20 0000 | 07/10/2008 | 6810.75 | 10914 96 | -4104 21 | ST |
| | 10 0000 | 02/01/2008 | 3405.37 | 5143 78 | -1738 41 | LT15 |
| 20 0000 GOOGLE INC - CL A - 38259P508 - MINOR = 50 | | | | | | |
| SOLD | | 07/31/2009 | 8878 86 | | | |
| ACQ | 20.0000 | 02/01/2008 | 8878 86 | 10287 56 | -1408 70 | LT15 |
| 30 0000 GOOGLE INC - CL A - 38259P508 - MINOR = 50 | | | | | | |
| SOLD | | 12/22/2009 | 18004.45 | | | |
| ACQ | 20 0000 | 08/28/2007 | 12002 97 | 10238 34 | 1764 63 | LT15 |
| | 10 0000 | 02/21/2008 | 6001 48 | 5035 72 | 965 76 | LT15 |

STATEMENT 1



TAX PREPARER. 3813
TRUST ADMINISTRATOR 5
INVESTMENT OFFICER 21

LEGEND: F - FEDERAL S - STATE I - INHERITED
E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

| PROPERTY DESCRIPTION | SHARES | DATE | SALES PRICE | COST BASIS | GAIN/LOSS | TERM |
|---|---|---|---|---|---|---|
| 450 0000 HOME DEPOT INC - 437076102 - MINOR = 50 | | | | | | |
| SOLD | | 03/25/2009 | 10532 24 | | | |
| ACQ | 190 0000 | 05/21/2008 | 4446 95 | 5151 77 | -704 82 | ST |
| | 260 0000 | 12/21/2007 | 6085 29 | 6947.39 | -862 10 | LT15 |
| 410 0000 JETBLUE AIRWAYS CORP - 477143101 - MINOR = 50 | | | | | | |
| SOLD | | 01/09/2009 | 2891 26 | | | |
| ACQ | 235 0000 | 03/20/2006 | 1657.19 | 2441 65 | -784 46 | LT15 |
| | 175 0000 | 10/22/2007 | 1234 07 | 1616 20 | -382 13 | LT15 |
| 1115 0000 JETBLUE AIRWAYS CORP - 477143101 - MINOR = 50 | | | | | | |
| SOLD | | 03/03/2009 | 3406 75 | | | |
| ACQ | 195 0000 | 10/22/2007 | 595.80 | 1800 90 | -1205 10 | LT15 |
| | 670 0000 | 11/29/2007 | 2047.11 | 4583 74 | -2536 63 | LT15 |
| | 250.0000 | 04/11/2008 | 763 85 | 1353 85 | -590 00 | ST |
| 50.0000 JOHNSON & JOHNSON CO - 478160104 - MINOR = 50 | | | | | | |
| SOLD | | 05/04/2009 | 2684.90 | | | |
| ACQ | 30 0000 | 05/24/2007 | 1610.94 | 1909 11 | -298 17 | LT15 |
| | 20 0000 | 06/13/2007 | 1073.96 | 1232 48 | -158 52 | LT15 |
| 440 0000 JUNIPER NETWORKS INC - 48203R104 - MINOR = 50 | | | | | | |
| SOLD | | 04/28/2009 | 9194 53 | | | |
| ACQ | 390.0000 | 03/31/2008 | 8149 70 | 9747 50 | -1597 80 | LT15 |
| | 50.0000 | 01/30/2006 | 1044.83 | 907 57 | 137 26 | LT15 |
| 190 0000 KLA-TENCOR CORP - 482480100 - MINOR = 50 | | | | | | |
| SOLD | | 06/01/2009 | 5621.99 | | | |
| ACQ | 190.0000 | 09/24/2008 | 5621.99 | 6074 13 | -452 14 | ST |
| 210 0000 KLA-TENCOR CORP - 482480100 - MINOR = 50 | | | | | | |
| SOLD | | 12/28/2009 | 7827 18 | | | |
| ACQ | 40.0000 | 09/24/2008 | 1490.89 | 1278 77 | 212.12 | LT15 |
| | 170 0000 | 02/12/2009 | 6336.29 | 3282.78 | 3053 51 | ST |
| 90 0000 KELLOGG CO - 487836108 - MINOR = 50 | | | | | | |
| SOLD | | 12/03/2009 | 4750.91 | | | |
| ACQ | 80.0000 | 08/18/2009 | 4223 03 | 3693 28 | 529 75 | ST |
| | 10.0000 | 04/17/2009 | 527 88 | 399 52 | 128 36 | ST |
| 30 0000 KOHLS CORPORATION - 500255104 - MINOR = 50 | | | | | | |
| SOLD | | 04/07/2009 | 1304.82 | | | |
| ACQ | 30.0000 | 02/12/2009 | 1304 82 | 1070 66 | 234 16 | ST |
| 70 0000 KOHLS CORPORATION - 500255104 - MINOR = 50 | | | | | | |
| SOLD | | 08/04/2009 | 3505 83 | | | |
| ACQ | 70.0000 | 05/08/2009 | 3505.83 | 3067 26 | 438 57 | ST |
| 180 0000 LAM RESEARCH CORP - 512807108 - MINOR = 50 | | | | | | |
| SOLD | | 05/05/2009 | 4977 50 | | | |
| ACQ | 180.0000 | 09/24/2008 | 4977.50 | 5765 97 | -788 47 | ST |
| 230 0000 LAM RESEARCH CORP - 512807108 - MINOR = 50 | | | | | | |
| SOLD | | 10/13/2009 | 8749 66 | | | |
| ACQ | 50 0000 | 09/24/2008 | 1902 10 | 1601 66 | 300 44 | LT15 |
| | 150.0000 | 02/12/2009 | 5706 30 | 3083 59 | 2622 71 | ST |
| | 30.0000 | 06/24/2009 | 1141 26 | 725 43 | 415 83 | ST |
| 440 0000 LOWES COMPANY INC - 548661107 - MINOR = 50 | | | | | | |
| SOLD | | 04/08/2009 | 8458.52 | | | |
| ACQ | 180.0000 | 05/22/2008 | 3460.30 | 4220.46 | -760 16 | ST |
| | 260.0000 | 12/21/2007 | 4998.22 | 6068.97 | -1070.75 | LT15 |
| 550 0000 MICROSOFT CORP - 594918104 - MINOR = 50 | | | | | | |
| SOLD | | 11/16/2009 | 16261 98 | | | |
| ACQ | 550 0000 | 01/18/2008 | 16261 98 | 18587 47 | -2325 49 | LT15 |
| 50 0000 MILLIPORE CORP - 601073109 - MINOR = 50 | | | | | | |
| SOLD | | 02/04/2009 | 2878.05 | | | |
| ACQ | 50.0000 | 03/03/2008 | 2878.05 | 3514.39 | -636.34 | ST |
| 730 0000 MIRANT CORP-W/I - 60467R100 - MINOR = 50 | | | | | | |
| SOLD | | 02/02/2009 | 12403.94 | | | |
| ACQ | 730 0000 | 10/23/2008 | 12403 94 | 11037 82 | 1366 12 | ST |
| 250 0000 NORDSTROM INC - 655664100 - MINOR = 50 | | | | | | |
| SOLD | | 04/07/2009 | 4248 92 | | | |
| ACQ | 250.0000 | 01/27/2009 | 4248.92 | 3385 90 | 863 02 | ST |
| 110 0000 NORDSTROM INC - 655664100 - MINOR = 50 | | | | | | |
| SOLD | | 07/23/2009 | 2827.29 | | | |
| ACQ | 110 0000 | 01/27/2009 | 2827.29 | 1489 80 | 1337 49 | ST |
| 600 0000 PACCAR INC - 693718108 - MINOR = 50 | | | | | | |
| SOLD | | 07/23/2009 | 20879 10 | | | |
| ACQ | 260 0000 | 11/12/2008 | 9047 61 | 6672 04 | 2375.57 | ST |
| | 340 0000 | 11/14/2008 | 11831.49 | 9408 89 | 2422.60 | ST |
| 320 0000 PERKINELMER INC - 714046109 - MINOR = 50 | | | | | | |
| SOLD | | 07/23/2009 | 5748.33 | | | |
| ACQ | 180.0000 | 10/03/2008 | 3233 44 | 4333.43 | -1099 99 | ST |
| | 140.0000 | 07/14/2005 | 2514 89 | 2880 89 | -366 00 | LT15 |
| 150 0000 QUEST DIAGNOSTICS INCORPORATED - 74834L100 - MINOR = 50 | | | | | | |
| SOLD | | 09/11/2009 | 8145 12 | | | |
| ACQ | 90 0000 | 08/06/2008 | 4887.07 | 4863 14 | 23 93 | LT15 |
| | 30 0000 | 08/12/2009 | 1629 02 | 1609 31 | 19 71 | ST |
| | 30.0000 | 11/06/2007 | 1629.02 | 1583 03 | 45 99 | LT15 |
| 1340 0000 SEI CORP - 784117103 - MINOR = 50 | | | | | | |
| SOLD | | 11/10/2009 | 24453 03 | | | |
| ACQ | 540 0000 | 11/18/2003 | 9854.21 | 7504 33 | 2349 88 | LT15 |
| | 80 0000 | 06/13/2007 | 1459.88 | 2357 27 | -897 39 | LT15 |
| | 100 0000 | 07/20/2007 | 1824 85 | 2848 22 | -1023 37 | LT15 |
| | 130 0000 | 05/13/2008 | 2372 31 | 3047 55 | -675 24 | LT15 |
| | 490 0000 | 12/18/2008 | 8941 78 | 7385 13 | 1556 65 | ST |

STATEMENT 1

ACCT M463 A
FROM 01/01/2009
TO 12/31/2009

FIRSTMERIT BANK, NA
STATEMENT OF CAPITAL GAINS AND LOSSES
TUSCORA PARK HEALTH/WELLNESS-MANNING



RUN 01/31/2010
05 39 41 PM

TRUST YEAR ENDING 12/31/2009

TAX PREPARER 3813
TRUST ADMINISTRATOR 5
INVESTMENT OFFICER. 21

LEGEND F - FEDERAL S - STATE I - INHERITED
E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

| PROPERTY DESCRIPTION | SHARES | DATE | SALES PRICE | COST BASIS | GAIN/LOSS | TERM |
|---|---|---|---|---|---|---|
| 200 0000 SALESFORCE.COM - 79466L302 - MINOR = 50 | | | | | | |
| SOLD | | 08/24/2009 | 10854 14 | | | |
| ACQ | 200 0000 | 12/02/2008 | 10854 14 | 5586 18 | 5267.96 | ST |
| 1210 0000 SCHWAB CHARLES CORP NEW - 808513105 - MINOR = 50 | | | | | | |
| SOLD | | 04/14/2009 | 20224.72 | | | |
| ACQ | 840.0000 | 12/19/2008 | 14040 30 | 12799 58 | 1240 72 | ST |
| | 370.0000 | 02/04/2009 | 6184 42 | 4899 36 | 1285 06 | ST |
| 470 0000 SOUTHWEST AIRLINES CO - 844741108 - MINOR = 50 | | | | | | |
| SOLD | | 08/19/2009 | 3995.36 | | | |
| ACQ | 470.0000 | 04/30/2007 | 3995 36 | 6768 00 | -2772.64 | LT15 |
| 870 0000 SOUTHWEST AIRLINES CO - 844741108 - MINOR = 50 | | | | | | |
| SOLD | | 12/04/2009 | 8759.10 | | | |
| ACQ | 870 0000 | 04/30/2007 | 8759.10 | 12528 00 | -3768 90 | LT15 |
| 210 0000 3M CO - 88579Y101 - MINOR = 50 | | | | | | |
| SOLD | | 05/29/2009 | 11979 37 | | | |
| ACQ | 210.0000 | 01/31/2006 | 11979 37 | 15267.17 | -3287 80 | LT15 |
| 255 0000 3M CO - 88579Y101 - MINOR = 50 | | | | | | |
| SOLD | | 06/23/2009 | 14513.12 | | | |
| ACQ | 25 0000 | 01/31/2006 | 1422 85 | 1817 52 | -394.67 | LT15 |
| | 60 0000 | 08/14/2006 | 3414 85 | 4137 88 | -723.03 | LT15 |
| | 170.0000 | 09/17/2008 | 9675 41 | 11650 39 | -1974.98 | ST |
| 160 0000 UNITED PARCEL SERVICE INC-CLASS B - 911312106 - MINOR = 50 | | | | | | |
| SOLD | | 06/01/2009 | 8427.72 | | | |
| ACQ | 10 0000 | 01/30/2007 | 526.73 | 717.07 | -190.34 | LT15 |
| | 110 0000 | 04/09/2008 | 5794 06 | 7794 78 | -2000.72 | LT15 |
| | 40.0000 | 03/05/2007 | 2106.93 | 2791 09 | -684 16 | LT15 |
| 580.0000 VIACOM INC-B W/I - 92553P201 - MINOR = 50 | | | | | | |
| SOLD | | 09/09/2009 | 14803.24 | | | |
| ACQ | 580.0000 | 05/21/2009 | 14803.24 | 11902.06 | 2901.18 | ST |
| 90 0000 WEYERHAEUSER CO - 962166104 - MINOR = 50 | | | | | | |
| SOLD | | 05/05/2009 | 3319.50 | | | |
| ACQ | 90.0000 | 06/27/2007 | 3319.50 | 7055 78 | -3736.28 | LT15 |
| 160 0000 WEYERHAEUSER CO - 962166104 - MINOR = 50 | | | | | | |
| SOLD | | 06/02/2009 | 5758 51 | | | |
| ACQ | 50 0000 | 06/27/2007 | 1799 53 | 3919 88 | -2120 35 | LT15 |
| | 110.0000 | 08/10/2007 | 3958 98 | 7158 92 | -3199 94 | LT15 |
| 200 0000 WEYERHAEUSER CO - 962166104 - MINOR = 50 | | | | | | |
| SOLD | | 09/09/2009 | 7349 47 | | | |
| ACQ | 200.0000 | 08/10/2007 | 7349 47 | 13016 22 | -5666 75 | LT15 |
| | | TOTALS | 517184 70 | 607368 76 | | |

SUMMARY OF CAPITAL GAINS/LOSSES

| FEDERAL | SHORT TERM | LONG TERM 28% | LONG TERM 15% | ST WASH SALE | LT WASH SALE | 1250 GAIN |
|---|---|---|---|---|---|---|
| SUBTOTAL FROM ABOVE | 20593.83 | 0.00 | -110777.89 | 0 00 | 0.00 | 0 00* |
| COMMON TRUST FUND | 0 00 | 0 00 | 0 00 | | | 0 00 |
| CAPITAL GAIN DIVIDENDS | 0 00 | 0 00 | 231.12 | | | 0 00 |
| | 20593.83 | 0 00 | -110546.77 | 0 00 | 0 00 | 0 00 |
| STATE | | | | | | |
| SUBTOTAL FROM ABOVE | 20593 83 | 0 00 | -110777 89 | 0 00 | 0.00 | 0 00* |
| COMMON TRUST FUND | 0.00 | 0 00 | 0.00 | | | 0 00 |
| CAPITAL GAIN DIVIDENDS | 0.00 | 0 00 | 231.12 | | | 0 00 |
| | 20593 83 | 0 00 | -110546 77 | 0 00 | 0.00 | 0 00 |

* - 1250 GAIN DETAILED ON TRANS PAGES, NOT ABOVE

CAPITAL LOSS CARRYOVER

| | | |
|---|---|---|
| FEDERAL | 0 00 | 0 00 |
| OHIO | N/A | N/A |

STATEMENT 1

ACCT M463 B
FROM 01/01/2009
TO 12/31/2009

FIRSTMERIT BANK, NA
STATEMENT OF CAPITAL GAINS AND LOSSES
TUSCORA PARK HEALTH/WELLNESS-FUNDS

TRUST YEAR ENDING 12/31/2009



RUN 01/31/2010
05.39.39 PM

TAX PREPARER· 3813
TRUST ADMINISTRATOR 5
INVESTMENT OFFICER· 21

LEGEND. F - FEDERAL S - STATE I - INHERITED
E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

| PROPERTY DESCRIPTION | SHARES | DATE | SALES PRICE | COST BASIS | GAIN/LOSS | TERM |
|---|---|---|---|---|---|---|
| 1132 0000 ISHARES TR RUSSELL 1000 GROWTH INDEX - 464287614 - MINOR = 3505 | | | | | | |
| SOLD | | 11/20/2009 | 54538 35 | | | |
| ACQ | 15 0000 | 06/17/2005 | 722.68 | 736 35 | -13 67 | LT15 |
| | 38.0000 | 11/30/2005 | 1830 79 | 1963 08 | -132 29 | LT15 |
| | 29 0000 | 01/31/2006 | 1397 18 | 1511 48 | -114 30 | LT15 |
| | 24 0000 | 03/31/2006 | 1156.29 | 1265 04 | -108 75 | LT15 |
| | 30.0000 | 06/28/2006 | 1445.36 | 1475 70 | -30.34 | LT15 |
| | 29 0000 | 10/04/2006 | 1397.18 | 1523.08 | -125 90 | LT15 |
| | 24 0000 | 12/28/2006 | 1156.29 | 1329 84 | -173 55 | LT15 |
| | 28 0000 | 03/30/2007 | 1349 01 | 1563 52 | -214 51 | LT15 |
| | 27.0000 | 07/05/2007 | 1300 83 | 1628 37 | -327 54 | LT15 |
| | 23.0000 | 10/01/2007 | 1108.11 | 1427.15 | -319.04 | LT15 |
| | 26 0000 | 01/03/2008 | 1252 65 | 1569 88 | -317 23 | LT15 |
| | 31.0000 | 03/28/2008 | 1493.54 | 1706 55 | -213 01 | LT15 |
| | 31.0000 | 07/10/2008 | 1493.54 | 1674.93 | -181 39 | LT15 |
| | 777 0000 | 05/24/2005 | 37434.89 | 37568.41 | -133.52 | LT15 |
| | | TOTALS | 54538 35 | 56943 38 | | |

SUMMARY OF CAPITAL GAINS/LOSSES

| FEDERAL | SHORT TERM | LONG TERM 28% | LONG TERM 15% | ST WASH SALE | LT WASH SALE | 1250 GAIN |
|---|---|---|---|---|---|---|
| SUBTOTAL FROM ABOVE | 0.00 | 0 00 | -2405 03 | 0.00 | 0.00 | 0 00* |
| COMMON TRUST FUND | 0 00 | 0 00 | 0.00 | | | 0 00 |
| CAPITAL GAIN DIVIDENDS | 0.00 | 0 00 | 0.00 | | | 0 00 |
| | 0 00 | 0.00 | -2405.03 | 0.00 | 0 00 | 0 00 |
| STATE | | | | | | |
| SUBTOTAL FROM ABOVE | 0 00 | 0 00 | -2405.03 | 0 00 | 0.00 | 0 00* |
| COMMON TRUST FUND | 0 00 | 0 00 | 0.00 | | | 0 00 |
| CAPITAL GAIN DIVIDENDS | 0 00 | 0.00 | 0 00 | | | 0.00 |
| | 0 00 | 0 00 | -2405.03 | 0 00 | 0 00 | 0 00 |

* - 1250 GAIN DETAILED ON TRANS PAGES, NOT ABOVE

CAPITAL LOSS CARRYOVER

| | | |
|---|---|---|
| FEDERAL | 0 00 | 0.00 |
| OHIO | N/A | N/A |

STATEMENT 1

ACCT M463 C...
FROM 01/01/2009
TO 12/31/2009

FIRSTMERIT BANK, NA
STATEMENT OF CAPITAL GAINS AND LOSSES
TUSCORA PARK HEALTH/WELLNESS-FIXED



RUN 01/31/2010
05 39 40 PM

TRUST YEAR ENDING 12/31/2009

TAX PREPARER: 3813
TRUST ADMINISTRATOR 5
INVESTMENT OFFICER 10

LEGEND: F - FEDERAL S - STATE I - INHERITED
E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

| PROPERTY DESCRIPTION | SHARES | DATE | SALES PRICE | COST BASIS | GAIN/LOSS | TERM |
|---|---|---|---|---|---|---|
| 25000 0000 FFCB | | 4 800% 11/05/15 - 31331VMV5 - MINOR = 30 | | | | |
| SOLD | | 07/27/2009 | 26087.50 | | | |
| ACQ | 25000 0000 | 03/02/2007 | 26087.50 | 24870 00 | 1217 50 | LT15 |
| 25000 0000 U.S. TREASURY NOTES | | 4 875% 7/31/11 - 912828FN5 - MINOR = 30 | | | | |
| SOLD | | 06/17/2009 | 26882.25 | | | |
| ACQ | 25000 0000 | 11/28/2006 | 26882 25 | 25431 08 | 1451 17 | LT15 |
| 25000.0000 WM WRIGLEY JR CO | | 4 300% 7/15/10 - 982526AA3 - MINOR = 45 | | | | |
| SOLD | | 06/05/2009 | 24937.50 | | | |
| ACQ | 25000.0000 | 01/19/2006 | 24937.50 | 24929 58 | 7 92 | LT15 |
| | | TOTALS | 77907 25 | 75230 66 | | |

SUMMARY OF CAPITAL GAINS/LOSSES

| FEDERAL | SHORT TERM | LONG TERM 28% | LONG TERM 15% | ST WASH SALE | LT WASH SALE | 1250 GAIN |
|---|---|---|---|---|---|---|
| SUBTOTAL FROM ABOVE | 0 00 | 0 00 | 2676.59 | 0.00 | 0 00 | 0 00* |
| COMMON TRUST FUND | 0.00 | 0.00 | 0.00 | | | 0 00 |
| CAPITAL GAIN DIVIDENDS | 0 00 | 0 00 | 0.00 | | | 0 00 |
| | 0 00 | 0.00 | 2676.59 | 0.00 | 0 00 | 0.00 |
| STATE | | | | | | |
| SUBTOTAL FROM ABOVE | 0 00 | 0 00 | 2676 59 | 0.00 | 0.00 | 0 00* |
| COMMON TRUST FUND | 0 00 | 0 00 | 0 00 | | | 0.00 |
| CAPITAL GAIN DIVIDENDS | 0 00 | 0 00 | 0 00 | | | 0 00 |
| | 0 00 | 0 00 | 2676 59 | 0.00 | 0.00 | 0 00 |

* - 1250 GAIN DETAILED ON TRANS PAGES, NOT ABOVE

CAPITAL LOSS CARRYOVER

| | | |
|---|---|---|
| FEDERAL | 0 00 | 0 00 |
| OHIO | N/A | N/A |

# Federal Statements

## Statement 4 - Form 990-PF, Part I, Line 18 - Taxes

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---|---|---|---|---|
| FORM 990 | $ 1,000 | $ 1,000 | $ | $ |
| STATE OF OHIO | 200 | 200 | | |
| TOTAL | $ 1,200 | $ 1,200 | $ 0 | $ 0 |

## Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---|---|---|---|---|
| | $ | $ | $ | $ |
| EXPENSES | | | | |
| BANK AND CREDIT CARD FEES | 24 | 24 | | |
| VOLUNTEER RECOGNITION | | | | |
| INSURANCE | 2,891 | 2,891 | | |
| OFFICE SUPPLIES AND EXPENSE | | | | |
| DUES AND SUBSCRIPTIONS | 525 | 525 | | |
| TELEPHONE | 558 | 558 | | |
| POSTAGE AND DELIVERY | 433 | 433 | | |
| PERMITS AND LICENSES | 50 | 50 | | |
| MISCELLANEOUS | 597 | | | 597 |
| TOTAL | $ 5,078 | $ 4,481 | $ 0 | $ 597 |

# Federal Statements

## Statement 6 - Form 990-PF, Part II, Line 10a - US and State Government Investments

| Description | Beginning of Year | End of Year | Basis of Valuation | Fair Market Value |
|---|---|---|---|---|
| SEE ATTACHED | | | | |
| | $ 561,459 | $ 578,574 | MARKET | $ 578,574 |
| TOTAL | $ 561,459 | $ 578,574 | | $ 578,574 |

## Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

| Description | Beginning of Year | End of Year | Basis of Valuation | Fair Market Value |
|---|---|---|---|---|
| SEE ATTACHED | | | | |
| | $ 2,328,706 | $ 3,152,559 | MARKET | $ 3,152,559 |
| TOTAL | $ 2,328,706 | $ 3,152,559 | | $ 3,152,559 |

## Statement 8 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

| Description | Beginning of Year | End of Year | Basis of Valuation | Fair Market Value |
|---|---|---|---|---|
| SEE ATTACHED | | | | |
| | $ 366,099 | $ 367,722 | MARKET | $ 367,722 |
| TOTAL | $ 366,099 | $ 367,722 | | $ 367,722 |

## Statement 9 - Form 990-PF, Part III, Line 3 - Other Increases

| Description | Amount |
|---|---|
| CURRENT YEAR UNRALIZED GAIN ON INVESTMENTS | $ 905,998 |
| TOTAL | $ 905,998 |

## Statement 10 - Form 990-PF, Part III, Line 5 - Other Decreases

| Description | Amount |
|---|---|
| PRIOR PERIOD ADJUSTMENT | $ 9,000 |
| TOTAL | $ 9,000 |

STATEMENTS 6-8

TUSCORA PARK
FORM 990-PF 12/31/09
34-1193807

**Market Value:**

| | Total |
|---|---|
| Money Market/Cash | 94,320.00 |
| Investments: | |
| U.S. Treasury | 266,613.00 |
| Government Agency | 311,961.00 |
| | 578,574.00 |
| Corporate & Foreign Bonds | 367,722.00 |
| Common Equity Securities | 1,614,440.00 |
| Equity Mutual Funds | 1,538,119.00 |
| | 3,152,559.00 |
| Total Investments | 4,098,855.00 |

FIRSTMERIT.
Private Client
Services
*As individual as you are*™

ACCOUNT NUMBER

ASSET HOLDINGS
AS OF 12/31/09
TUSCORA PARK HEALTH/WELLNESS CONSLD



| SHARES/ PAR VALUE | DESCRIPTION | COST VALUE | MARKET VALUE | MARKET PRICE | PERCENT OF MARKET | YIELD ON MARKET |
|---|---|---|---|---|---|---|
| | **MONEY MARKET FUNDS** | | | | | |
| 0.0000 | FEDERATED AUTO GVT CASH-IS #82<br>CUSIP: 60934N716<br>10751-04 | 0.00 | 0.00 | 1.000 | 0.00 | 0.00 |
| 2,065.9200 | FEDERATED INV PRIME OBL FD #398 SS<br>CUSIP: 60934N708<br>10751-00 | 2,065.92 | 2,065.92 | 1.000 | 0.05 | 0.01 |
| 60,094.9900 | FEDERATED INV PRIME OBL FD #398 SS<br>CUSIP: 60934N708<br>10751-04 | 60,094.99 | 60,094.99 | 1.000 | 1.43 | 0.01 |
| 32,159.2300 | FEDERATED INV PRIME OBL FD #398 SS<br>CUSIP: 60934N708<br>10934-00 | 32,159.23 | 32,159.23 | 1.000 | 0.77 | 0.01 |
| | TOTAL MONEY MARKET FUNDS | 94,320.14 | 94,320.14 | | 2.25 | 0.01 |
| | **U.S. TREASURY OBLIGATIONS** | | | | | |
| 25,000.0000 | U.S. TREASURY NOTES 4.875% 7/31/11<br>CUSIP: 912828FN5<br>10934-00 | 25,431.07 | 28,549.75 | 106.1990 | 0.63 | 4.59 |
| 100,000.0000 | U.S. TREASURY NOTES 4.000% 11/15/12<br>CUSIP: 912828AP5<br>10934-00 | 99,382.81 | 106,820.00 | 106.8200 | 2.55 | 3.75 |
| 25,000.0000 | U.S. TREASURY NOTES 4.250% 8/15/13<br>CUSIP: 912828BH2<br>10934-00 | 24,156.25 | 26,976.50 | 107.9060 | 0.64 | 3.94 |
| 50,000.0000 | U.S. TREASURY NOTES 4.250% 11/15/14<br>CUSIP: 912828DC1<br>10934-00 | 49,814.06 | 53,859.50 | 107.7190 | 1.29 | 3.95 |
| 50,000.0000 | U.S. TREASURY NOTES 4.250% 11/15/17<br>CUSIP: 912828HH6<br>10934-00 | 50,635.93 | 52,406.50 | 104.8130 | 1.25 | 4.06 |
| | TOTAL U.S. TREASURY OBLIGATIONS | 249,520.12 | 268,612.25 | | 6.36 | 3.95 |
| | **U.S. GOVERNMENT AGENCIES** | | | | | |
| 100,000.0000 | FHLMC 7.000% 3/15/10<br>CUSIP: 3134A33L8<br>10934-00 | 102,675.00 | 101,344.00 | 101.3440 | 2.42 | 6.91 |

STATEMENTS 6-8

FIRSTMERIT.
Private Client
Services
*As individual as you are™*

ACCOUNT NUMBER

ASSET HOLDINGS
AS OF 12/31/09
TUSCORA PARK HEALTH/WELLNESS CONSLD



| SHARES/ PAR VALUE | DESCRIPTION | | | COST VALUE | MARKET VALUE | MARKET PRICE | PERCENT OF MARKET | YIELD ON MARKET |
|---|---|---|---|---|---|---|---|---|
| 50,000.0000 | FHLB<br>CUSIP: 3133XSTE8<br>10934-00 | 2.000% | 1/09/12 | 50,125.00 | 50,750.00 | 101.5000 | 1.21 | 1.97 |
| 25,000.0000 | FFCB<br>CUSIP: 31331VMV5<br>10934-00 | 4.800% | 11/05/15 | 24,870.00 | 26,867.25 | 107.4690 | 0.64 | 4.47 |
| 75,000.0000 | FHLMC<br>CUSIP: 3137EAAG4<br>10934-00 | 5.500% | 7/18/16 | 76,312.50 | 83,859.75 | 111.8130 | 2.00 | 4.92 |
| 50,000.0000 | FHLB<br>CUSIP: 3133XSUN8<br>10934-00 | 3.875% | 12/14/18 | 48,900.00 | 49,140.50 | 98.2810 | 1.17 | 3.94 |
| | TOTAL U.S. GOVERNMENT AGENCIES | | | 303,882.50 | 311,961.50 | | 7.44 | 4.89 |
| | CORPORATE & FOREIGN BONDS | | | | | | | |
| 25,000.0000 | UNITED TECH CORP<br>CUSIP: 913017BG3<br>10934-00 | 4.375% | 5/01/10 | 24,474.25 | 25,362.75 | 101.4510 | 0.61 | 4.31 |
| 25,000.0000 | BANK OF AMERICA<br>CUSIP: 060505BU7<br>10934-00 | 4.500% | 8/01/10 | 24,687.50 | 25,523.00 | 102.0920 | 0.61 | 4.41 |
| 50,000.0000 | ABBOTT LABS<br>CUSIP: 002824AS9<br>10934-00 | 5.600% | 5/15/11 | 50,320.50 | 53,031.50 | 106.0630 | 1.27 | 5.28 |
| 25,000.0000 | GEN ELEC CAP CRP MTN<br>CUSIP: 36962GM68<br>10934-00 | 4.375% | 11/21/11 | 25,170.00 | 26,037.00 | 104.1480 | 0.62 | 4.20 |
| 50,000.0000 | BERKSHIRE HATHAWAY<br>CUSIP: 084670AS7<br>10934-00 | 4.750% | 5/15/12 | 50,475.00 | 53,303.50 | 106.6070 | 1.27 | 4.46 |
| 25,000.0000 | MIDAMERICAN ENER MTN<br>CUSIP: 595620AC9<br>10934-00 | 5.125% | 1/15/13 | 24,682.50 | 26,605.00 | 106.4200 | 0.64 | 4.82 |
| 25,000.0000 | VERIZON NEW ENGLAND<br>CUSIP: 92344RAB8<br>10934-00 | 4.750% | 10/01/13 | 24,940.00 | 26,001.50 | 104.0060 | 0.62 | 4.57 |
| 25,000.0000 | GOLDMAN SACHS GROUP<br>CUSIP: 38143UAB7<br>10934-00 | 5.150% | 1/15/14 | 24,487.50 | 26,446.50 | 105.7860 | 0.63 | 4.87 |
| 25,000.0000 | SOUTHERN PWR CO<br>CUSIP: 843646AF7<br>10934-00 | 4.875% | 7/15/15 | 24,918.50 | 26,020.50 | 104.0820 | 0.62 | 4.68 |

STATEMENTS 6-8

FIRSTMERIT.
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ACCOUNT NUMBER

ASSET HOLDINGS
AS OF 12/31/09
TUSCORA PARK HEALTH/WELLNESS CONSLD



| SHARES/ PAR VALUE | DESCRIPTION | COST VALUE | MARKET VALUE | MARKET PRICE | PERCENT OF MARKET | YIELD ON MARKET |
|---|---|---|---|---|---|---|
| 50,000.0000 | HEWLETT-PACKARD CO 5.400% 3/01/17<br>CUSIP: 428236AM5<br>10934-00 | 50,645.00 | 53,318.00 | 106.6360 | 1.27 | 5.06 |
| 25,000.0000 | NATL RURAL UTILS 5.450% 4/10/17<br>CUSIP: 637432HT5<br>10934-00 | 25,223.00 | 26,073.00 | 104.2920 | 0.62 | 5.23 |
| TOTAL | CORPORATE & FOREIGN BONDS | 350,023.75 | 367,722.25 | | 8.77 | 4.77 |
| | COMMON EQUITY SECURITIES | | | | | |
| | MATERIALS | | | | | |
| 320.0000 | MONSANTO CO NEW<br>CUSIP: 61166W101<br>10751-04 | 24,733.78 | 26,160.00 | 81.75 | 0.62 | 1.30 |
| 460.0000 | WEYERHAEUSER CO<br>CUSIP: 962166104<br>10751-04 | 19,019.80 | 19,844.40 | 43.14 | 0.47 | 0.46 |
| TOTAL | MATERIALS | 43,753.58 | 46,004.40 | | 1.10 | 0.94 |
| | CONSUMER DISCRETIONARY | | | | | |
| 530.0000 | CARNIVAL CORP<br>CUSIP: 143658300<br>10751-04 | 10,880.91 | 16,795.70 | 31.69 | 0.40 | 0.00 |
| 690.0000 | DICK'S SPORTING GOODS INC<br>CUSIP: 253393102<br>10751-04 | 10,169.84 | 17,160.30 | 24.87 | 0.41 | 0.00 |
| 1,260.0000 | DISNEY WALT CO NEW<br>CUSIP: 254687106<br>10751-04 | 30,580.38 | 40,635.00 | 32.25 | 0.97 | 1.09 |
| 190.0000 | FORTUNE BRANDS INC<br>CUSIP: 349631101<br>10751-04 | 11,373.19 | 8,208.00 | 43.20 | 0.20 | 1.76 |
| 270.0000 | HOME DEPOT INC<br>CUSIP: 437076102<br>10751-04 | 7,189.30 | 7,811.10 | 28.93 | 0.19 | 3.11 |
| 910.0000 | INTERNATIONAL GAME TECHNOLOGY<br>CUSIP: 459902102<br>10751-04 | 26,272.68 | 17,080.70 | 18.77 | 0.41 | 1.28 |

STATEMENTS 6-8

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TUSCORA PARK HEALTH/WELLNESS CONSLD



| SHARES/ PAR VALUE | DESCRIPTION | COST VALUE | MARKET VALUE | MARKET PRICE | PERCENT OF MARKET | YIELD ON MARKET |
|---|---|---|---|---|---|---|
| 250.0000 | KOHLS CORP<br>CUSIP: 500255104<br>10751-04 | 9,491.23 | 13,482.50 | 53.93 | 0.32 | 0.00 |
| 390.0000 | LOWES COS INC<br>CUSIP: 548661107<br>10751-04 | 8,934.04 | 9,122.10 | 23.39 | 0.22 | 1.54 |
| 490.0000 | NORDSTROM INC<br>CUSIP: 655664100<br>10751-04 | 6,636.36 | 18,414.20 | 37.58 | 0.44 | 1.70 |
| 200.0000 | SHERWIN WILLIAMS CO<br>CUSIP: 824348106<br>10751-04 | 11,174.16 | 12,330.00 | 61.65 | 0.30 | 2.30 |
| TOTAL | CONSUMER DISCRETIONARY | 132,722.09 | 161,039.80 | | 3.84 | 1.11 |
| | CONSUMER STAPLES | | | | | |
| 1,170.0000 | DEAN FOODS CO<br>CUSIP: 242370104<br>10751-04 | 24,799.46 | 21,106.80 | 18.04 | 0.50 | 0.00 |
| 260.0000 | GENERAL MLS INC<br>CUSIP: 370334104<br>10751-04 | 13,279.53 | 18,410.80 | 70.81 | 0.44 | 2.77 |
| 270.0000 | HEINZ H J CO<br>CUSIP: 423074103<br>10751-04 | 10,353.80 | 11,545.20 | 42.76 | 0.28 | 3.93 |
| 340.0000 | KELLOGG CO<br>CUSIP: 487836108<br>10751-04 | 13,533.85 | 18,088.00 | 53.20 | 0.43 | 2.82 |
| 600.0000 | KROGER CO<br>CUSIP: 501044101<br>10751-04 | 13,394.70 | 12,318.00 | 20.53 | 0.29 | 1.85 |
| 610.0000 | SAFEWAY INC<br>CUSIP: 786514208<br>10751-04 | 13,718.42 | 12,986.90 | 21.29 | 0.31 | 1.88 |
| TOTAL | CONSUMER STAPLES | 89,076.76 | 94,455.50 | | 2.25 | 2.06 |
| | HEALTH CARE | | | | | |
| 240.0000 | BECTON DICKINSON<br>CUSIP: 075887109<br>10751-04 | 15,794.47 | 18,926.40 | 78.86 | 0.45 | 1.88 |

STATEMENTS 6-8

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TUSCORA PARK HEALTH/WELLNESS CONSLD



| SHARES/ PAR VALUE | DESCRIPTION | COST VALUE | MARKET VALUE | MARKET PRICE | PERCENT OF MARKET | YIELD ON MARKET |
|---|---|---|---|---|---|---|
| 360.0000 | GEN-PROBE INC<br>CUSIP: 36866T103<br>10751-04 | 15,097.54 | 15,451.20 | 42.92 | 0.37 | 0.00 |
| 480.0000 | GENZYME CORP-GENERAL<br>CUSIP: 372917104<br>10751-04 | 25,825.44 | 23,524.80 | 49.01 | 0.56 | 0.00 |
| 550.0000 | INVERNESS MEDICAL INNOVATION<br>CUSIP: 46126P106<br>10751-04 | 16,977.05 | 22,830.50 | 41.51 | 0.55 | 0.00 |
| 280.0000 | JOHNSON & JOHNSON<br>CUSIP: 478160104<br>10751-04 | 16,660.60 | 18,034.80 | 64.41 | 0.43 | 3.04 |
| 310.0000 | QUEST DIAGNOSTICS INC<br>CUSIP: 74834L100<br>10751-04 | 15,572.51 | 18,717.80 | 60.38 | 0.45 | 0.66 |
| 380.0000 | THERMO FISHER SCIENTIFIC INC<br>CUSIP: 883556102<br>10751-04 | 12,874.29 | 18,122.20 | 47.69 | 0.43 | 0.00 |
| TOTAL | HEALTH CARE | 118,801.90 | 135,607.70 | | 3.24 | 0.76 |
| | ENERGY | | | | | |
| 580.0000 | BAKER HUGHES INC<br>CUSIP: 057224107<br>10751-04 | 18,726.03 | 22,668.80 | 40.48 | 0.54 | 1.48 |
| 540.0000 | HESS CORPORATION<br>CUSIP: 42809H107<br>10751-04 | 30,565.03 | 32,670.00 | 60.50 | 0.78 | 0.66 |
| 1,090.0000 | WEATHERFORD INTNTL LTD<br>CUSIP: H27013103<br>10751-04 | 13,837.43 | 19,521.90 | 17.91 | 0.47 | 0.00 |
| TOTAL | ENERGY | 63,128.49 | 74,860.70 | | 1.79 | 0.74 |
| | FINANCIALS | | | | | |
| 830.0000 | AMERICAN EXPRESS CO<br>CUSIP: 025816109<br>10751-04 | 19,547.57 | 33,631.60 | 40.52 | 0.80 | 1.78 |
| 500.0000 | BANK OF NEW YORK MELLON CORP<br>CUSIP: 064058100<br>10751-04 | 15,599.30 | 13,985.00 | 27.97 | 0.33 | 1.29 |

STATEMENTS 6-8

| SHARES/ PAR VALUE | DESCRIPTION | COST VALUE | MARKET VALUE | MARKET PRICE | PERCENT OF MARKET | YIELD ON MARKET |
|---|---|---|---|---|---|---|
| 790.0000 | FEDERATED INVESTORS INC-CL B<br>CUSIP: 314211103<br>10751-04 | 18,014.02 | 21,725.00 | 27.50 | 0.52 | 3.49 |
| 210.0000 | NORTHERN TR CORP<br>CUSIP: 665859104<br>10751-04 | 11,038.94 | 11,004.00 | 52.40 | 0.26 | 2.14 |
| 860.0000 | PROGRESSIVE CORP OHIO<br>CUSIP: 743315103<br>10751-04 | 14,063.41 | 15,471.40 | 17.99 | 0.37 | 0.00 |
| TOTAL | FINANCIALS | 78,263.24 | 95,817.00 | | 2.29 | 1.85 |
| | INDUSTRIALS | | | | | |
| 270.0000 | BOEING CO<br>CUSIP: 097023105<br>10751-04 | 14,794.69 | 14,615.10 | 54.13 | 0.35 | 3.10 |
| 190.0000 | CERNER CORP<br>CUSIP: 156782104<br>10751-04 | 7,804.29 | 15,663.60 | 82.44 | 0.37 | 0.00 |
| 750.0000 | CROWN CASTLE INTL CORP<br>CUSIP: 228227104<br>10751-04 | 20,753.85 | 29,280.00 | 39.04 | 0.70 | 0.00 |
| 270.0000 | FEDEX CORPORATION<br>CUSIP: 31428X106<br>10751-04 | 18,790.09 | 22,531.50 | 83.45 | 0.54 | 0.53 |
| 320.0000 | HEARTLAND EXPRESS INC<br>CUSIP: 422347104<br>10751-04 | 4,734.10 | 4,886.40 | 15.27 | 0.12 | 0.52 |
| 280.0000 | HUNT JB TRANS SVCS<br>CUSIP: 445658107<br>10751-04 | 8,675.13 | 9,035.60 | 32.27 | 0.22 | 1.36 |
| 320.0000 | KNIGHT TRANSPORTATION INC<br>CUSIP: 499064103<br>10751-04 | 4,872.90 | 6,172.80 | 19.29 | 0.15 | 1.04 |
| 170.0000 | MILLIPORE CORP<br>CUSIP: 601073109<br>10751-04 | 11,926.24 | 12,299.50 | 72.35 | 0.29 | 0.00 |
| 570.0000 | PALL CORP<br>CUSIP: 696429307<br>10751-04 | 18,081.26 | 20,634.00 | 36.20 | 0.49 | 1.60 |
| 760.0000 | PAYCHEX INC<br>CUSIP: 704326107<br>10751-04 | 20,734.79 | 23,286.40 | 30.64 | 0.56 | 4.05 |

Statements 6-8

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ACCOUNT NUMBER

ASSET HOLDINGS
AS OF 12/31/09
TUSCORA PARK HEALTH/WELLNESS CONSLD



| SHARES/ PAR VALUE | DESCRIPTION | COST VALUE | MARKET VALUE | MARKET PRICE | PERCENT OF MARKET | YIELD ON MARKET |
|---|---|---|---|---|---|---|
| 3,290.0000 | SOUTHWEST AIRLINES CO<br>CUSIP: 844741108<br>10751-04 | 28,527.92 | 37,604.70 | 11.43 | 0.90 | 0.16 |
| 450.0000 | UNITED PARCEL SERVICE-CLASS B<br>CUSIP: 911312106<br>10751-04 | 30,634.04 | 25,816.50 | 57.37 | 0.62 | 3.14 |
| 440.0000 | WASTE MANAGEMENT INTERNATIONAL<br>CUSIP: 94106L109<br>10751-04 | 13,828.31 | 14,876.40 | 33.81 | 0.36 | 3.43 |
| TOTAL | INDUSTRIALS | 204,157.61 | 236,702.50 | | 5.65 | 1.45 |
| | INFORMATION TECHNOLOGY | | | | | |
| 320.0000 | AMERICAN TOWER CORP<br>CUSIP: 029912201<br>10751-04 | 10,082.66 | 13,827.20 | 43.21 | 0.33 | 0.00 |
| 940.0000 | AUTODESK INC<br>CUSIP: 052769106<br>10751-04 | 26,304.70 | 23,885.40 | 25.41 | 0.57 | 0.00 |
| 430.0000 | AUTOMATIC DATA PROCESSING INC<br>CUSIP: 053015103<br>10751-04 | 15,989.88 | 18,412.60 | 42.82 | 0.44 | 3.18 |
| 1,520.0000 | CISCO SYSTEMS INC<br>CUSIP: 17275R102<br>10751-04 | 29,772.52 | 36,388.80 | 23.94 | 0.87 | 0.00 |
| 770.0000 | ECLIPSYS CORP COM<br>CUSIP: 278856109<br>10751-04 | 9,698.21 | 14,260.40 | 18.52 | 0.34 | 0.00 |
| 1,460.0000 | ELECTRONIC ARTS INC<br>CUSIP: 285512109<br>10751-04 | 47,278.95 | 25,915.00 | 17.75 | 0.62 | 0.00 |
| 1,640.0000 | EMC CORP/MASS<br>CUSIP: 268648102<br>10751-04 | 21,227.79 | 28,650.80 | 17.47 | 0.68 | 0.00 |
| 60.0000 | GOOGLE INC - CL A<br>CUSIP: 38259P508<br>10751-04 | 27,472.80 | 37,198.80 | 619.98 | 0.89 | 0.00 |
| 325.0000 | JUNIPER NETWORKS INC<br>CUSIP: 48203R104<br>10751-04 | 5,899.21 | 8,667.75 | 26.67 | 0.21 | 0.00 |
| 900.0000 | MICROSOFT CORP<br>CUSIP: 594918104<br>10751-04 | 27,682.78 | 27,432.00 | 30.48 | 0.66 | 1.71 |

STATEMENTS 6-8

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ACCOUNT NUMBER

ASSET HOLDINGS
AS OF 12/31/09
TUSCORA PARK HEALTH/WELLNESS CONSLD



| SHARES/ PAR VALUE | DESCRIPTION | COST VALUE | MARKET VALUE | MARKET PRICE | PERCENT OF MARKET | YIELD ON MARKET |
|---|---|---|---|---|---|---|
| 805.0000 | PERKINELMER INC<br>CUSIP: 714046109<br>10751-04 | 14,444.93 | 16,574.95 | 20.59 | 0.40 | 1.36 |
| | TOTAL INFORMATION TECHNOLOGY | 235,854.41 | 251,213.70 | | 5.99 | 0.51 |
| | MUTUAL FUNDS - EQUITY | | | | | |
| 10,406.0000 | ISHARES TR RUSSELL 1000 GROWTH INDEX<br>CUSIP: 464287614<br>10751-00 | 501,213.79 | 518,739.10 | 49.85 | 12.37 | 1.59 |
| | TOTAL MUTUAL FUNDS - EQUITY | 501,213.79 | 518,739.10 | | 12.37 | 1.59 |
| | TOTAL COMMON EQUITY SECURITIES | 1,466,971.87 | 1,614,440.20 | | 38.50 | 1.27 |
| | EQUITY MUTUAL FUNDS | | | | | |
| 20,673.4080 | ARTIO INTERNATIONAL EQUITY I<br>CUSIP: 04315J508<br>10751-00 | 589,671.76 | 583,817.04 | 28.240 | 13.92 | 7.62 |
| 15,703.8580 | DODGE & COX INTERNATIONAL STOCK FD<br>CUSIP: 256206103<br>10751-00 | 585,072.08 | 500,167.88 | 31.850 | 11.93 | 1.37 |
| 19,390.8870 | FMI FOCUS FUND<br>CUSIP: 302933108<br>10751-00 | 574,884.22 | 454,134.57 | 23.420 | 10.83 | 0.12 |
| | TOTAL EQUITY MUTUAL FUNDS | 1,729,628.04 | 1,538,119.49 | | 36.68 | 3.38 |
| | TOTAL ASSETS | 4,194,346.42 | 4,193,175.83 | | 100.00 | 2.76 |

STATEMENTS 6-8

# Federal Statements

## Statement 11 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

| Name and Address | Title | Average Hours | Compensation | Benefits | Expenses |
|---|---|---|---|---|---|
| EMIL VOELZ<br>460 WEST PAIGE AVE<br>BARBERTON OH 44203 | CHAIRMAN | 2.00 | 0 | 0 | 0 |
| LAURETTE BRADNICK<br>460 WEST PAIGE AVE<br>BARBERTON OH 44203 | SECRETARY | 0.50 | 0 | 0 | 0 |
| WILLARD RODERICK<br>460 WEST PAIGE AVE<br>BARBERTON OH 44203 | VICECHAIRMAN | 1.00 | 0 | 0 | 0 |
| JAMES STONKUS<br>460 WEST PAIGE AVE<br>BARBERTON OH 44203 | TRUSTEE | 0.50 | 0 | 0 | 0 |
| DUANE ISHAM<br>460 WEST PAIGE AVE<br>BARBERTON OH 44203 | TRUSTEE | 0.50 | 0 | 0 | 0 |
| MICHAEL MOLDVAY<br>460 WEST PAIGE AVE<br>BARBERTON OH 44203 | TREASURER | 2.00 | 0 | 0 | 0 |
| PATRICK ROBERTS<br>460 WEST PAIGE AVE<br>BARBERTON OH 44203 | TRUSTEE | 0.50 | 0 | 0 | 0 |
| AARON LEPP<br>460 WEST PAIGE AVE<br>BARBERTON OH 44203 | TRUSTEE | 0.50 | 0 | 0 | 0 |
| PATRICK MCGRATH<br>460 WEST PAIGE AVE<br>BARBERTON OH 44203 | TRUSTEE | 0.50 | 0 | 0 | 0 |

# Federal Statements

## Statement 11 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)

| Name and Address | Title | Average Hours | Compensation | Benefits | Expenses |
|---|---|---|---|---|---|
| LEONARD FOSTER<br>460 WEST PAIGE AVE<br>BARBERTON OH 44203 | TRUSTEE | 0.50 | 0 | 0 | 0 |
| MICHAEL FRANK<br>460 WEST PAIGE AVE<br>BARBERTON OH 44203 | TRUSTEE | 0.50 | 0 | 0 | 0 |
| LAWRENCE G. LAUTER<br>460 WEST PAIGE AVE<br>BARBERTON OH 44203 | TRUSTEE | 0.50 | 0 | 0 | 0 |
| LUCY MAJORKIEWICZ<br>460 WEST PAIGE AVE<br>BARBERTON OH 44203 | TRUSTEE | 0.50 | 0 | 0 | 0 |
| DANIEL G. WARDER<br>460 WEST PAIGE AVE<br>BARBERTON OH 44203 | TRUSTEE | 0.50 | 0 | 0 | 0 |
| JOHN HALL<br>460 WEST PAIGE AVE<br>BARBERTON OH 44203 | TRUSTEE | 0.50 | 0 | 0 | 0 |

# Federal Statements

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

| Description |
| --- |
| SEE ATTACHED STMT 12 |

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

| Description |
| --- |
| SEE ATTACHED STMT 12 |

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

| Description |
| --- |
| SEE ATTACHED STMT 12 |

## Form 990-PF, Part XV, 2a,b,c and d

### *Grants*

Grant proposals may be submitted any time during the calendar year. The Board of Governors meets in February, May, August and November. To be considered in a timely manner, proposals should be received by January 2, April 1, July 1 or October 1. After receipt of a proposal, the applying organization will be contacted to set up an interview, which may include a site visit. If the application falls in line with the mission of TPHWF, it will be submitted to the Grants Committee. If approved, it will be sent to the Board of Governors for final consideration.

To request a grant application, please contact Mary Ann Shunko or Holli Mallak at (330) 753-4607

*See attached forms and materials*

### *Nursing Scholarships*

Scholarships are awarded on a one-time, non-renewable basis. Requirements are:

- Applicant must be a resident of Barberton, Kenmore, Manchester, Coventry, Norton, Doylestown, Rittman, Canal Fulton, Green or Clinton
- Applicant must be enrolled or accepted in an accredited school of higher education, leading to a diploma or degree in professional nursing
- Applicant must arrange for his/her high school/college to send official transcripts to the Scholarship Committee. Transcripts should reflect grad point averages through December 2003 and must be received by March 19, 2004
- Applicant must answer all questions on the application
- Applicant should be mailed to:

**Barbara Berlin**
Tuscora Park Health & Wellness Foundation
Nursing Scholarship Committee
Barberton Citizens Hospital Nursing Office
155 Fifth St. NE
Barberton, OH 44203

For more information, contact Barbara Berlin at (330) 745-1611, ext. 3352

*See attached forms and materials*

# TUSCORA PARK HEALTH AND WELLNESS FOUNDATION

## *APPLICATION GUIDELINES FOR GRANT PROPOSALS*

Please provide 6 copies, 8½ X 11 inch typed, collated in sets **but not bound or in separate covers** of the following items:

1. ___Completed cover sheet
2. ___Proposal Narrative as described
3. ___Attachments as described

Be certain to hole-punch each document for inclusion into our three ring binders.

**PROPOSAL NARRATIVE:** *Please provide the following information in narrative form in the order given. Five* to seven pages or less is recommended excluding attachments.

A. ORGANIZATIONAL INFORMATION

1. *Write a brief summary of your organization's history.*
2. Include a brief summary of organization mission and goals.
3. Give a description of current programs, activities, service statistics, and strengths/accomplishments.
4. Explain your organization's relationship with other organizations working to meet the same needs or providing similar services. Please explain how you differ from these other organizations.
5. What are the numbers of board members, full time paid staff, part-time paid staff, and volunteers?

B. PURPOSE OF GRANT

1. **Situation**

• Describe the situation -- opportunity, problem, issue, need, and the community -- that your proposal addresses.
  •How was that focus was determined?
  •Who was involved in that decision-making process?

2. **Specific activities**

•What are the specific activities for which you seek funding?
•Who will carry out those activities? (If individuals are known, describe qualifications)
•What are your overall goal(s)?
•List specific objectives or ways in which you will meet the goal(s).
  •Describe actions that will accomplish your objectives.
  •Give the time frame in which all this will take place.

3. **Impact of activities**

•How will the proposed activities benefit the community in which they will occur? Be as clear as you can about the impact you expect to have.
•What are your long-term strategies (if applicable) for sustaining this effort?

C. EVALUATION

1. How will you measure the effectiveness of your activities?
2. What are your criteria (measurable if possible) for a successful program and the results you expect to have achieved by the end of the funding period?
3. Who will be involved in evaluating this work (staff, Board, constituents, community, consultants)?
4. How will evaluations be used?

**ATTACHMENTS:** The following are required:

A. FINANCIAL DATA

1. Include financial statements from your most recently completed fiscal year, whether audited or unaudited.
2. Organization and Project Budgets
  •Differentiate between cash and in-kind support.
  •What portion of expenses will be contributed by your organization?
3. List of names of other funders you are soliciting, with dollar amounts, indicating which sources are committed, pending, or anticipated.

B. OTHER SUPPORTING MATERIALS

1. Provide a list of Board members and their affiliations.
2. Attach a one-paragraph description of key staff, including qualifications relevant to the specific request.
3. Include a copy of your current IRS determination letter (or your fiscal agent's) indicating tax exempt status.

STAFF 12

# Tuscora Park Health & Wellness Foundation
# Proposal Cover Sheet

This form is to be used as the cover sheet to accompany your grant request. Please fill out and supply the material as outlined in the "Application Guidelines for Grant Proposals" to complete your grant application.

## ORGANIZATION INFORMATION

Applicant Organization Name: _____

Sponsoring Organization (if different from Applicant): _____

Contact Name & Mailing Address: _____

_____

_____

Phone: _____ Fax: _____

## PROJECT INFORMATION

Project Title: _____

Project Duration: _____

Geographic Area to be Served: _____

Total Cost of Project: _____

Total Annual Organization Budget: _____

Primary sources of organizational income? (% grants, % fees, etc.)

_____

TOTAL amount requested from the Tuscora Park Health & Wellness Foundation: _____

Amount requested from other funders: _____

Of this, how much is pending? _____

Of this, how much is committed? _____

## AUTHORIZATION

*To the best of my knowledge, the information contained in this proposal is both true and accurate.*

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Signature of Board President/Chair | Title | Date |
| _____ | _____ | _____ |
| Signature of Director or Contact Person | Title | Date |

# Tuscora Park Health & Wellness Foundation
## Grant Proposal Budget Form

If you already prepare organization and project budgets that contain this information, please feel free to submit them in their original forms.

Check which budget(s) are included: ____ Organizational Budget _____ Project Budget

Budget for the period: _____ to _____

| Income | | Expense | | |
|---|---|---|---|---|
| **Source** | **Amount** | **Item** | **Amount** | **%FT/PT** |
| **Support** | | | | |
| Government Grants & Contracts | | Salaries & wages (for project budgets breakdown by individual position & indicate full/part time) | | |
| | | | | |
| Foundations | | | | |
| | | | | |
| Corporations | | | | |
| | | | | |
| United Way or other Federated Campaigns | | Subtotal | | % |
| | | | | |
| Individual Contributions | | Insurance benefits & other related taxes | | |
| | | | | |
| Fundraising Events & Productions | | Consultants & professional fees | | |
| | | | | |
| Membership Income | | Travel | | |
| | | | | |
| In-Kind Support | | Equipment | | |
| | | | | |
| | | Supplies | | |
| **Revenue** | | | | |
| Earned Income | | Printing & Copying | | |
| | | | | |
| Other (specify) | | Telephone & fax | | |
| | | | | |
| | | Postage & delivery | | |
| | | | | |
| | | Rent & Utilities | | |
| | | | | |
| | | In-Kind Expenses | | |
| | | | | |
| | | Other (specify) | | |
| | | | | |
| | | Total Expense | | |
| | | Difference (Income | | |

STAFF 12

# *TUSCORA PARK HEALTH AND WELLNESS FOUNDATION*

## EVALUATION
## 6 MONTH / ANNUAL (circle one)

Name of Agency submitting report _____

Name Grant/Project Title _____

Funding Period _____

Purpose of Grant (two to three sentences taken from approved proposal) _____
_____
_____
_____

Evaluation of Specific Activities:

1. List the activities: _____
   _____
   _____
2. Who carries out the activities? _____
   _____
3. Did you meet your goals and objectives (please list them) _____
   _____
   _____
   _____
4. List original time lines and tell us where you are now _____
   _____
   _____
5. How have your activities benefited the community? _____
   _____
   _____
   _____
6. How have you measured the effectiveness of your activities? _____
   _____
   _____
7. Who evaluated the program? _____
   _____

STAFF 1

# *TUSCORA PARK HEALTH AND WELLNESS FOUNDATION*

8. What has happened which is better than expected? _____
   _____
   _____
   _____
9. How has the Foundation been publicly recognized for its support? _____
   _____
   _____
10. How have you marketed the program? _____
    _____
    _____

Statistical Data:

1. How many individuals were served? (Unduplicated) _____
2. How many units of service were delivered? _____
3. How many participated in the Program? _____

Financial Accountability:

1. Please list a financial accounting of all Tuscora Park Grant funds received (please detail all expenditures to date).

Any other information that you feel is important for the foundation to have.

STAFF 12

# ~~TUSCORA PARK HEALTH & WELLNESS FOUNDATION~~

## APPLICATION FOR NURSING SCHOLARSHIP

Date _____

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ PHONE (  ) _____
Street

_____
City State Zip Code

U.S. Citizen _____ Permanent resident _____

Are you currently employed? _____ Number of hours per week _____

Place of employment _____

Name of parents/spouse _____

Parent's/spouse's occupation and employer _____

**********

Total Family Income: (circle one) [$10,000-20,000] [$20,000-30,000]
[$30,000-40,000] [$40,000-50,000] [$50,000-60,000] [$60,000 + ]

Number and ages of children dependent on the above income _____

Are any currently attending college? Yes _____ How many _____

**********

Professional References: (not related), i.e., guidance counselor, teacher, minister, business person, etc. (not friends and neighbors)
Must have full address

1. Name _____ Phone _____ Occupation _____

   Address _____
   Street City State Zip Code

2. Name _____ Phone _____ Occupation _____

   Address _____
   Street City State Zip Code

3. Name _____ Phone _____ Occupation _____

   Address _____
   Street City State Zip Code

STAT 12

~~List Education Experiences To Date:~~

| Name Of High School/College | Dates Attended | Graduation Date |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Indicate the academic year for which the scholarship is requested:

_____Freshman _____Sophomore _____Junior _____Senior

Name of school that you are enrolled in or wish to attend:

Describe something about yourself:

Give reason(s) why, in your judgment, you should be given this scholarship award:

Write in a brief paragraph your goals or ambitions:

List any outside activities including work or volunteer experience in the health field:

(A separate piece of paper may be used if more room is needed on any of the above questions)

Tuscola Form 990-PF 12/31/09
34-1193807

| Organization Name | Contact Information | Grant Name | Amount Awarded | | Amount Awarded |
|---|---|---|---|---|---|
| **Akron-Canton Regional Food Bank** | Jill Oldham 350 Opportunity Parkway Akron Ohio 44307 | General Operating Support | $6,000.00 | | |
| **Association of Nurses In Aids Care** | David Fearn 3538 Ridgewood Road Akron Ohio 44333 | HIV: What Every Nurse Needs to Know | $3,000.00 | | |
| **Barberton City Schools** | Barb Kovach 633 Brady Avenue Barberton Ohio 44203 | Decker Wellness Clinic | $4,240 00 | | |
| **Barberton Community Health Clinic** | Walt Ritzman 113-9th Street NW Barberton Ohio 44203 | Community Health Care | $15,000.00 | | |
| **Barberton Fire Department** | Chief Kim Baldwin 580 Wooster Road W. Barberton Ohio 44203 | Bariatic Ambulance Conversion | | | $5,125.00 |
| **Barberton Parks and Recreation** | Shane McAvinew 500 West Hopocan Barberton Ohio 44203 | Youth Health & Exercise Adventure Camp | $5,000.00 | | |
| | | 2009 Park Play Program | $2,000.00 | | |
| | | Fitness Learners: Educational Experience | $8,000.00 | | |
| | | 2010 Winter Youth Adventure Camp | $2,864.00 | | |
| **Beacon Journal Charity Fund** | Judy Burkett 333 South Main Suite 319 Akron Ohio 44309 | Orthodontic Care for Summit County Children | $10,000.00 | | |
| **Blick Clinic** | Karin Lopper-Orr 640 West Market Street Akron Ohio 44303 | Augmentative & Alerternative Commuication Devices | $7,500.00 | | |
| **Camp Y Noah** | Sandy Turner 209 South Main Street Suite 501 Akron Ohio 44308 | Capital Campaign | | | $10,000.00 |
| **CYO** | Tessy Flannery 812 Biruta Street Akron Ohio 44307 | SumFun Day Camp | $9,000.00 | | |
| **Magical Theatre Company** | Dennis O'Connell PO Box 386 Barberton Ohio 44203 | The Secret Life of Girls | $5,000.00 | | |
| **Organization Name** | **Contact Information** | **Grant Name** | **Amount Awarded** | | |
| **Mobile Meals** | Phil Marcin 1063 South Broadway Akron Ohio 44311 | Meals and Supplements for Barberton Residents | $5,000.00 | | |
| **Summit County Health District** | Darlene Theodus 1100 Graham Road Circle Stowe Ohio 44224 | Mobile Dentistry for Children | | | $9,000.00 |

STATEMENT 13

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| **Nursing Scholarships** | | | | | |
| **Hiram College**<br>1 - Bischoff | PO Box 67<br>Hiram Ohio 44234 | | $2,000.00 | | |
| **Kent State University**<br>4 - Allan, Edwards, Pinkstons, Welsh | Office of the Registrar<br>PO Box 5190<br>Kent Ohio 44242 | | $7,500.00 | | |
| **Malone University**<br>**1 - Klein** | 2600 Cleveland Avenue NW<br>Canton Ohio 44709 | | $2,000.00 | | |
| **Stark State University**<br>1 - McLaughlin | Office of the Registrar<br>6200 Frank Avenue NW<br>North Canton Ohio 44720 | | $3,500.00 | | |
| **The University of Akron** 5<br>- Fink, McFarland, Myers, Schoonover, Sherman | Office of the Registrar<br>Akron Ohio 44325 | | $9,500.00 | | |
| **Walsh University**<br>1 - Smiraldo | Office of the Registrar<br>2020 East Maple Street<br>North Canton Ohio 44720 | | $1,500.00 | | |
| | | | | | |
| | | | $108,604.00 | | $24,125 00 |

STATEMENT 15

TUSC

Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

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

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

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

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

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofits

| Type or print<br>File by the due date for filing your return See instructions | Name of Exempt Organization | Employer identification number |
|---|---|---|
| | TUSCORA PARK HEALTH & WELLNESS FOUNDATION | 34-1193807 |
| | Number, street, and room or suite no. If a P.O box, see instructions.<br>460 WEST PAIGE AVENUE | |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions.<br>BARBERTON OH 44203 | |

**Check type of return to be filed** (file a separate application for each return).

| | | |
|---|---|---|
| [ ] Form 990 | [ ] Form 990-T (corporation) | [ ] Form 4720 |
| [ ] Form 990-BL | [ ] Form 990-T (sec 401(a) or 408(a) trust) | [ ] Form 5227 |
| [ ] Form 990-EZ | [ ] Form 990-T (trust other than above) | [ ] Form 6069 |
| [X] Form 990-PF | [ ] Form 1041-A | [ ] Form 8870 |

- The books are in the care of ▶ BARBERTON COMMUNITY FNDTN

Telephone No ▶ 330-753-4607 FAX No. ▶

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ [X] calendar year 2009 or

▶ [ ] tax year beginning , and ending .

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

| | | | |
|---|---|---|---|
| 3a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a | $ 1,408 |
| b | If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit | 3b | $ 408 |
| c | **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3c | $ 1,000 |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions