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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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OMB No 1545-0052









**2015**

Open to Public Inspection



For calendar year 2015, or tax year beginning 07-01-2015, and ending 06-30-2016

Name of foundation Austin-Bailey Health & Wellness Foundation		<b>A Employer identification number</b> 34-1845584	
% AUSTIN-BAILEY HEALTH & WELLN		<b>B</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		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code Canton, OH 44718		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>H</b> 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			
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 6,784,108		<b>J</b> 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) )		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule) . . . . .	0			
	<b>2</b> Check ▶ <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities . . . . .	210,000	210,000		
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss) _____				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	-85,670			
	<b>b</b> Gross sales price for all assets on line 6a 1,857,986				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . .		0		
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances				
Operating and Administrative Expenses	<b>b</b> Less Cost of goods sold . . . . .				
	<b>c</b> Gross profit or (loss) (attach schedule) . . . . .				
	<b>11</b> Other income (attach schedule) . . . . .				
	<b>12 Total.</b> Add lines 1 through 11 . . . . .	124,330	210,000		
	<b>13</b> Compensation of officers, directors, trustees, etc	59,199	18,434		40,765
	<b>14</b> Other employee salaries and wages . . . . .	26,750	2,675		24,075
	<b>15</b> Pension plans, employee benefits . . . . .	6,629	1,626		5,003
	<b>16a</b> Legal fees (attach schedule). . . . .				
	<b>b</b> Accounting fees (attach schedule). . . . .	10,475	0	0	10,475
	<b>c</b> Other professional fees (attach schedule) . . . . .				
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions) . . . .	3,112			
	<b>19</b> Depreciation (attach schedule) and depletion . . .				
	<b>20</b> Occupancy . . . . .	13,673	2,871		10,802
	<b>21</b> Travel, conferences, and meetings . . . . .	402			402
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule). . . . .	52,561	33,078		19,483
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	172,801	58,684	0	111,005
	<b>25</b> Contributions, gifts, grants paid . . . . .	498,470			439,070
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	671,271	58,684	0	550,075
	<b>27</b> Subtract line 26 from line 12				
	<b>a Excess of revenue over expenses and disbursements</b>	-546,941			
	<b>b Net investment income</b> (if negative, enter -0-)		151,316		
	<b>c Adjusted net income</b> (if negative, enter -0-) . . . .				

<b>Part II</b> <b>Balance Sheets</b>		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
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .	103,270	52,873	52,873
	<b>2</b>	Savings and temporary cash investments . . . . .	103,984	128,986	128,986
	<b>3</b>	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b>	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b>	Grants receivable . . . . .			
	<b>6</b>	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	<b>7</b>	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b>	Inventories for sale or use . . . . .			
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	0	6,332	6,332
	<b>10a</b>	Investments—U S and state government obligations (attach schedule)			
	<b>b</b>	Investments—corporate stock (attach schedule) . . . . .	3,814,853 	3,740,434	3,740,434
	<b>c</b>	Investments—corporate bonds (attach schedule) . . . . .	2,002,576 	1,460,431	1,460,431
	<b>11</b>	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b>	Investments—mortgage loans . . . . .			
	<b>13</b>	Investments—other (attach schedule) . . . . .	1,535,601 	1,394,446	1,394,446
	<b>14</b>	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b>	Other assets (describe ▶ _____)	 10 	 606 	 606	
<b>16</b>	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	7,560,294	6,784,108	6,784,108	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .	2,000	0	
	<b>18</b>	Grants payable . . . . .	158,585	59,400	
	<b>19</b>	Deferred revenue . . . . .			
	<b>20</b>	Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b>	Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b>	Other liabilities (describe ▶ _____)			
	<b>23</b>	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	160,585	59,400	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	<b>24</b>	Unrestricted . . . . .	7,399,709	6,724,708	
	<b>25</b>	Temporarily restricted . . . . .			
	<b>26</b>	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	<b>27</b>	Capital stock, trust principal, or current funds . . . . .			
	<b>28</b>	Paid-in or capital surplus, or land, bldg, and equipment fund			
	<b>29</b>	Retained earnings, accumulated income, endowment, or other funds			
	<b>30</b>	<b>Total net assets or fund balances</b> (see instructions) . . . . .	7,399,709	6,724,708	
<b>31</b>	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	7,560,294	6,784,108		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b>	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) . . . . .	<b>1</b>	7,399,709
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	-546,941
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____ 	<b>3</b>	158,585
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	7,011,353
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____ 	<b>5</b>	286,645
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	6,724,708

**Part IV Capital Gains and Losses for Tax on Investment Income**

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired (b) P—Purchase D—Donation	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
<b>1 a</b>	WELLS FARGO PUBLICALLY TRADED SECURITIES	P	2010-01-01	2015-12-31
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
<b>a</b> 1,857,986		1,943,656	-85,670
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) (l)
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
<b>a</b>			-85,670
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b>	Capital gain net income or (net capital loss)	<div>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</div>	<b>2</b>	-85,670
<b>3</b>	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 . . . . .	<div></div>	<b>3</b>	

**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))
2014	446,808	7,674,131	0 058223
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

<b>2</b>	Total of line 1, column (d). . . . .	<b>2</b>	0 323397
<b>3</b>	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	<b>3</b>	0 064679
<b>4</b>	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	<b>4</b>	6,886,124
<b>5</b>	Multiply line 4 by line 3. . . . .	<b>5</b>	445,388
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	<b>6</b>	1,513
<b>7</b>	Add lines 5 and 6. . . . .	<b>7</b>	446,901
<b>8</b>	Enter qualifying distributions from Part XII, line 4. . . . .	<b>8</b>	550,075

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

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

<b>1a</b>	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 _____ <b>(attach copy of letter if necessary—see instructions)</b>	<b>1</b>	1,513
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	1,513
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	1,513
<b>6</b>	Credits/Payments		
<b>a</b>	2015 estimated tax payments and 2014 overpayment credited to 2015	<b>6a</b>	9,080
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868). . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	9,080
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . <b>▶</b>	<b>10</b>	7,567
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <b>▶</b> 1,520 <b>Refunded</b> <b>▶</b>	<b>11</b>	6,047

**Part VII-A Statements Regarding Activities**

<b>1a</b>	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? . . . . .		<b>Yes</b>	<b>No</b>
<b>1a</b>				<b>No</b>
<b>b</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>	<b>1b</b>		<b>No</b>
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>		<b>No</b>
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <b>▶</b> \$ _____ <b>(2)</b> On foundation managers <b>▶</b> \$ _____			
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ _____			
<b>2</b>	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>	<b>2</b>		<b>No</b>
<b>3</b>	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> . . . . .	<b>3</b>		<b>No</b>
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>		<b>No</b>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>		
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>		<b>No</b>
<b>6</b>	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? . . . . .	<b>6</b>	<b>Yes</b>	
<b>7</b>	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> . . . . .	<b>7</b>	<b>Yes</b>	
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> OH _____			
<b>b</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>	<b>8b</b>	<b>Yes</b>	
<b>9</b>	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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>		<b>No</b>
<b>10</b>	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>		<b>No</b>

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 ▶ <a href="http://fdnweb.org/austinbailey/">http://fdnweb.org/austinbailey/</a>	13	Yes	
14	The books are in care of ▶ <u>AUSTIN-BAILEY HEALTH &amp; WELLN</u> Telephone no ▶ <u>(330) 580-2380</u> Located at ▶ <u>2719 FULTON DRIVE NW SUITE D CANTON OH</u> ZIP+4 ▶ <u>44718</u>			
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 . . . . . ▶ <u>15</u>			
16	At any time during calendar year 2015, 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 <b>any</b> 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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>	1b		
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 2015? . . . . .	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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <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 <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . .	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> 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 2015 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 2015 ). . . . .	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 2015?	4b		No

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

<b>5a</b>	During the year did the foundation pay or incur any amount to			
	<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<b>(2)</b> 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		
	<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<b>(4)</b> 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		
	<b>(5)</b> 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>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)? . . . . .		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . .	<input type="checkbox"/>		
<b>c</b>	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		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
<b>6a</b>	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>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>6b</b>	<b>No</b>
	<i>If "Yes" to 6b, file Form 8870</i>			
<b>7a</b>	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>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .		<b>7b</b>	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

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

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

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) 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
<b>1</b> GRANT TO MERCY MEDICAL CENTER TO EXPAND DENTAL SUITE	48,900
<b>2</b> GRANT TO TUSCARAWAS COUNTY HEALTH DEPARTMENT FOR A DENTAL CLINIC	30,000
<b>3</b> GRANT TO VIOLA STARTZMAN FREE CLINIC TO PROVIDE SALARY FOR A NURSE PRACTITIONER	25,000
<b>4</b> GRANT TO NEW LEAF CENTER TO SUPPORT RARE DISORDER TREATMENTS	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
<b>1</b> NONE	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	

Total. Add lines 1 through 3 . . . . .▶



**Part X Minimum Investment Return**

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	6,927,457
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	56,594
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	6,938
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	6,990,989
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	6,990,989
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	104,865
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	6,886,124
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	344,306

**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.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	344,306
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	1,513
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	1,513
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	342,793
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	342,793
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	342,793

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	550,075
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	0
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	0
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	0
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	550,075
<b>5</b>	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). . . . .	<b>5</b>	1,513
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	548,562

**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 2014	(c) 2014	(d) 2015
<b>1</b> Distributable amount for 2015 from Part XI, line 7				342,793
<b>2</b> Undistributed income, if any, as of the end of 2015				
<b>a</b> Enter amount for 2014 only. . . . .			0	
<b>b</b> Total for prior years    2013 ,   2012 ,   2011		0		
<b>3</b> Excess distributions carryover, if any, to 2015				
<b>a</b> From 2010. . . . .	8,315			
<b>b</b> From 2011. . . . .	274,788			
<b>c</b> From 2012. . . . .	75,364			
<b>d</b> From 2013. . . . .	147,039			
<b>e</b> From 2014. . . . .	72,162			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	577,668			
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4 ► \$ <u>550,075</u>				
<b>a</b> Applied to 2014, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2015 distributable amount. . . . .				342,793
<b>e</b> Remaining amount distributed out of corpus	207,282			
<b>5</b> Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	784,950			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				0
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .	8,315			
<b>9</b> <b>Excess distributions carryover to 2016.</b> Subtract lines 7 and 8 from line 6a . . . . .	776,635			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2011. . . .	274,788			
<b>b</b> Excess from 2012. . . .	75,364			
<b>c</b> Excess from 2013. . . .	147,039			
<b>d</b> Excess from 2014. . . .	72,162			
<b>e</b> Excess from 2015. . . .	207,282			

## Part XIV

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☐ 4942(j)(3) or ☐ 4942(j)(5)

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

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

**1 Information Regarding Foundation Managers:**

NA

NA

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

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

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

Any submission deadlines

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

Form **990-PF** (2015)

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)				
<div>a Paid during the year</div> See Additional Data Table				
<div>Total . . . . .</div>			<div>▶ 3a</div>	439,070
<div>b Approved for future payment</div> See Additional Data Table				
<div>Total . . . . .</div>			<div>▶ 3b</div>	59,400

Enter gross amounts unless otherwise indicated

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

[illegible]

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

**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. . . . .

(2) Other assets. . . . .

**b Other transactions**

**(1)** Sales of assets to a noncharitable exempt organization. . . . .

**(2) Purchases of assets from a noncharitable exempt organization.** . . . . .

(3) Rental of facilities, equipment, or other assets. . . .

**(4) Reimbursement arrangements.** . . . . .

(5) Loans or loan guarantees. . . .

(6) Performance of services or membership or fundraising solicitations. . . . .

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .

**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.

<div style="border-bottom: 1px solid black; padding-bottom: 5px;">*****</div> Signature of officer or trustee	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">2016-10-20</div> Date	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">*****</div> Title
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May the IRS discuss this return with the preparer shown below  
 (see instr.) ? ☐ Yes ☐ No

May the IRS discuss this return with the preparer shown below

(see instr )? ☒ Yes ☐ No

<b>Paid Preparer Use Only</b>	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 ▶ HALL KISTLER & COMPANY LLP			Firm's EIN ▶  	
	Firm's address ▶ 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	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
DON A SULTZBACH	EXECUTIVE DIRECTOR 16 0	44,661	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
PETER KOPKO	TREASURER 4 0	14,538	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	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)				
<b>a</b> <i>Paid during the year</i>				
MERCY MEDICAL CENTER 1320 MERCY DRIVE NW CANTON,OH 44708	NOT APPLICABLE	PC	EXPANSION OF THE AUSTIN-BAILEY DENTAL SUITE AT ST PAUL SQUARE	48,900
WALSH UNIVERSITY 2020 EASTON STREET NW CANTON,OH 44720	NOT APPLICABLE	NC	OCCUPATIONAL THERAPY LAB EQUIPMENT FOR NEW MASTERS DEGREE PROGRAM	10,000
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	4,000
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	5,000
NEW LEAF CENTER PO BOX 336 MT EATON,OH 44659	NOT APPLICABLE	PC	RARE DISORDER TREATMENT SUPPORT	25,000
AMERICAN RED CROSS OF STARK COUNTY 408 9th St SW CANTON,OH 44707	NOT APPLICABLE	PC	RAPE CRISIS PROGRAM	15,000
FAITH IN ACTION 412 Lincoln Way E MASSILLON,OH 44646	NOT APPLICABLE	PC	SERVICES TO FRAIL ELDERLY	10,000
ALLIANCE PREGNANCY CENTER 75 GLAMORGAN AVENUE SUITE 103 ALLIANCE,OH 44601	NOT APPLICABLE	PC	STD/STI CLINIC SUPPORT	4,200
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
YMCA OF WESTERN STARK COUNTY 131 Tremont Ave SE MASSILLON,OH 44646	not applicable	PC	FREE MEMBERSHIPS FOR THOSE WHO CANNOT PAY	5,000
<b>Total . . . . . ► 3a</b>				439,070



**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)				
<b>a</b> <i>Paid during the year</i>				
TUSCARAWAS CLINIC FOR THE WORKING UNINSURED 420 S Reeves Ave DOVER,OH 44622	not applicable	PC	PHYSICIAN EXTENDER/CLINIC COORDINATOR	20,000
VIOLA STARTZMAN FREE CLINIC 1874 Cleveland Rd Wooster,OH 44691	Not applicable	PC	NURSE PRACTITIONER	25,000
MISCELLANEOUS MATCHING GRANTS 2719 FULTON DRIVE NW CANTON,OH 44718	NOT APPLICABLE	PC	MISCELLANEOUS MATCHING GRANTS	1,605
WEE CARE CENTER OF WOOSTER 424 BOWMAN STREET WOOSTER,OH 44691	NOT APPLICABLE	PC	FRIDAY FITNESS AND HEALTHY EATING PROGRAMS FOR PRE-SCHOOLERS AND THEIR FAMILIES	3,585
CANAL FULTON FIRE DEPARTMENT 1165 LOCUST STREET SOUTH CANAL FULTON,OH 44614	NOT APPLICABLE	PC	MECHANICAL CHEST COMPRESSION SYSTEM	7,000
HORIZONS OF TUSC & CARROLL COUNTIES 220 W 4TH STREET DOVER,OH 44622	NOT APPLICABLE	PC	HYDROPONIC GROW RACK FOR A GREENHOUSE SYSTEM TO TRAIN CLIENTS UNDER THEIR CARE	6,950
ST LUKE LUTHERN COMMUNITY 220 APPLEGGROVE STREET NE NORTH CANTON,OH 44720	NOT APPLICABLE	PC	REHAB THERAPY FACILITY RENOVATION/EXPANSION	13,000
APOSTOLIC CHRISTIAN HOME INC 10680 STEINER ROAD RITTMAN,OH 44270	NOT APPLICABLE	PC	THERAPY EQUIPMENT	18,700
HAMMER & NAILS 906 12TH STREET NW CANTON,OH 44703	NOT APPLICABLE	PC	HANDICAP RAMPS	4,000
MYERS LAKE YMCA 1333 NORTH PARK AVENUE NW CANTON,OH 44708	NOT APPLICABLE	PC	THERAPY PLATFORM	4,000
PREGNANCY SUPPORT CENTER 2645 CLEVELAND AVENUE NW CANTON,OH 44709	NOT APPLICABLE	PC	CLINIC SUPPORT	25,000
RITTMAN EMERGENCY MEDICAL SERVICES 25 N STATE STREET RITTMAN,OH 44270	NOT APPLICABLE	PC	CHEST COMPRESSION DEVICE	9,000
SOCIETY FOR EQUAL ACCESS 1458 5TH STREET NW NEW PHILADELPHIA,OH 44663	NOT APPLICABLE	PC	MODIFIED MINI VAN	15,000
TUSCARAWAS COUNTY COUNCIL FOR CHURCH & COMMUNITY 1458 5TH STREET NW NEW PHILADELPHIA,OH 44663	NOT APPLICABLE	PC	MIDDLE SCHOOL EDUCATION (CHOICES)	5,000
TUSCARAWAS COUNTY HEALTH DEPARTMENT 897 E IRON AVENUE DOVER,OH 44622	NOT APPLICABLE	PC	DENTAL CLINIC	30,000
<b>Total . . . . . ▶ 3a</b>				439,070

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)				
<b>a</b> <i>Paid during the year</i>				
THE ABCD INC 1225 GROSS AVENUE NE CANTON,OH 44705	NOT APPLICABLE	PC	PURCHASE WHEELCHAIR VANS	10,000
KIDRON VOLUNTEER FIRE DEPARTMENT 4772 KIDRON ROAD KIDRON,OH 44636	NOT APPLICABLE	PC	CPR EQUIPMENT - MANNEQUINS	1,500
LAKE TOWNSHIP FISH 934 W MAPLE STREET HARTVILLE,OH 44632	NOT APPLICABLE	PC	FOOD PANTRY EQUIPMENT & FLOORING	1,865
ONEEIGHTY INC 104 SPINK STREET 1ST FLOOR WOOSTER,OH 44691	NOT APPLICABLE	PC	REMODELING THE FACILITY	14,265
MENTAL HEALTH & RECOVERY SERVICES BOARD 121 CLEVELAND AVENUE SW CANTON,OH 44720	NOT APPLICABLE	PC	YOUTH MENTAL HEALTH TRAINING COURSE	24,000
MT EATON CARE CENTER 9176 WINESBURG ROAD MT EATON,OH 44659	NOT APPLICABLE	PC	EQUIPMENT FOR PATIENT CARE	15,000
THE SALVATION ARMY 420 MARKET AVENUE SOUTH CANTON,OH 44720	NOT APPLICABLE	PC	SOCIAL CASE MANAGEMENT	10,000
SPRINGHAVEN COUNSELING CENTER 15550 DURSTINE ROAD DUNDEE,OH 44624	NOT APPLICABLE	PC	STAFF TRAINING FOR OCD	4,500
UNIVERSITY OF MOUNT UNION 1972 CLARK AVENUE ALLIANCE,OH 44601	NOT APPLICABLE	NC	MEDICAL TRAINING SCHOLARSHIPS	4,000
WALSH UNIVERSITY 2020 EAST MAPLE STREET NORTH CANTON,OH 44720	NOT APPLICABLE	NC	MEDICAL TRAINING SCHOLARSHIPS	4,000
<b>Total . . . . .</b>  <b>3a</b>				439,070

**TY 2015 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	10,475			10,475

**TY 2015 All Other Program Related Investments Schedule**

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

Category	Amount
NONE	

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

## **TY 2015 Depreciation Schedule**

**Name:** Austin-Bailey Health & Wellness Foundation

**EIN:** 34-1845584

## TY 2015 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	1,460,431	1,460,431

**TY 2015 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	3,740,434	3,740,434

## TY 2015 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	1,394,446	1,394,446



**TY 2015 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	0	0
MISCELLANEOUS RECEIVABLE	0	606	606

**TY 2015 Other Decreases Schedule****Name:** Austin-Bailey Health & Wellness Foundation**EIN:** 34-1845584

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	0
REPORTED AT FAIR VALUE	286,645

**TY 2015 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	4,552	46		4,506
INSURANCE	6,253	1,313		4,940
BOARD OF TRUSTEES EXPENSE	5,776	1,213		4,563
OFFICE	5,586	112		5,474
INVESTMENT FEES	30,394	30,394		

**TY 2015 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 2015 Other Increases Schedule

**Name:** Austin-Bailey Health & Wellness Foundation

**EIN:** 34-1845584

Description	Amount
GRANTS ACCRUED PY - PAID CY	129,435
GRANTS ACCRUED PY - RECINDED CY	29,150

**TY 2015 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			
EXCISE TAX	2,912			