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

2010

For calendar year 2010, or tax year beginning 07/01 **, 2010, and ending** 06/30, 2011

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

Name of foundation
AUSTIN-BAILEY HEALTH & WELLNESS FOUNDATION

A Employer identification number
34-1845584

Number and street (or P O box number if mail is not delivered to street address) | Room/suite
2719 FULTON DRIVE N.W., SUITE D

B Telephone number (see page 10 of the instructions)
(330) 580-2380

City or town, state, and ZIP code
CANTON, OH 44718

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)* ▶ $ 7,741,147.

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)	0.			
	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	238,220.	238,220.		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	89,390.			
	b	Gross sales price for all assets on line 6a 2,968,636.				
	7	Capital gain net income (from Part IV, line 2)				
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)		90,673.		ATCH 1
	12	**Total.** Add lines 1 through 11	327,610.	328,893.		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	46,758.	7,949.		
	14	Other employee salaries and wages	16,738.	2,845.		
	15	Pension plans, employee benefits	4,941.	840.		
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule) ATCH 2	9,850.	0.	0.	0.
	c	Other professional fees (attach schedule) *	1,125.			
	17	Interest				
	18	Taxes (attach schedule) (see page 14 of the instructions) **	5,598.			
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy	14,610.	2,484.		
	21	Travel, conferences, and meetings	3,064.			
	22	Printing and publications				
	23	Other expenses (attach schedule) ATCH 5	83,550.	54,421.		
	24	**Total operating and administrative expenses.** Add lines 13 through 23	186,234.	68,539.	0.	0.
	25	Contributions, gifts, grants paid	435,831.			384,505.
	26	**Total expenses and disbursements** Add lines 24 and 25	622,065.	68,539.	0.	384,505.
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-294,455.			
	b	**Net investment income** (if negative, enter -0-)		260,354.		
	c	**Adjusted net income** (if negative, enter -0-)				

For Paperwork Reduction Act Notice, see page 30 of the instructions. * ATCH 3 JSA ** ATCH 4 Form **990-PF** (2010)

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	40,678.	41,634.	41,634.
	2	Savings and temporary cash investments	67,794.	63,107.	63,107.
	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 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges ATCH 6	800.	0.	0.
	10 a	Investments - U S and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule) ATCH 7	3,814,087.	4,438,556.	4,438,556.
	c	Investments - corporate bonds (attach schedule) ATCH 8	2,984,085.	2,768,654.	2,768,654.
	11	Investments - land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule) ATCH 9	452,345.	421,954.	421,954.
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶ ATCH 10)	8,136.	7,242.	7,242.
	16	**Total assets** (to be completed by all filers - see the instructions Also, see page 1, item I)	7,367,925.	7,741,147.	7,741,147.
Liabilities	17	Accounts payable and accrued expenses	206,911.	4,095.	
	18	Grants payable	74,200.	125,526.	
	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)	281,111.	129,621.	
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ ☒ and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted	7,086,814.	7,611,526.	
	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)	7,086,814.	7,611,526.	
	31	**Total liabilities and net assets/fund balances** (see page 17 of the instructions)	7,367,925.	7,741,147.	

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	7,086,814.
2	Enter amount from Part I, line 27a	2	-294,455.
3	Other increases not included in line 2 (itemize) ▶ ATTACHMENT 11	3	819,167.
4	Add lines 1, 2, and 3	4	7,611,526.
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	7,611,526.

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	SEE PART IV SCHEDULE			
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 89,390.

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))
2009	422,620.	7,320,434.	0.057732
2008	597,017.	6,868,754.	0.086918
2007	457,809.	9,267,062.	0.049402
2006	445,870.	9,393,128.	0.047468
2005	415,702.	8,989,929.	0.046241

2	**Total** of line 1, column (d)	2	0.287761
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	0.057552
4	Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	7,627,947.
5	Multiply line 4 by line 3	5	439,004.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	2,604.
7	Add lines 5 and 6	7	441,608.
8	Enter qualifying distributions from Part XII, line 4	8	384,505.

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

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 ruling letter if necessary - see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b			1	5,207.
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	
3	Add lines 1 and 2			3	5,207.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-			5	5,207.
6	Credits/Payments				
a	2010 estimated tax payments and 2009 overpayment credited to 2010	6a	1,440.		
b	Exempt foreign organizations-tax withheld at source	6b	0.		
c	Tax paid with application for extension of time to file (Form 8868)	6c	0.		
d	Backup withholding erroneously withheld	6d			
7	Total credits and payments Add lines 6a through 6d			7	1,440.
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	3,767.
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶			10	
11	Enter the amount of line 10 to be **Credited to 2011 estimated tax** ▶ **Refunded** ▶			11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see 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?	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 2010 or the taxable year beginning in 2010 (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

Form **990-PF** (2010)

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 ▶ SEE FEDERAL FOOTNOTE

14 The books are in care of ▶ AUSTIN-BAILEY HEALTH & WELLN Telephone no ▶ 330-580-2380

Located at ▶ 2719 FULTON DRIVE N.W., CANTON, OHIO ZIP + 4 ▶ 44718

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

		Yes	No
16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country ▶			

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

		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 22 of the instructions)?	1b		
Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? ☐ Yes ☒ No If "Yes," list the years ▶ ________ , ________ , ________ , ________			
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 22 of the instructions)	2b		
c If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ ________ , ________ , ________ , ________			
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 2010 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 2010)*	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 2010?	4b		X

Form **990-PF** (2010)

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)? **5b**

Organizations relying on a current notice regarding disaster assistance check here ▶ ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53 4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** — No: X

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **7b**

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

1 List all officers, directors, trustees, foundation managers and their compensation (see 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
ATTACHMENT 12		46,758.	0.	0.

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 . . . . ▶ NONE

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 GRANT TO PRESCRIPTION ASSISTANCE NETWORK FOR PRESCRIPTION ACCESS & ASSISTANCE FOR LOW INCOME PEOPLE.	40,000.
2 GRANT TO VIOLA STARTZMAN FREE CLINIC TO SUPPORT THEIR CERTIFIED REGISTERED NURSE PRACTITIONER PROGRAM.	25,000.
3 GRANT TO ABCD INC - CANTON TO PURCHASE A VAN WITH WHEELCHAIR LIFTS.	18,500.
4 GRANT TO STARK COUNTY HEALTH DEPARTMENT TO SUPPORT A DENTAL CLINIC FOR DISADVANTAGED FAMILIES.	15,000.

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 NONE	
2	
All other program-related investments See page 24 of the instructions 3 NONE	
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	7,700,828.
b	Average of monthly cash balances			1b	36,041.
c	Fair market value of all other assets (see page 25 of the instructions)			1c	7,240.
d	**Total** (add lines 1a, b, and c)			1d	7,744,109.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e			
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	7,744,109.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)			4	116,162.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4			5	7,627,947.
6	**Minimum investment return.** Enter 5% of line 5			6	381,397.

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	381,397.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	5,207.		
b	Income tax for 2010 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	5,207.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	376,190.
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	376,190.
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	376,190.

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	384,505.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	384,505.
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	N/A
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	384,505.

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 2009	(c) 2009	(d) 2010
1	Distributable amount for 2010 from Part XI, line 7					376,190.
2	Undistributed income, if any, as of the end of 2010					
a	Enter amount for 2009 only					
b	Total for prior years 20 08 ,20 07 ,20 06					
3	Excess distributions carryover, if any, to 2010					
a	From 2005					
b	From 2006					
c	From 2007	4,439.				
d	From 2008	258,133.				
e	From 2009	58,036.				
f	**Total** of lines 3a through e		320,608.			
4	Qualifying distributions for 2010 from Part XII, line 4 ▶ $ 384,505.					
a	Applied to 2009, 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 2010 distributable amount					376,190.
e	Remaining amount distributed out of corpus		8,315.			
5	Excess distributions carryover applied to 2010 *(If an amount appears in column (d), the same amount must be shown in column (a))*					
6	**Enter the net total of each column as indicated below:**					
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5		328,923.			
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 2009 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions					
f	Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011					
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 2005 not applied on line 5 or line 7 (see page 27 of the instructions)					
9	**Excess distributions carryover to 2011.** Subtract lines 7 and 8 from line 6a		328,923.			
10	Analysis of line 9					
a	Excess from 2006					
b	Excess from 2007	4,439.				
c	Excess from 2008	258,133.				
d	Excess from 2009	58,036.				
e	Excess from 2010	8,315.				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9) NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, 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			
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
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

ATTACHMENT 13

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

SEE ATTACHED BROCHURE

c Any submission deadlines

PRIOR TO MARCH AND SEPTEMBER GRANT REVIEW MEETINGS

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

SEE ATTACHED BROCHURE

Part XV **Supplementary Information** (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATTACHMENT 14				
Total . . . . ▶ **3a**				384,505.
b *Approved for future payment*				
ATTACHMENT 15				
Total . . . . ▶ **3b**				51,326.

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	238,220.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	89,390.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				327,610.	

13 Total. Add line 12, columns (b), (d), and (e) . . . 13 327,610.

(See worksheet in line 13 instructions on page 29 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)

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 noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
	N/A		N/A

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

b If "Yes," complete the following schedule

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

Sign Here

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

▶ Signature of officer or trustee

Nov. 10 2011
Date

▶ Treasurer
Title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KIM I. MILLER, CPA	Kim I Miller	NOV 08 2011		P00082882

Firm's name ▶ HALL, KISTLER & COMPANY LLP
Firm's EIN ▶ 34-0715770
Firm's address ▶ 220 MARKET AVENUE SOUTH - SUITE 700
CANTON, OH 44702-2100
Phone no 330-453-7633

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
TOTAL GAIN(LOSS)							89,390.	

ATTACHMENT 1

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
THE CAMPBELL FUND TRUST (94-6260018)		46,889.
CUNDILL GLOBAL VALUE LP (43-1691933)		43,784.
TOTALS		90,673.

ATTACHMENT 1

ATTACHMENT 2

FORM 990PF, PART I - ACCOUNTING FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
VAR SERVICES INCL AUDIT & TAX	9,850.			
TOTALS	9,850.	0.	0.	0.

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS
FRANK GATES CONSULTING	1,125.
TOTALS	1,125.

ATTACHMENT 4

FORM 990PF, PART I - TAXES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS
ATTORNEY GENERAL FILING FEES	200.
EXCISE TAX	5,398.
TOTALS	5,598.

ATTACHMENT 5

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
POSTAGE & SHIPPING	682.	
DUES & SUBSCRIPTIONS	5,637.	
INSURANCE	5,791.	984.
BOARD OF TRUSTEES EXPENSE	2,361.	401.
SUPPLIES	2,658.	27.
TELEPHONE	1,912.	19.
INVESTMENT FEES	52,990.	52,990.
WORKERS COMP CLAIMS	11,192.	
OTHER	327.	
TOTALS	83,550.	54,421.

ATTACHMENT 6

FORM 990PF, PART II - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
PREPAID EXPENSES	0.	0.
TOTALS	0.	0.

ATTACHMENT 7

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
JP MORGAN CHASE VAR CORP STOCK	2,047,099.	2,047,099.
STIFEL NICOLAUS VAR CORP STOCK	2,391,457.	2,391,457.
TOTALS	4,438,556.	4,438,556.

ATTACHMENT 8

FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
JP MORGAN CHASE VAR CORP BONDS	1,155,354.	1,155,354.
STIFEL, NICOLAUS CORP BONDS	1,613,300.	1,613,300.
TOTALS	2,768,654.	2,768,654.

ATTACHMENT 9

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
OTHER ALTERNATIVE INVESTMENTS	421,954.	421,954.
TOTALS	421,954.	421,954.

ATTACHMENT 10

FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
DEPOSIT-BUREAU OF WORKERS COMP	10.	10.
ACCRUED INTEREST RECEIVABLE	7,232.	7,232.
TOTALS	7,242.	7,242.

ATTACHMENT 10

ATTACHMENT 11

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS REPORTED AT FAIR VALUE	819,167.
TOTAL	819,167.

AUSTIN-BAILEY HEALTH & WELLNESS FOUNDATION 34-1845584

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 12

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DON A. SULTZBACH 2719 FULTON DRIVE N.W., SUITE D CANTON, OH 44718	EXECUTIVE DIRECTOR 16.00	37,128.	0.	0.
PETER KOPKO 2719 FULTON DRIVE N.W., SUITE D CANTON, OH 44718	TREASURER 4.00	9,630.	0.	0.
ELTON D. LEHMAN, D.O. 2719 FULTON DRIVE N.W., SUITE D CANTON, OH 44718	TRUSTEE 1.00	0.	0.	0.
DANIEL N. MORETTA, D.O. 2719 FULTON DRIVE N.W., SUITE D CANTON, OH 44718	TRUSTEE 1.00	0.	0.	0.
JOHN L. MUHLBACH, JR. 2719 FULTON DRIVE N.W., SUITE D CANTON, OH 44718	CHAIRMAN 1.00	0.	0.	0.
VIRGINIA R. NEUTZLING 2719 FULTON DRIVE N.W., SUITE D CANTON, OH 44718	SECRETARY 1.00	0.	0.	0.

ATTACHMENT 12

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 12 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
FREDERICK W. ROHRIG 2719 FULTON DRIVE N.W., SUITE D CANTON, OH 44718	TRUSTEE 1.00	0.	0.	0.
CANDACE LAUTENSCHLEGER 2719 FULTON DRIVE N.W., SUITE D CANTON, OH 44718	TRUSTEE 1.00	0.	0.	0.
THOMAS F. TURNER 2719 FULTON DRIVE N.W., SUITE D CANTON, OH 44718	TRUSTEE 1.00	0.	0.	0.
DAVID A. MILLER 2719 FULTON DRIVE N.W., SUITE D CANTON, OH 44718	TRUSTEE 1.00	0.	0.	0.
DIANE K . JARRETT 2719 FULTON DRIVE N.W., SUITE D CANTON, OH 44718	TRUSTEE 1.00	0.	0.	0.
EUGENE A. THORN, III 2719 FULTON DRIVE N.W., SUITE D CANTON, OH 44718	TRUSTEE 1.00	0.	0.	0.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 12 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DANIEL J. FULINE 2719 FULTON DRIVE N.W., SUITE D CANTON, OH 44718	TRUSTEE 1.00	0.	0.	0.
CHARLES R. CONKLIN, D.O. 2719 FULTON DRIVE N.W., SUITE D CANTON, OH 44718	VICE CHAIRMAN 1.00	0.	0.	0.
	GRAND TOTALS	46,758.	0.	0.

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

N/A

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
COMMUNITY SERVICES OF STARK COUNTY 625 CLEVELAND AVENUE NW CANTON, OH 44702	NOT APPLICABLE PUBLIC CHARITY	PROVIDE A MULTIDIMENSIONAL PROGRAM TO INTEGRATE WELLNESS EDUCATION INTO ALL FACETS OF THE CLIENT EXPERIENCE	10,000.
THE ARC OF STARK COUNTY 4550 BELDEN VILLAGE STREET NW CANTON, OH 44718	NOT APPLICABLE PUBLIC CHARITY	SUPPORT COMMUNITY LIVING FUND OF OHIO TO AID THOSE WHO HAVE A VARIETY OF SPECIAL NEEDS	7,500.
FAITH IN ACTION OF WESTERN STARK COUNTY 139 FIRST STREET NE MASSILLON, OH 44646	NOT APPLICABLE PUBLIC CHARITY	EXPAND CURRENT TERRITORY FOR FREE SERVICES TO THE FRAIL & ELDERLY	10,000.
PEGASUS FARM 7490 EDISON STREET NE HARTVILLE, OH 44632	NOT APPLICABLE PUBLIC CHARITY	CONTINUE TO SUPPORT PROGRAM FOR DISABLED VETERAN'S THERAPY	10,000.
STARK COUNTY BOARD OF DD 3057 CLEVELAND AVENUE SOUTH CANTON, OH 44707	NOT APPLICABLE PUBLIC CHARITY	PURCHASE COMPUTER BASED "TALKER" THAT CAN BE ACCESSED WITH EYE GAZE FOR STUDENTS WITH SEVERE DISABILITIES	1,000.
STARK COUNTY HEALTH DEPARTMENT 3951 CONVENIENCE CIRCLE CANTON, OH 44718	NOT APPLICABLE PUBLIC CHARITY	OPERATING SUPPORT FOR DENTAL CLINIC	15,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
VIOLA STARTZMAN FREE CLINIC 1874 CLEVELAND ROAD WOOSTER, OH 44691	NOT APPLICABLE PUBLIC CHARITY	SUPPORT CERTIFIED REGISTERED NURSE PRACTITIONER PROGRAM	25,000.
WESTERN STARK FREE CLINIC 820 AMHERST ROAD NE MASSILLON, OH 44646	NOT APPLICABLE PUBLIC CHARITY	OPERATING SUPPORT	15,000.
PRESCRIPTION ASSISTANCE NETWORK 408 NINTH STREET SW CANTON, OH 44707	NOT APPLICABLE PUBLIC CHARITY	GENERAL OPERATIONAL FUNDS TO CONTINUE OPERATION OF THE CHARITABLE PHARMACY	40,000.
QUOTA INTERNATIONAL OF MASSILLON PO BOX 81 MASSILLON, OH 44648	NOT APPLICABLE PUBLIC CHARITY	FUNDS TO ASSIST WITH SOUND BEGINNINGS PROGRAM TO PROVIDE HEARING AID AMPLIFICATION PRODUCTS TO CHILDREN AGE 5 AND UNDER	4,200.
TUSCARAWAS CLINIC FOR THE WORKING UNINSURED 614 TUSCARAWAS AVENUE DOVER, OH 44622	NOT APPLICABLE PUBLIC CHARITY	MEDICAL CARE FOR THOSE WHO ARE UNINSURED	10,000.
WALSH UNIVERSITY 2020 EASTON STREET NW CANTON, OH 44720	NOT APPLICABLE PUBLIC CHARITY	MEDICAL TRAINING SCHOLARSHIPS	4,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MALONE COLLEGE 515 25TH STREET N.W. CANTON, OH 44709	NOT APPLICABLE PUBLIC CHARITY	MEDICAL TRAINING SCHOLARSHIPS	4,000.
STARK STATE TECHNICAL COLLEGE 6200 FRANK AVE NW NORTH CANTON, OH 44720	NOT APPLICABLE PUBLIC CHARITY	MEDICAL TRAINING SCHOLARSHIPS	5,000.
KENT STATE UNIVERSITY - STARK CAMPUS 6000 FRANK AVENUE NW NORTH CANTON, OH 44720	NOT APPLICABLE PUBLIC CHARITY	MEDICAL TRAINING SCHOLARSHIPS	4,000.
KENT STATE UNIVERSITY - TUSCARAWAS CAMPUS 330 UNIVERSITY DR NE NEW PHILADELPHIA, OH 44663	NOT APPLICABLE PUBLIC CHARITY	MEDICAL TRAINING SCHOLARSHIPS	4,000.
OU COLLEGE OF OSTEOPATHIC MEDICINE GROSVENOR HALL ATHENS, OH 45701	NOT APPLICABLE PUBLIC CHARITY	MEDICAL TRAINING SCHOLARSHIPS	6,000.
MISCELLANEOUS MATCHING GRANTS			

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AULTMAN COLLEGE 2600 SIXTH STREET SW CANTON, OH 44710	NOT APPLICABLE PUBLIC CHARITY	MEDICAL TRAINING SCHOLARSHIPS	4,000.
SALVATION ARMY 143 FIRST STREET PO BOX 276 MASSILLON, OH 44646	NOT APPLICABLE PUBLIC CHARITY	PROVIDE FOOD FOR THEIR FOOD PANTRY	8,000.
SALVATION ARMY 143 FIRST STREET PO BOX 276 MASSILLON, OH 44646	NOT APPLICABLE PUBLIC CHARITY	PROVIDE FOOD FOR THEIR FOOD PANTRY	8,000.
ABCD, INC 1225 GROSS AVENUE NE CANTON, OH 44705	NOT APPLICABLE PUBLIC CHARITY	PURCHASE A VAN WITH WHEELCHAIR LIFTS	18,500.
ECHOING HILLS VILLAGE 643 BEVERLY AVENUE CANAL FULTON, OH 44614	NOT APPLICABLE PUBLIC CHARITY	PURCHASE A MULTI-SENSORY ENVIRONMENT CART	3,900.
GRACE COMMUNITY CHURCH 1700 HANKINS ROAD NE MASSILLON, OH 44646	NOT APPLICABLE PUBLIC CHARITY	PURCHASE FOOD AND ACCESSORY ITEMS AS PART OF THEIR HANDS OF GRACE MINISTRIES	6,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GREATER BETHEL APOSTOLIC CHURCH 2335 - 15TH STREET SW CANTON, OH 44706	NOT APPLICABLE PUBLIC CHARITY	FUND THE SHOE GIVEAWAY FOR STARK COUNTY SCHOOLS SHOE NETWORK PROGRAM	10,000.
MDS MULTI-DEVELOPMENT SERVICES-STARK CO. 424 FULTON ROAD NW CANTON, OH 44703	NOT APPLICABLE PUBLIC CHARITY	FUND YOUTH WELLNESS PROJECT	7,500.
SOCIETY FOR EQUAL ACCESS 1458 - 5TH STREET NW NEW PHILADELPHIA, OH 44663	NOT APPLICABLE PUBLIC CHARITY	PURCHASE COMPUTER SOFTWARE PROGRAM TO SCHEDULE APPOINTMENTS & PURCHASE GPS UNITS FOR THEIR 25 VEHICLES	10,000.
THE TOTAL LIVING CENTER 2221 NINTH STREET SW CANTON, OH 44706	NOT APPLICABLE PUBLIC CHARITY	COMPLETE AN UNFINISHED RAMP TO MAKE THEIR FACILITY HANDICAP ACCESSIBLE	4,293.
THE TOTAL LIVING CENTER 2221 NINTH STREET SW CANTON, OH 44706	NOT APPLICABLE PUBLIC CHARITY	COMPLETE AN UNFINISHED RAMP TO MAKE THEIR FACILITY HANDICAP ACCESSIBLE	6,343.
THE TOTAL LIVING CENTER 2221 NINTH STREET SW CANTON, OH 44706	NOT APPLICABLE PUBLIC CHARITY	COMPLETE AN UNFINISHED RAMP TO MAKE THEIR FACILITY HANDICAP ACCESSIBLE	4,364.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
WALSH UNIVERSITY 2020 EAST MAPLE STREET NORTH CANTON, OH 44720	NOT APPLICABLE PUBLIC CHARITY	FUND BASIC PHYSICAL THERAPY EQUIPMENT FOR NEW TRAINING FACILITY	11,000.
YMCA OF WESTERN STARK COUNTY 131 TREMONT AVENUE SE MASSILLON, OH 44646	NOT APPLICABLE PUBLIC CHARITY	SUPPORT THEIR HEALTHY COMMUNITY PROJECT	14,000.
YMCA OF WOOSTER 680 WOODLAND AVENUE WOOSTER, OH 44691	NOT APPLICABLE PUBLIC CHARITY	SUPPORT THEIR KIDS IN THERAPY PROGRAM	14,000.
GOODWILL INDUSTRIES REHABILITATION CENTER 408 NINTH STREET SW CANTON, OH 44707	NOT APPLICABLE PUBLIC CHARITY	COORDINATED SYSTEM OF CHARITY FOR LOW INCOME UNINSURED STARK COUNTY PEOPLE	10,000.
HABITAT FOR HUMANITY OF GREATER CANTON 2800 LEEMONT AVENUE NW CANTON, OH 44709	NOT APPLICABLE PUBLIC CHARITY	HANDICAP-LIVABLE HOME IN STARK COUNTY	12,500.
HOLMES COUNTY GENERAL HEALTH DISTRICT 931 WOOSTER ROAD MILLERSBURG, OH 44654	NOT APPLICABLE PUBLIC CHARITY	OPERATING EXPENSE TO SUPPORT THE CLINIC'S INDIGENT CARE PROGRAM	5,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HORIZONS OF TUSC. AND CARROLL COUNTIES 201 WEST OHIO AVENUE DOVER, OH 44622	NOT APPLICABLE PUBLIC CHARITY	EQUIPMENT FOR ADULT DAY SERVICE CENTER FOR DEVELOPMENTALLY DISABLED	4,135.
MEALS ON WHEELS/STARK AND WAYNE 2363 NAVE STREET SE MASSILLON, OH 44646	NOT APPLICABLE PUBLIC CHARITY	PURCHASE A STACKABLE OVEN FOR THEIR COMMISSARY	15,365.
PREVENT BLINDNESS OHIO 6803 MAYFIELD ROAD, SUITE 111 CLEVELAND, OH 44124	NOT APPLICABLE PUBLIC CHARITY	VISION CARE OUTREACH PROGRAM	2,500.
QUEST RECOVERY SERVICES, INC. 1341 MARKET AVENUE NORTH CANTON, OH 44714	NOT APPLICABLE PUBLIC CHARITY	OPERATING COSTS FOR THEIR NEW MINERVA OFFICE	3,210.
THE SALVATION ARMY 143 FIRST STREET PO BOX 276 MASSILLON, OH 44646	NOT APPLICABLE PUBLIC CHARITY	PROVIDE FOOD FOR THEIR FOOD PANTRY	4,000.
TIQVAH HANDS OF HOPE PO BOX 80213 CANTON, OH 44708	NOT APPLICABLE PUBLIC CHARITY	OPERATING COSTS TO SUPPORT THEIR INNER CITY AFTER-SCHOOL PROGRAM	4,300.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 14 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
WESTERN STARK FREE CLINIC, INC. 820 AMHERST ROAD NE MASSILLON, OH 44646	NOT APPLICABLE PUBLIC CHARITY	OPERATING EXPENSE FOR THIS FREE CLINIC	5,000.
PREGNANCY SUPPORT CENTER 4500 - 22ND STREET NW CANTON, OH 44708	NOT APPLICABLE PUBLIC CHARITY	PURCHASE OBSTETRICAL ULTRASOUND FOR THEIR NEW MASSILLON OFFICE	10,000.
MISCELLANEOUS MATCHING GRANTS	PUBLIC CHARITY		3,895.
		TOTAL CONTRIBUTIONS PAID	384,505.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

ATTACHMENT 15

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AULTMAN COLLEGE 2600 SIXTH STREET SW CANTON, OH 44710	NOT APPLICABLE PUBLIC CHARITY	MEDICAL TRAINING SCHOLARSHIPS	4,000.
STARK STATE TECHNICAL COLLEGE 6200 FRANK AVE NW NORTH CANTON, OH 44720	NOT APPLICABLE PUBLIC CHARITY	MEDICAL TRAINING SCHOLARSHIPS	4,000.
WALSH UNIVERSITY 2020 EASTON STREET NW CANTON, OH 44720-3396	NOT APPLICABLE PUBLIC CHARITY	MEDICAL TRAINING SCHOLARSHIPS	4,000.
MALONE COLLEGE 515 25TH STREET N.W. CANTON, OH 44709	NOT APPLICABLE PUBLIC CHARITY	MEDICAL TRAINING SCHOLARSHIPS	4,000.
KENT STATE UNIVERSITY - STARK CAMPUS 6000 FRANK AVENUE NW NORTH CANTON, OH 44720	NOT APPLICABLE PUBLIC CHARITY	MEDICAL TRAINING SCHOLARSHIPS	4,000.
KENT STATE UNIVERSITY - TUSCARAWAS CAMPUS 330 UNIVERSITY DR NE NEW PHILADELPHIA, OH 44663	NOT APPLICABLE PUBLIC CHARITY	MEDICAL TRAINING SCHOLARSHIPS	5,000.

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

ATTACHMENT 15 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
OU COLLEGE OF OSTEOPATHIC MEDICINE GROSVENOR HALL ATHENS, OH 45701	NOT APPLICABLE PUBLIC CHARITY	MEDICAL TRAINING SCHOLARSHIPS	6,000.
STARK COUNTY EDUCATIONAL SERVICE CENTER 2100 - 38TH ST NW CANTON, OH 44709	NOT APPLICABLE PUBLIC CHARITY	HELP PREVENT PERMANENT BRAIN DAMAGE FROM RECURRING HEAD INJURIES	13,170.
HOLMES COUNTY BOARD OF DD 8001 T.R. 574 HOLMESVILLE, OH 44633	NOT APPLICABLE PUBLIC CHARITY	PURCHASE EQUIPMENT TO IMPROVE DENTAL SERVICE	24,500.
HOLMES COUNTY GENERAL HEALTH DISTRICT 931 WOOSTER ROAD MILLERSBURG, OH 44654	NOT APPLICABLE PUBLIC CHARITY	OPERATING EXPENSE TO SUPPORT THE CLINIC'S INDIGENT CARE PROGRAM	5,000.
MERCY MEDICAL CENTER 1320 MERCY DRIVE NW CANTON, OH 44708	NOT APPLICABLE PUBLIC CHARITY	CONSTRUCT A DENTAL SUITE FOR SPECIAL NEEDS AND PEDIATRIC DENTAL PATIENTS	25,000.
THE SALVATION ARMY-ORRVILLE SERVICE CENTER. 322 WEST HIGH STREET ORRVILLE, OH 44667	NOT APPLICABLE PUBLIC CHARITY	PURCHASE EQUIPMENT FOR THEIR NEW FOOD PANTRY	16,856.

AUSTIN-BAILEY HEALTH & WELLNESS FOUNDATION 34-1845584

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

ATTACHMENT 15 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE VILLAGE NETWORK PO BOX 518 SMITHVILLE, OH 44677	NOT APPLICABLE PUBLIC CHARITY	ENHANCED CARE FOR MENTALLY AND BEHAVIORALLY CHALLENGED FOSTER CHILDREN	10,000.
GRANTS ACCRUED IN PRIOR YEAR, PAID CURRENT YEAR			-74,200.
		TOTAL CONTRIBUTIONS APPROVED	51,326.

FEDERAL FOOTNOTES

PART VII-A, QUESTION 11 WEB SITE ADDRESS
WWW.FOUNDATIONCENTER.ORG/GRANTMAKER/AUSTINBAILEY

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2010

Name of estate or trust: AUSTIN-BAILEY HEALTH & WELLNESS FOUNDATION

Employer identification number: 34-1845584

Note: *Form 5227 filers need to complete only Parts I and II*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet	4	( )
5 **Net short-term gain or (loss).** Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back ▶	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	89,390.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet	11	( )
12 **Net long-term gain or (loss).** Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back ▶	12	89,390.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041. **Schedule D (Form 1041) 2010**

JSA
0F1210 2 000

Part III Summary of Parts I and II

Caution: *Read the instructions* ***before*** *completing this part*

			(1) Beneficiaries' (see instr)	(2) Estate's or trust's	(3) Total
13	**Net short-term gain or (loss)**	13			
14	**Net long-term gain or (loss):**				
a	Total for year	14a			89,390.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b			
c	28% rate gain	14c			
15	**Total net gain or (loss).** Combine lines 13 and 14a ▶	15			89,390.

Note: *If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gains, go to Part V, and* ***do not*** *complete Part IV If line 15, column (3), is a net loss, complete Part IV and the* ***Capital Loss Carryover Worksheet,*** *as necessary*

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of

a The loss on line 15, column (3) **or** b $3,000 . . . 16 ( )

Note: *If the loss on line 15, column (3), is more than $3,000,* ***or*** *if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the* ***Capital Loss Carryover Worksheet*** *on page 7 of the instructions to figure your capital loss carryover*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero

Caution: *Skip this part and complete the worksheet on page 8 of the instructions if*

- *Either line 14b, col (2) or line 14c, col (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero*

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			17			
18	Enter the **smaller** of line 14a or 15 in column (2) but not less than zero	18					
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19					
20	Add lines 18 and 19	20					
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- ▶	21					
22	Subtract line 21 from line 20 If zero or less, enter -0-			22			
23	Subtract line 22 from line 17 If zero or less, enter -0-			23			
24	Enter the **smaller** of the amount on line 17 or $2,300			24			
25	Is the amount on line 23 equal to or more than the amount on line 24? ☐ **Yes.** Skip lines 25 and 26, go to line 27 and check the "No" box. ☐ **No.** Enter the amount from line 23			25			
26	Subtract line 25 from line 24			26			
27	Are the amounts on lines 22 and 26 the same? ☐ **Yes.** Skip lines 27 thru 30, go to line 31 ☐ **No.** Enter the **smaller** of line 17 or line 22			27			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)			28			
29	Subtract line 28 from line 27			29			
30	Multiply line 29 by 15% (15)					30	
31	Figure the tax on the amount on line 23 Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)					31	
32	Add lines 30 and 31					32	
33	Figure the tax on the amount on line 17 Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)					33	
34	**Tax on all taxable income.** Enter the **smaller** of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)					34	

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side
AUSTIN-BAILEY HEALTH & WELLNESS FOUNDATION

Employer identification number
34-1845584

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	**(b)** Date acquired (mo , day, yr)	**(c)** Date sold (mo , day, yr)	**(d)** Sales price (see page 4 of the instructions)	**(e)** Cost or other basis (see page 4 of the instructions)	**(f) Gain or (loss)** Subtract (e) from (d)
6a JP MORGAN CHASE - SALE OF VAR SECURITIES	VARIOUS	VARIOUS	1,914,227.	1,885,526.	28,701.
STIFEL NICOLAUS - SALE OF VAR SEC	VARIOUS	VARIOUS	1,054,409.	993,720.	60,689.

6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b . . . . 89,390.