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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 07-01-2014, and ending 06-30-2015

Name of foundation Austin-Bailey Health & Wellness Foundation		A Employer identification number 34-1845584	
% AUSTIN-BAILEY HEALTH & WELLN		B Telephone number (see instructions) (330) 580-2380	
Number and street (or P O box number if mail is not delivered to street address) 2719 Fulton Drive NW Suite D		C If exemption application is pending, check here <input type="checkbox"/>	
Room/suite			
City or town, state or province, country, and ZIP or foreign postal code Canton, OH 44718			
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 7,560,294		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 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 <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities.	309,226	309,226		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	204,286			
	b Gross sales price for all assets on line 6a 2,970,825				
	7 Capital gain net income (from Part IV, line 2) . . .		204,286		
	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)				
	12 Total. Add lines 1 through 11	513,512	513,512		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	57,000	17,750		39,250
	14 Other employee salaries and wages	25,110	2,511		22,599
	15 Pension plans, employee benefits	6,335	1,551		4,731
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	10,449	0	0	10,449
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	9,146	0		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy	14,153	2,972		11,181
	21 Travel, conferences, and meetings	443			443
	22 Printing and publications				
	23 Other expenses (attach schedule)	54,372	35,659		18,713
	24 Total operating and administrative expenses. Add lines 13 through 23	177,008	60,443	0	107,366
	25 Contributions, gifts, grants paid	498,027			339,442
	26 Total expenses and disbursements. Add lines 24 and 25	675,035	60,443	0	446,808
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-161,523			
	b Net investment income (if negative, enter -0-)		453,069		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	84,377	103,270	103,270
	2	Savings and temporary cash investments	130,654	103,984	103,984
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	600	0	0
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	4,078,666	3,814,853	3,814,853
	c	Investments—corporate bonds (attach schedule).	2,122,062	2,002,576	2,002,576
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	1,568,386	1,535,601	1,535,601
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)	10	10	10	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	7,984,755	7,560,294	7,560,294	
Liabilities	17	Accounts payable and accrued expenses	266	2,000	
	18	Grants payable	94,300	158,585	
	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)	94,566	160,585	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	7,890,189	7,399,709	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	7,890,189	7,399,709	
	31	Total liabilities and net assets/fund balances (see instructions)	7,984,755	7,560,294	

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 7,890,189
2	Enter amount from Part I, line 27a	2 -161,523
3	Other increases not included in line 2 (itemize) ▶ _____	3 94,300
4	Add lines 1, 2, and 3	4 7,822,966
5	Decreases not included in line 2 (itemize) ▶ _____	5 423,257
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6 7,399,709

Part IV

Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 2,970,825		2,766,539	204,286
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			204,286
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	204,286
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	}	3	

Part V

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	524,066	7,682,356	0 068217
2012	430,849	7,270,801	0 059257
2011	604,132	6,920,763	0 087293
2010	384,505	7,627,947	0 050407
2009	422,620	7,320,434	0 057732

2	Total of line 1, column (d).	2	0 322906
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 064581
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	4	7,674,131
5	Multiply line 4 by line 3.	5	495,603
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	4,531
7	Add lines 5 and 6.	7	500,134
8	Enter qualifying distributions from Part XII, line 4.	8	446,808

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

Part VIExcise 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 <input type="checkbox"/> 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 <input type="checkbox"/> and enter 1% of Part I, line 27b	1	9,061
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	9,061
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	9,061
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	7,120
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	7,120
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	1,941
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 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-AStatements Regarding Activities

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	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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.</i>	1b		No
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> 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? <i>If "No," attach explanation.</i>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10		No

Part VII-A

Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶http://fdnweb.org/austinbailey/	13	Yes	
14	The books are in care of ▶AUSTIN-BAILEY HEALTH & WELLN Telephone no ▶(330) 580-2380 Located at ▶2719 FULTON DRIVE NW SUITE D CANTON OH ZIP +4 ▶44718			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?. 1c			No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). 2b			
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i>). 3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	5b		
	Organizations relying on a current notice regarding disaster assistance check here.	<input checked="" type="checkbox"/>		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		

Part VIII

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(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
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 instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
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 GRANT TO PRESCRIPTION ASSISTANCE NETWORK FOR PRESCRIPTION ACCESS & ASSISTANCE FOR LOW INCOME PEOPLE	50,000
2 GRANT TO AMERICAN RED CROSS FOR MEDICAL TRANSPORTATION & SUPPORT OF THEIR RAPE CRISIS PROGRAM	25,000
3 GRANT TO QUEST RECOVERY & PREVENTION TO PURCHASE TRANSITIONAL -LIVING HOME FOR FEMALE ADDICTS IN RECOVERY	25,000
4 GRANT TO VIOLA STARTZMAN FREE CLINIC TO PROVIDE PARTIAL SALARY FOR A NURSE PRACTITIONER	25,000

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	0
2	
All other program-related investments. See instructions.	
3 	0
Total. Add lines 1 through 3	0

Part X

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	7,714,932
b	Average of monthly cash balances.	1b	76,054
c	Fair market value of all other assets (see instructions).	1c	10
d	Total (add lines 1a, b, and c).	1d	7,790,996
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	7,790,996
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	116,865
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	7,674,131
6	Minimum investment return. Enter 5% of line 5.	6	383,707

Part XI

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

1	Minimum investment return from Part X, line 6.	1	383,707
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	9,061
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	9,061
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	374,646
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	374,646
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	374,646

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	446,808
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	446,808
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	446,808

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				374,646
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			0	
b Total for prior years 2012 , 2011 , 2010		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009.	58,036			
b From 2010.	8,315			
c From 2011.	274,788			
d From 2012.	75,364			
e From 2013.	147,039			
f Total of lines 3a through e.	563,542			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 446,808				
a Applied to 2013, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2014 distributable amount.				374,646
e Remaining amount distributed out of corpus	72,162			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	635,704			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . .	58,036			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	577,668			
10 Analysis of line 9				
a Excess from 2010. . . .	8,315			
b Excess from 2011. . . .	274,788			
c Excess from 2012. . . .	75,364			
d Excess from 2013. . . .	147,039			
e Excess from 2014. . . .	72,162			

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

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling.

b

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

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
		(a) 2014	(b) 2013	(c) 2012	(d) 2011	
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 XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

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

NA

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

NA

2

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

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

a

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

DON SULTZBACH
2719 FULTON DRIVE NW SUITE D
CANTON, OH 44718
(330) 580-2380

b

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

SEE GRANT GUIDELINES ON WEBSITE

c

Any submission deadlines

SEE GRANT GUIDELINES ON WEBSITE

d

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

SEE GRANT GUIDELINES ON WEBSITE

Part XV

Supplementary Information (continued)

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

Recipient	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
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			▶ 3a	339,442
b Approved for future payment See Additional Data Table				
Total			▶ 3b	158,585

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2014)



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?			Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of				
(1) Cash.		1a(1)		No
(2) Other assets.		1a(2)		No
b Other transactions				
(1) Sales of assets to a noncharitable exempt organization.		1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)		No
(3) Rental of facilities, equipment, or other assets.		1b(3)		No
(4) Reimbursement arrangements.		1b(4)		No
(5) Loans or loan guarantees.		1b(5)		No
(6) Performance of services or membership or fundraising solicitations.		1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received				

[illegible]

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

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

Sign Here  _____  _____

***** 2015-10-29 *****

Signature of officer or trustee Date Title


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

Paid Preparer Use Only	Print/Type preparer's name S Franklin Arner CPA	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00190524
	Firm's name <input checked="" type="checkbox"/> HALL KISTLER & COMPANY LLP			Firm's EIN <input checked="" type="checkbox"/>	
	Firm's address <input checked="" type="checkbox"/> 220 MARKET AVENUE SOUTH - SUITE 700 CANTON, OH 447022100			Phone no. (330) 453-7633	


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

(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
DON A SULTZBACH	EXECUTIVE DIRECTOR 16 0	43,000	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
PETER KOPKO	TREASURER 4 0	14,000	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
ELTON D LEHMAN DO	TRUSTEE 1 0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
DANIEL N MORETTA DO	TRUSTEE 1 0	0		
2719 Fulton Drive NW Suite D Canton, OH 44718				
JOHN L MUHLBACH JR	TRUSTEE 1 0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
VIRGINIA R NEUTZLING	SECRETARY 1 0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
FREDERICK W ROHRIG	CHAIRMAN 1 0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
SCOTT P SANDROCK	TRUSTEE 1 0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
THOMAS F TURNER	TRUSTEE 1 0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
DAVID A MILLER	TRUSTEE 1 0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
DIANE K JARRETT	TRUSTEE 1 0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
EUGENE A THORN III	TRUSTEE 1 0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
DANIEL J FULINE	TRUSTEE 1 0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
CHARLES R CONKLIN DO	VICE CHAIRMAN 1 0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				


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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF MOUNT UNION 1972 CLARK AVE ALLIANCE,OH 44601	NOT APPLICABLE	NC	MEDICAL TRAINING SCHOLARSHIPS	4,000
WALSH UNIVERSITY 2020 EASTON STREET NW CANTON,OH 44720	NOT APPLICABLE	NC	MEDICAL TRAINING SCHOLARSHIPS	4,000
MALONE COLLEGE 515 25TH STREET NW CANTON,OH 44709	NOT APPLICABLE	NC	MEDICAL TRAINING SCHOLARSHIPS	4,000
STARK STATE TECHNICAL COLLEGE 6200 FRANK AVE NW NORTH CANTON,OH 44720	NOT APPLICABLE	NC	MEDICAL TRAINING SCHOLARSHIPS	4,000
KENT STATE UNIVERSITY - STARK CAMPUS 6000 FRANK AVENUE NW NORTH CANTON,OH 44720	NOT APPLICABLE	NC	MEDICAL TRAINING SCHOLARSHIPS	5,000
KENT STATE UNIVERSITY - TUSCARAWAS CAMPUS 330 UNIVERSITY DR NE NEW PHILADELPHIA,OH 44663	NOT APPLICABLE	NC	MEDICAL TRAINING SCHOLARSHIPS	4,000
OU COLLEGE OF OSTEOPATHIC MEDICINE GROSVENOR HALL ATHENS,OH 45701	NOT APPLICABLE	NC	MEDICAL TRAINING SCHOLARSHIPS	6,000
OU COLLEGE OF OSTEOPATHIC MEDICINE GROSVENOR HALL ATHENS,OH 45701	NOT APPLICABLE	NC	MEDICAL TRAINING SCHOLARSHIPS	5,000
AULTMAN COLLEGE 2600 Sixth Street SW Canton,OH 44710	Not Applicable	NC	Medical training scholarships	4,000
PAINT TOWNSHIP FIRE & RESCUE DEPT 15987 E MAIN ST MT EATON,OH 44659	Not applicable	PC	LIFEPAK 15 DEFIBRILLATOR/MONITOR	10,000
STARK STATE COLLEGE FOUNDATION 6200 FRANK AVE NW NORTH CANTON,OH 44720	NOT APPLICABLE	PF	UPGRADE EQUIPMENT IN DENTAL CLINIC	15,000
COMMUNITY HOSPICE OF TUSCARAWAS COUNTY 716 COMMERCIAL AVE SW NEW PHILADELPHIA,OH 44663	NOT APPLICABLE	PC	INPATIENT MUSIC SYSTEM	9,800
EARLY CHILDHOOL RESOURCE CENTER 1718 CLEVELAND AVE NW CANTON,OH 44703	NOT APPLICABLE	PC	EDUCATIONAL OUTREACH TO COMBAT CHILDHOOD OBESITY	4,000
NEW LEAF CENTER PO BOX 336 MT EATON,OH 44659	NOT APPLICABLE	PC	GENERATOR FOR PERISHABLE VACCINES	15,500
AMERICAN RED CROSS OF STARK COUNTY 408 9th St SW CANTON,OH 44707	NOT APPLICABLE	PC	MEDICAL TRANSPORTATION & SUPPORT FOR RAPE CRISIS PROGRAM	25,000
Total  3a				339,442

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

Recipient	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
Name and address (home or business)				
a Paid during the year				
CANTON TOWNSHIP FIRE DEPARTMENT 202 49th St SE CANTON, OH 44707	NOT APPLICABLE	PC	EARLY CPR TRAINING KIT & MANNEQUINS	3,735
CHRISTIAN CHILDREN'S HOME OF OHIO 2685 Armstrong Rd WOOSTER, OH 44691	NOT APPLICABLE	PC	TRAUMA THERAPY TRAINING PROGRAM	4,500
CRISIS INTERVENTION & RECOVERY CENTER 832 McKinley Ave NW CANTON, OH 44703	NOT APPLICABLE	PC	HEALTHCARE INTEGRATION FOR 140 AT-RISK CLIENTS	11,407
FAITH IN ACTION 412 Lincoln Way E MASSILLON, OH 44646	NOT APPLICABLE	PC	MAINTAIN FREE SERVICES TO LOW-INCOME FRAIL SENIORS	10,000
GENTLEBROOK 932 W Maple St HARTVILLE, OH 44632	NOT APPLICABLE	PC	FOOD DEHYDRATORS FOR FSRM PROGRAM	5,100
HABITAT FOR HUMANITY - STARK COUNTY 1400 Raff Rd SW CANTON, OH 44710	not applicable	PC	HANDICAP ACCESSIBLE CONSTRUCTION FOR 1 HOUSE	6,675
HOLMES COUNTY HABITAT FOR HUMANITY 212 N Washington St MILLERSBURG, OH 44654	not applicable	PC	HANDICAP ACCESSIBLE CONSTRUCTION FOR 1 HOUSE	5,000
PHILOMATHEON SOCIETY OF THE BLIND 2701 Tuscarawas St W CANTON, OH 44708	NOT APPLICABLE	PC	GLASSES FOR THE NEEDY WHO ARE VISUALLY IMPAIRED	12,000
PROJECT REBUILD COMMUNITY HIGH SCHOOL 1731 Grace Ave NE CANTON, OH 44705	not applicable	PC	LEARNING & INTERVENTION PROGRAM FOR AT-RISK AND DISADVANTAGED STUDENTS	12,000
QUEST RECOVERY & PREVENTION 1341 Market Ave N CANTON, OH 44714	Not applicable	PC	PURCHASE TRANSITIONAL-LIVING HOME FOR FEMALE ADDICTS IN RECOVERY	25,000
YMCA OF WESTERN STARK COUNTY 131 Tremont Ave SE MASSILLON, OH 44646	not applicable	PC	FREE MEMBERSHIPS FOR THOSE WHO CANNOT PAY	5,000
CANTON CHRISTIAN HOME 2550 Cleveland Ave NW CANTON, OH 44709	not applicable	PC	ROOFTOP GARDEN SEATING FOR RESIDENTS	15,000
CHILDREN'S DYSLEXIA LEARNING CENTER 836 Market Ave N CANTON, OH 44702	not applicable	PC	ONE-ON-ONE TUTORING TO ACADEMICALLY AT-RISK STUDENTS	6,000
PRESCRIPTION ASSISTANCE NETWORK 408 9th St SW CANTON, OH 44707	not applicable	PC	SUPPORT FOR THE CHARITABLE PHARMACY	50,000
TUSCARAWAS CLINIC FOR THE WORKING UNINSURED 420 S Reeves Ave DOVER, OH 44622	not applicable	PC	PART TIME PHYSICIAN ASSISTANT	20,000
Total  3a				339,442

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

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
VIOLA STARTZMAN FREE CLINIC 1874 Cleveland Rd Wooster, OH 44691	Not applicable	PC	NURSE PRACTITIONER PARTIAL SALARY	25,000
MISCELLANEOUS MATCHING GRANTS 2719 FULTON DRIVE NW CANTON, OH 44718	NOT APPLICABLE	PC	MISCELLANEOUS MATCHING GRANTS	3,725
Total  3a				339,442

TY 2014 Accounting Fees Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
VAR SERVICES INCL AUDIT & TAX	10,449	0		10,449

**TY 2014 All Other Program
Related Investments Schedule**

Name: Austin-Bailey Health & Wellness Foundation
EIN: 34-1845584

Category	Amount
NONE	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Depreciation Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

TY 2014 Investments Corporate Bonds Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

Name of Bond	End of Year Book Value	End of Year Fair Market Value
WELLS FARGO	2,002,576	2,002,576

TY 2014 Investments Corporate Stock Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

Name of Stock	End of Year Book Value	End of Year Fair Market Value
WELLS FARGO	3,814,853	3,814,853

TY 2014 Investments - Other Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
OTHER ALTERNATIVE INVESTMENTS	FMV	1,535,601	1,535,601

TY 2014 Other Assets Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DEPOSIT-BUREAU OF WORKERS COMP	10	10	10

TY 2014 Other Decreases Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	0
REPORTED AT FAIR VALUE	423,257

TY 2014 Other Expenses Schedule**Name:** Austin-Bailey Health & Wellness Foundation**EIN:** 34-1845584

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES & SUBSCRIPTIONS	4,452	45		4,407
INSURANCE	6,294	1,322		4,972
BOARD OF TRUSTEES EXPENSE	6,085	1,278		4,807
OFFICE	3,477	70		3,407
OTHER	1,143	23		1,120
INVESTMENT FEES	32,921	32,921		0

TY 2014 Other Income Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
THE CAMPBELL FUND TRUST (94-6260018)			
CUNDILL GLOBAL VALUE LP (43-1691933)			

TY 2014 Other Increases Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

Description	Amount
GRANTS ACCRUED PY - PAID CY	94,300

TY 2014 Taxes Schedule**Name:** Austin-Bailey Health & Wellness Foundation**EIN:** 34-1845584

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ATTORNEY GENERAL FILING FEES	200	0		0
EXCISE TAX	8,946	0		0