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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 07-01-2018 , and ending 06-30-2019

Name of foundation
Austin-Bailey Health & Wellness Foundation

% AUSTIN-BAILEY HEALTH & WELLN

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

A Employer identification number
34-1845584

B Telephone number (see instructions)
(330) 580-2380

C If exemption application is pending, check here ▶ ☐

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

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

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

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

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

I Fair market value of all assets at end of year (from Part II, col (c), *line 16*) ▶$ 7,067,613

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

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

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	0			
	2	Check ▶ ☑ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	206,986	206,986		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	227,205			
	b	Gross sales price for all assets on line 6a 2,457,555				
	7	Capital gain net income (from Part IV, line 2)		227,205		
	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	434,191	434,191		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	66,690	26,676		40,014
	14	Other employee salaries and wages	30,388	2,735		27,653
	15	Pension plans, employee benefits	7,449	2,235		5,214
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	11,275	0	0	11,275
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	7,499			
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy	15,266	3,816		11,449
	21	Travel, conferences, and meetings	827			827
	22	Printing and publications				
	23	Other expenses (attach schedule)	50,859	35,805		15,054
	24	**Total operating and administrative expenses.** Add lines 13 through 23	190,253	71,267	0	111,486
	25	Contributions, gifts, grants paid	367,356			294,409
	26	**Total expenses and disbursements.** Add lines 24 and 25	557,609	71,267	0	405,895
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-123,418			
	b	**Net investment income** (if negative, enter -0-)		362,924		
	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	95,923	32,799	32,799
	2	Savings and temporary cash investments	84,445	31,352	31,352
	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			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	4,348,862	4,345,931	4,345,931
	c	Investments—corporate bonds (attach schedule)	1,655,339	1,655,275	1,655,275
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	1,027,493	998,785	998,785
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)	864	3,471	3,471
	16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	7,212,926	7,067,613	7,067,613
Liabilities	17	Accounts payable and accrued expenses	6,400	0	
	18	Grants payable	62,026	72,947	
	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)	68,426	72,947	
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted	7,144,500	6,994,666	
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	**Total net assets or fund balances** (see instructions)	7,144,500	6,994,666	
	31	**Total liabilities and net assets/fund balances** (see instructions)	7,212,926	7,067,613	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	7,144,500
2	Enter amount from Part I, line 27a	2	-123,418
3	Other increases not included in line 2 (itemize) ▶	3	62,026
4	Add lines 1, 2, and 3	4	7,083,108
5	Decreases not included in line 2 (itemize) ▶	5	88,442
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	6,994,666

Part IV Capital Gains and Losses for Tax on Investment Income

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

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	2,457,555		2,230,350	227,205
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				227,205
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	227,205
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	419,223	7,172,743	0 058447
2016	415,904	6,848,827	0 060726
2015	548,562	6,886,124	0 079662
2014	446,808	7,674,131	0 058223
2013	524,066	7,682,356	0 068217

2	**Total** of line 1, column (d)	2	0 325275
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 065055
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 . . .	4	6,896,217
5	Multiply line 4 by line 3	5	448,633
6	Enter 1% of net investment income (1% of Part I, line 27b) . . .	6	3,629
7	Add lines 5 and 6	7	452,262
8	Enter qualifying distributions from Part XII, line 4 . . .	8	405,895

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	7,258
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	7,258
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	7,258
6	Credits/Payments				
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	10,080		
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	10,080
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	2,822
11	Enter the amount of line 10 to be **Credited to 2019 estimated tax** ▶ 2,822 **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 ▶http //fdnweb org/austinbailey/

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

Located at ▶2719 FULTON DRIVE NW SUITE D CANTON OH ZIP+4 ▶44718

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

			Yes	No
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. 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? ☐ 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** 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 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**		
	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

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

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

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

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
Total number of others receiving over $50,000 for professional services. . . . . ▶		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 GRANT TO BEACON CHARITABLE PHARMACY FOR OPERATING EXPENSES	50,000
2 GRANT TO ACCESS HEALTH STARK COUNTY FOR A COMMUNITY HEALTH WORKER	25,000
3 GRANT TO STARK COUNTY EDUCATIONAL SERVICE CENTER FOR A ROBOT FOR AUTISTIC CHILDREN	19,270
4 GRANT TO QUOTA INTERNATIONAL OF MASSILLON FOR CLASSROOM AMPLIFICATION SYSTEMS	17,000

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
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	6,909,748
b	Average of monthly cash balances.	1b	88,017
c	Fair market value of all other assets (see instructions).	1c	3,471
d	**Total** (add lines 1a, b, and c).	1d	7,001,236
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). **1e**		
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	7,001,236
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	105,019
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	6,896,217
6	**Minimum investment return.** Enter 5% of line 5.	6	344,811

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	344,811
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	7,258		
b	Income tax for 2018 (This does not include the tax from Part VI).	2b			
c	Add lines 2a and 2b.			2c	7,258
3	Distributable amount before adjustments Subtract line 2c from line 1.			3	337,553
4	Recoveries of amounts treated as qualifying distributions.			4	
5	Add lines 3 and 4.			5	337,553
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	337,553

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	405,895
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	405,895
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b See instructions.	5	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4.	6	405,895

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				337,553
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 2016 , 2015 , 2014		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013. 147,039				
b From 2014. 72,162				
c From 2015. 207,282				
d From 2016. 77,112				
e From 2017. 70,642				
f Total of lines 3a through e.	574,237			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ $ 405,895				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2018 distributable amount.				337,553
e Remaining amount distributed out of corpus	68,342			
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	642,579			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .	147,039			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	495,540			
10 Analysis of line 9				
a Excess from 2014. . . . 72,162				
b Excess from 2015. . . . 207,282				
c Excess from 2016. . . . 77,112				
d Excess from 2017. . . . 70,642				
e Excess from 2018. . . . 68,342				

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))

NA

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

NA

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

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc 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

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

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

Don Sultzbach See grant guidelines on website

c Any submission deadlines

Don Sultzbach See grant guidelines on website

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

Don Sultzbach See grant guidelines on website

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* See Additional Data Table				
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	206,986	
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	227,205	
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)				434,191	

13 **Total.** Add line 12, columns (b), (d), and (e) 13 434,191

(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

******	2019-11-07	******
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
S Franklin Arner CPA				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	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DON A SULTZBACH 2719 Fulton Drive NW Suite D Canton, OH 44718	EXECUTIVE DIRECTOR 16 0	50,315	0	0
PETER KOPKO 2719 Fulton Drive NW Suite D Canton, OH 44718	TREASURER 4 0	16,375	0	0
DANIEL N MORETTA DO 2719 Fulton Drive NW Suite D Canton, OH 44718	SECRETARY 1 0	0	0	0
JENNIFER R KESSEL 2719 Fulton Drive NW Suite D Canton, OH 44718	TRUSTEE 1 0	0	0	0
FREDERICK W ROHRIG 2719 Fulton Drive NW Suite D Canton, OH 44718	CHAIRMAN 1 0	0	0	0
SCOTT P SANDROCK 2719 Fulton Drive NW Suite D Canton, OH 44718	TRUSTEE 1 0	0	0	0
THOMAS F TURNER 2719 Fulton Drive NW Suite D Canton, OH 44718	TRUSTEE 1 0	0	0	0
Thomas B Arnold 2719 Fulton Drive NW Suite D Canton, OH 44718	TRUSTEE 1 0	0	0	0
DIANE K JARRETT 2719 Fulton Drive NW Suite D Canton, OH 44718	TRUSTEE 1 0	0	0	0
EUGENE A THORN III 2719 Fulton Drive NW Suite D Canton, OH 44718	TRUSTEE 1 0	0	0	0
DANIEL J FULINE 2719 Fulton Drive NW Suite D Canton, OH 44718	TRUSTEE 1 0	0	0	0
CHARLES R CONKLIN DO 2719 Fulton Drive NW Suite D Canton, OH 44718	VICE CHAIRMAN 1 0	0	0	0
JAMES MOLNAR 2719 Fulton Drive NW Suite D Canton, OH 44718	TRUSTEE 1 0	0	0	0
D J McFadden M D 2719 Fulton Drive NW Suite D Canton, OH 44718	Trustee 1 0	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*				
STARK STATE TECHNICAL COLLEGE 6200 FRANK AVE 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
Total . . . . ▶ **3a**				294,409

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*				
OU COLLEGE OF OSTEOPATHIC MEDICINE GROSVENOR HALL ATHENS, OH 45701	NOT APPLICABLE	NC	MEDICAL TRAINING SCHOLARSHIPS	5,000
AULTMAN COLLEGE 2600 Sixth Street SW Canton, OH 44710	Not Applicable	NC	Medical training scholarships	4,000
MISCELLANEOUS MATCHING GRANTS 2719 FULTON DRIVE NW CANTON, OH 44718	NOT APPLICABLE	PC	MISCELLANEOUS MATCHING GRANTS	3,550
Total . . . . ▶ **3a**				294,409

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*				
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
Akron Children's Hospital 214 W Bowery St Akron, OH 44308	Not Applicable	NC	Indoor sensory equipment for autistic patients and outdoor rehab equipment	10,000
Total . . . . ▶ **3a**				294,409

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*				
Alliance Family Health Center 1401 S Arch Ave Ste A Alliance, OH 44601	Not Applicable	NC	Ultrasound machine	15,000
Aultman Orrville Hospital832 S Main St Orrville, OH 44667	Not Applicable	NC	OB Department equipment	15,200
Beacon Charitable Pharmacy 408 9th St SW Canton, OH 44707	Not Applicable	PC	Operational support	50,000
Total . . . . ▶ **3a**				294,409

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*				
Wayne College1901 Smucker Rd Orrville, OH 44667	NOT APPLICABLE	NC	MEDICAL TRAINING SCHOLARSHIPS	4,000
Access Health Stark County 408 9th St SW Canton, OH 44707	NOT APPLICABLE	PC	Community Health Worker	25,000
Compassion Delivered 1320 Bel Air Dr NW North Canton, OH 44720	NOT APPLICABLE	PC	Kitchen wares and a refrigerator/freezer	1,036
Total . . . . ▶ **3a**				294,409

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*				
House of Loreto2812 Harvard Ave NW Canton, OH 44709	NOT APPLICABLE	PC	Palliative care facility furnishings	19,990
En-Rich-Ment4110 Meadowview Dr NW Canton, OH 44718	NOT APPLICABLE	PC	Gardening program for inner city youth	9,680
Quota International of Massillon PO Box 81 Massillon, OH 44648	NOT APPLICABLE	PC	Classroom amplification systems to schools in western Stark County	17,000
Total . . . . ▶ **3a**				294,409

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*				
St Luke Lutheran Community 220 Applegrove St NE North Canton, OH 44720	NOT APPLICABLE	PC	Vital signs monitor	3,000
YMCA of Western Stark County 131 Tremont Ave SE Massillon, OH 44646	NOT APPLICABLE	PC	A treadmill in honor of retiring board member, John Muhlbach	4,500
Massillon City Health Department 111 Tremont Ave SW Massillon, OH 44647	NOT APPLICABLE	GOV	Health screenings in public locations	3,380
Total . . . . ▶ **3a**				294,409

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*				
Chapil Hill Community 12200 Strausser St NW Canal Fulton, OH 44614	NOT APPLICABLE	NC	Nursing assistants training program	4,500
Christian Children's Home of Ohio PO Box 765 2685 Armstrong Rd Wooster, OH 44691	Not applicable	PC	Cottage renovation	4,500
Faith in Action of Western Stark County 412 Lincoln Way E Massillon, OH 44646	Not applicable	PC	Gas money for volunteer drivers	1,500
Total . . . . ▶ **3a**				294,409

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*				
Hammer & Nails Inc1404 7th St NW Canton, OH 44703	Not applicable	PC	Wheelchair ramps (5)	13,000
New Leaf CenterPO Box 336 MT Eaton, OH 44659	Not applicable	PC	Partial salary for clinic nurse	13,000
Ohio Living Home Health and Hospice 83 N Miller Rd 101 Fairlawn, OH 44333	Not applicable	NC	Training for dealing with Alzheimer's	4,000
Total . . . . ▶ **3a**				294,409

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*				
Philomatheon Society of the Blind 2701 Tuscarawas St W Canton, OH 44708	Not applicable	PC	Eyeglasses for the needy	10,000
Pregnancy Care Center of Wayne County 142 W Liberty St 3a Wooster, OH 44691	Not applicable	PC	Healthy Choices for Teens program	5,000
Pregnancy Choices 2645 Cleveland Ave NW Canton, OH 44709	Not applicable	PC	Partial salary for clinic nurse	8,000
Total . . . . ▶ **3a**				294,409

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*				
Stark County Educational Service Center 6065 Strip Avenue NW North Canton, OH 44720	Not applicable	NC	Robot for autistic children	18,573
Total . . . . ▶ **3a**				294,409

TY 2018 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	11,275			11,275

TY 2018 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 2018 Depreciation Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

TY 2018 Investments Corporate Bonds Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
WELLS FARGO	1,655,275	1,655,275

TY 2018 Investments Corporate Stock Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
WELLS FARGO	4,345,931	4,345,931

TY 2018 Investments - Other Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
OTHER ALTERNATIVE INVESTMENTS	FMV	998,785	998,785

TY 2018 Other Assets Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INVESTMENT INCOME	864	671	671
PREPAID TAXES	0	2,800	2,800

TY 2018 Other Decreases Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	0
REPORTED AT FAIR VALUE	88,442

TY 2018 Other Expenses Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES & SUBSCRIPTIONS	1,805	18		1,787
INSURANCE	3,711	931		2,780
BOARD OF TRUSTEES EXPENSE	5,460	1,365		4,095
OFFICE	6,522	130		6,392
INVESTMENT FEES	33,361	33,361		

TY 2018 Other Increases Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

Description	Amount
GRANTS ACCRUED PY - PAID CY	62,026

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TY 2018 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	7,299			