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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation
TUSCORA PARK HEALTH & WELLNESS FOUNDATION

A Employer identification number
34-1193807

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

Room/suite

B Telephone number (see instructions)
(330) 745-5995

City or town, state or province, country, and ZIP or foreign postal code
BARBERTON, OH 44203

C If exemption application is pending, check here ▶ ☐

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

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

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

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

I Fair market value of all assets at end of year (from Part II, col (c), *line 16*) ▶$ 4,027,346

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

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

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check ▶ ☑ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	106,389	106,389		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	501,393			
	b Gross sales price for all assets on line 6a 1,350,224				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 **Total.** Add lines 1 through 11	607,782	106,389		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	2,000	2,000		
	c Other professional fees (attach schedule)	45,921	45,921		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	900	200		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	3,802	3,802		
	24 **Total operating and administrative expenses.** Add lines 13 through 23	52,623	51,923		0
	25 Contributions, gifts, grants paid	285,886			308,551
	26 **Total expenses and disbursements.** Add lines 24 and 25	338,509	51,923		308,551
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	269,273			
	b **Net investment income** (if negative, enter -0-)		54,466		
	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	3,262	514	514
	2 Savings and temporary cash investments	413,541	231,190	231,190
	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	549	549	549
	10a Investments—U S and state government obligations (attach schedule)	545,602	520,094	520,094
	b Investments—corporate stock (attach schedule)	3,342,248	2,883,255	2,883,255
	c Investments—corporate bonds (attach schedule)	391,446	391,744	391,744
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)	7,711		
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	4,704,359	4,027,346	4,027,346
Liabilities	17 Accounts payable and accrued expenses	3,818	1,250	
	18 Grants payable	28,665	6,000	
	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)	32,483	7,250	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	4,472,642	3,839,183	
	25 Temporarily restricted	199,234	180,913	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	4,671,876	4,020,096	
	31 **Total liabilities and net assets/fund balances** (see instructions)	4,704,359	4,027,346	

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	4,671,876
2	Enter amount from Part I, line 27a	2	269,273
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	4,941,149
5	Decreases not included in line 2 (itemize) ▶	5	921,053
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	4,020,096

Part IV Capital Gains and Losses for Tax on Investment Income

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

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

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

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see 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))
2017	152,637	4,419,403	0 034538
2016	193,254	4,165,730	0 046391
2015	230,474	4,485,567	0 051381
2014	237,303	4,732,854	0 050140
2013	209,799	4,293,936	0 048859

2	**Total** of line 1, column (d)	2	0 231309
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 046262
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	4,472,103
5	Multiply line 4 by line 3	5	206,888
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	545
7	Add lines 5 and 6	7	207,433
8	Enter qualifying distributions from Part XII, line 4	8	308,551

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	545
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	545
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	545
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018 — 6a: 797		
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	797
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	252
11	Enter the amount of line 10 to be **Credited to 2019 estimated tax** ▶ 252 **Refunded** ▶	11	

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).	1b		No
	*If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ _____ **(2)** On foundation managers ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶OH			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation .*	8b	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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		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?	13	Yes	

Website address ▶ WWW BARBERTONCF ORG/TPHWF

14 The books are in care of ▶ BARBERTON COMMUNITY FNDTN Telephone no ▶ (330) 745-5995

Located at ▶ 460 WEST PAIGE AVENUE BARBERTON OH ZIP+4 ▶ 44203

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

16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶

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.

1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		☐ Yes	☑ No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		☐ Yes	☑ No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		☐ Yes	☑ No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		☐ Yes	☑ No
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		☐ Yes	☑ No
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).		☐ Yes	☑ No
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?		☐ Yes	☑ No
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		☐ Yes	☑ No
b	If "Yes," did it have excess business holdings in 2018 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 2018).*	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 2018?	4b		No

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

			Yes	No
5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☑ Yes ☐ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? See instructions	☐ Yes ☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions	5b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☑ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

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
NONE				

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

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

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

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 DIRECT GRANTS TO 29 ORGANIZATIONS FOR HEALTH AND WELLNESS PROGRAMS	261,886
2 SCHOLARSHIPS FOR 8 NURSING STUDENTS	24,000
3	
4	

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

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

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	4,117,429
b	Average of monthly cash balances	1b	422,777
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	4,540,206
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	
3	Subtract line 2 from line 1d	3	4,540,206
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	68,103
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,472,103
6	**Minimum investment return.** Enter 5% of line 5	6	223,605

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	223,605
2a	Tax on investment income for 2018 from Part VI, line 5	2a	545		
b	Income tax for 2018 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	545
3	Distributable amount before adjustments Subtract line 2c from line 1			3	223,060
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	223,060
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	223,060

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	308,551
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	308,551
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	545
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	308,006

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				223,060
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			147,575	
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017.				
f **Total** of lines 3a through e.				
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ $ 308,551				
a Applied to 2017, but not more than line 2a			147,575	
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 2018 distributable amount.				160,976
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2018				
(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				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount —see instructions				
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				62,084
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 2013 not applied on line 5 or line 7 (see instructions) . . .				
9 **Excess distributions carryover to 2019.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2014. . . .				
b Excess from 2015. . . .				
c Excess from 2016. . . .				
d Excess from 2017. . . .				
e Excess from 2018. . . .				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

SEE ATTACHED STMT
460 W PAIGE AVE
BARBERTON, OH 44203
(330) 745-5995

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

SEE ATTACHED STMT

c Any submission deadlines

SEE ATTACHED STMT

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

SEE ATTACHED STMT

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				
b *Approved for future payment* AKRON CANTON REGIONAL FOOD BANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307		A	BARBERTON FOOD DISTRIBUTION	6,000
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .			14	106,389	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	501,393	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .				607,782	
13 **Total.** Add line 12, columns (b), (d), and (e).				13	607,782

(See worksheet in line 13 instructions to verify calculations)

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

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

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

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

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

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

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

b If "Yes," complete the following schedule

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

Sign Here

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

******	2019-10-22	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
MARTIN F KOPMEYER CPA		2019-10-22		P00299022

Firm's name ▶ LUMEN CPA INC — Firm's EIN ▶46-3759655

Firm's address ▶ 10091 BRECKSVILLE RD SUITE C BRECKSVILLE, OH 441413611 — Phone no (440) 397-4142

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
KATHY ELKINS 460 WEST PAIGE BARBERTON, OH 44203	TRUSTEE 0 50	0	0	0
LEONARD FOSTER 460 WEST PAIGE AVE BARBERTON, OH 44203	TRUSTEE 0 50	0	0	0
DR DOUGLAS GORMLEY 460 WEST PAIGE AVENUE BARBERTON, OH 44203	CHAIRMAN 0 50	0	0	0
MARY JO GOSS 460 WEST PAIGE AVE BARBERTON, OH 44203	TRUSTEE 0 50	0	0	0
DUANE ISHAM 460 WEST PAIGE AVE BARBERTON, OH 44203	TRUSTEE 0 50	0	0	0
LARRY LAUTER 460 WEST PAIGE AVE BARBERTON, OH 44203	TRUSTEE 0 50	0	0	0
AARON LEPP 460 WEST PAIGE AVE BARBERTON, OH 44203	TRUSTEE 0 50	0	0	0
PATRICK MCGRATH 460 WEST PAIGE AVE BARBERTON, OH 44203	TRUSTEE 0 50	0	0	0
MICHAEL MOLDVAY 460 WEST PAIGE AVE BARBERTON, OH 44203	SECRETARY/TR 0 50	0	0	0
JASON ONDRUS 460 WEST PAIGE AVE BARBERTON, OH 44203	VICE CHAIR 0 50	0	0	0
DIANA STEVENSON 460 WEST PAIGE AVE BARBERTON, OH 44203	TRUSTEE 0 50	0	0	0
DANIEL WARDER 460 WEST PAIGE AVE BARBERTON, OH 44203	TRUSTEE 0 50	0	0	0
SHAWNA JONES 460 WEST PAIGE AVE BARBERTON, OH 44203	TRUSTEE 0 50	0	0	0

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACCESS INC230 WEST MARKET STREET AKRON, OH 44303		PC	CHILDREN'S MUSIC THERAPY	5,000
AKRON AREA YMCA477 E MARKET AKRON, OH 44304		PC	DIABETES PREVENTION PROGRAM	2,000
AKRON CHILDRENS HOSPITAL ONE PERKINS SQUARE AKRON, OH 44308		PA	HOME ALONE PROGRAM	3,665
Total . . . . . ▶ **3a**				308,551

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAYLYN PATERSON401 COLLEGE AVE ASHLAND, OH 44805		I	SCHOLARSHIP	4,000
BLICK CLINIC640 W MARKET AKRON, OH 44303		PC	PROMTING HEALTH LIFESTYLE CHANGES	5,000
CASAGAL PROGRAM OF SUMMIT COUNTY 650 DAN STREET AKRON, OH 44310		PC	ADVOCACY FOR YOUTH	2,000
Total . . . . . ▶ **3a**				308,551

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMBRACING FUTURES INC 50 S MAIN STREET SUITE LL100 AKRON, OH 44308		PA	ORTHODONTIC CARE PROGRAM	15,000
FAMILY PROMISE OF SUMMIT COUNTY 111 E VORIS STREET AKRON, OH 44311		PA	WELL BABIES	6,000
GREENLEAF FAMILY CENTER 580 GRANT ST AKRON, OH 44311		PC	ADOLESCENT SUICIDE PREVENTION	5,000
Total . . . . . ▶ **3a**				308,551

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INFO LINE INC703 S MAIN STREET SUITE 211 AKRON, OH 44311		PC	INCREASING ACCESS TO SERVICES	3,000
OAK CLINIC3838 MASSILLON RD 360 UNIONTOWN, OH 44685		PC	EMERGENCY ASSISTANCE FUND	4,000
OPEN M941 PRINCETON ST AKRON, OH 44311		PC	OPEN M MEDICAL CLINIC	12,000
Total . . . . . ▶ **3a**				308,551

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RED CROSS OF SUMMIT PORTAGE & MEDI 501 WEST MARKET ST AKRON, OH 44303		PA	HOME FIRE CAMPAIGN	4,000
RED CROSS OF SUMMIT PORTAGE&MEDINA 501 W MARKET ST AKRON, OH 44303		PC	HOME FIRE CAMPAIGN	4,000
EVE COLON6200 FRANK AVE CANTON, OH 44720		I	SCHOLARSHIP	2,750
Total . . . . . ▶ **3a**				308,551

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SUMMIT COUNTY 90 N PROPECT ST AKRON, OH 44304		PC	CARE MENTORING EXPANSION	15,000
KAYLEE SMITH277 E BUCHTEL AVE AKRON, OH 44325		I	SCHOLARSHIP	2,750
JILLIAN SEMONIN277 E BUCHTEL AVE AKRON, OH 44325		I	SCHOLARSHIP	2,750
Total . . . . . ▶ **3a**				308,551

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GABRIELLE MILLER277 E BUCHTEL AVE AKRON, OH 44325		I	SCHOLARSHIP	2,000
VICTORY GALLOP1745 HAMETOWN RD AKRON, OH 44333		PC	CHILDREN WITH SPECIAL NEEDS	5,000
BATTERED WOMEN'S SHELTER 974 E MARKET AKRON, OH 44305		PC	AED & FIRST AID	4,000
Total . . . . . ▶ **3a**				308,551

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARBERTON PARKS & RECREATION 500 W HOPOCAN AVE BARBERTON, OH 44203		PC	LIMITLESS PLAYGROUND	7,000
BROKEN CHAINS JAIL & PRISON MINISTR 2233 25TH ST AKRON, OH 44314		PC	LYDIA'S HOME RECOVERY PROGRAM	7,500
AXESSPOINT COMMUNITY HEALTH CENTER PO BOX 7695 AKRON, OH 44306		PC	SPECIALTY PHARMACY CREATION	5,000
Total . . . . . ▶ **3a**				308,551

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CUYAHOGA VALLEY COUNTRYSIDE CONSERV 4965 QUICK RD PENINSULA, OH 44264		PC	FARMERS' MARKET FOOD EXPANSION	5,000
PREVENT BLINDNESS NE OHIO 6803 MAYFIELD RD SUITE 111 CLEVELAND, OH 44134		PC	VISION CARE OUTREACH	4,000
FAMILY & COMM SERVICES 705 OAKWOOD ST SUITE 221 RAVENNA, OH 44266		PC	MEALS & SUPPLEMENTS	2,000
Total . . . . . ▶ **3a**				308,551

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARBERTON ALL SPORTS BOOSTER 555 BARBER ROAD BARBERTON, OH 44203		PC	SYNTHETIC TURF PROJECT	100,000
SUMMA HEALTH SYSTEM 525 E MARKET ST AKRON, OH 44304		PC	ADDICTION MEDICINE OUTPATIENT	20,000
DIRECTION HOME AREA AGENCY ON AGING & DISABILITIES 1550 CORPORATE WOODS PKWY UNIONTOWN, OH 44685		PC	HOME CARE CORDINATION PROGRAM	9,400
Total . . . . . ▶ **3a**				308,551

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARBERTON FIRE DEPARTMENT 580 WOOSTER ROAD BARBERTON, OH 44203		PC	LIFE PAK 15	15,000
FAMILY PROMISE OF SUMMIT COUNTY 111 E VORIS ST AKRON, OH 44311		PC	FAMILY WELLNESS	5,000
EMBRACING FUTURES 50 S MAIN ST STE LL100 AKRON, OH 44278		PC	ORTHODONTIC CARE PROGRAM	5,586
Total . . . . . ▶ **3a**				308,551

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SUPPORT SERVICES 150 CROSS ST AKRON, OH 44311		PC	RETINAL SCANNER	4,400
RENEE ANDREWSCHUBB HALL 020 ATHENS, OH 45701		I	SCHOLARSHIP	2,000
JESSICA WOODRUFF6200 FRANK AVE CANTON, OH 44720		I	SCHOLARSHIP	2,750
Total . . . . . ▶ **3a**				308,551

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KRISTIAN KOWALESKI2020 E MAPLE N CANTON, OH 44720		I	SCHOLARSHIP	5,000
Total . . . . . ▶ **3a**				308,551

TY 2018 Accounting Fees Schedule

Name: TUSCORA PARK HEALTH & WELLNESS FOUNDATION

EIN: 34-1193807

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	2,000	2,000		

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

TY 2018 Gain/Loss from Sale of Other Assets Schedule

Name: TUSCORA PARK HEALTH & WELLNESS FOUNDATION

EIN: 34-1193807

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
CALAMOS MARKET NEUTRAL INCOME FUND		PURCHASE	2018-12		3,196				3,196	
OPPENHEIMER INTERNATIONAL GROWTH FUN		PURCHASE	2008-05		5,098	4,941			157	
T ROWE PRICE DIVERSIFIED SMALL CAP		PURCHASE	2018-05		77,171	62,647			14,524	
BLACKROCK GLOBAL ALLOCATION		PURCHASE	2018-12		9,571				9,571	
CALAMOS MARKET NEUTRAL INCOME FUND		PURCHASE	2018-12		4,332				4,332	
ISHARES RUSSELL 1000 VALUE		PURCHASE	2018-11		498,528	358,421			140,107	
ISHARES RUSSELL 1000 GROWTH		PURCHASE	2018-11		575,131	270,856			304,275	
OPPENHEIMER INTERNATIONAL GROWTH		PURCHASE	2018-05		29,902	17,603			12,299	
T ROWE PRICE DIVERSIFIED SMALL		PURCHASE	2018-12		13,134				13,134	
FNMA 1 125%		PURCHASE	2018-10		50,000	49,790			210	
SCHWAB CORP 2 2%		PURCHASE	2018-06		10,000	10,000				
US TREASURY N/B 1 125%		PURCHASE	2015-11		49,646	49,519			127	
US TREASURY N/B 1 5%		PURCHASE	2018-11		24,515	25,054			-539	

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TY 2018 Investments Corporate Bonds Schedule

Name: TUSCORA PARK HEALTH & WELLNESS FOUNDATION

EIN: 34-1193807

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
SEE ATTACHED	391,744	391,744

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TY 2018 Investments Corporate Stock Schedule

Name: TUSCORA PARK HEALTH & WELLNESS FOUNDATION

EIN: 34-1193807

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
SEE ATTACHED	1,689,466	1,689,466
SEE ATTACHED	1,193,789	1,193,789

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491295005039

TY 2018 Investments Government Obligations Schedule

Name:	TUSCORA PARK HEALTH & WELLNESS FOUNDATION
EIN:	34-1193807
US Government Securities - End of Year Book Value:	520,094
US Government Securities - End of Year Fair Market Value:	520,094
State & Local Government Securities - End of Year Book Value:	
State & Local Government Securities - End of Year Fair Market Value:	

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TY 2018 Other Assets Schedule

Name: TUSCORA PARK HEALTH & WELLNESS FOUNDATION

EIN: 34-1193807

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INTEREST	7,711		

TY 2018 Other Decreases Schedule

Name: TUSCORA PARK HEALTH & WELLNESS FOUNDATION

EIN: 34-1193807

Description	Amount
UNREALIZED LOSSES ON INVESTMENTS	921,053

TY 2018 Other Expenses Schedule

Name: TUSCORA PARK HEALTH & WELLNESS FOUNDATION

EIN: 34-1193807

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
PROMOTION	257	257		
BANK AND CREDIT CARD FEES	18	18		
INSURANCE	3,089	3,089		
OFFICE SUPPLIES	438	438		

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TY 2018 Other Professional Fees Schedule

Name: TUSCORA PARK HEALTH & WELLNESS FOUNDATION

EIN: 34-1193807

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT AND CUSTODIAL FEES	5,659	5,659		
MANAGEMENT FEES	5,000	5,000		
CUSTODIAL FEES	35,262	35,262		

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TY 2018 Taxes Schedule

Name: TUSCORA PARK HEALTH & WELLNESS FOUNDATION

EIN: 34-1193807

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE OF OHIO ANNUAL FEE	200	200		
FEDERAL TAX	700			