

Form **990**  
(Rev. January 2020)

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

## 2019

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2019 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization Esher-Titus Foundation  
 Doing business as \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
272 Benedict Avenue  
 City or town State ZIP code  
Norwalk OH 44857-2374  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number  
34-1476937

**E** Telephone number  
419-668-8101

**G** Gross receipts \$ 691,162

**F** Name and address of principal officer  
Brent W Burkey, MD, Same as C above

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number \_\_\_\_\_

Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

Website: www.fishertitus.org

Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1985 **M** State of legal domicile: OH

ENVELOPE  
POSTMARK DATE NOV 13 2020

### Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities surrounding community service area and the associated affiliated entities.	<u>To support the health and safety of the</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>11</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>8</u>
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<u>5</u>	<u>0</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>11</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
7b	Net unrelated business taxable income from Form 990-T, line 39	<u>7b</u>	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u>339,854</u>	<u>438,308</u>
	9	Program service revenue (Part VIII, line 2g)	<u>0</u>	<u>0</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>95,502</u>	<u>134,820</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>9,720</u>	<u>12,049</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>445,076</u>	<u>585,177</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>104,461</u>	<u>433,290</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>119,736</u>	<u>180,266</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>70,424</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>150,803</u>	<u>94,598</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>375,000</u>	<u>708,154</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>70,076</u>	<u>-122,977</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u>3,282,225</u>	<u>3,263,008</u>
	21	Total liabilities (Part X, line 26)	<u>232,918</u>	<u>186,856</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>3,049,307</u>	<u>3,076,152</u>

RECEIVED  
NOV 13 2020  
OGDEN, UT  
IRS-OSC

### Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: Scott E. Endsley Date: 11-10-2020  
 Type or print name and title: Chief Financial Officer

**Paid Preparer Use Only**  
 Print/Type preparer's name: Nathan Rodgers Preparer's signature: Nathan A. Rodgers, CPA Date: 11/9/2020 Check  if self-employed PTIN: P01568275  
 Firm's name: Blue & Company, LLC Firm's EIN: 35-1178661  
 Firm's address: 500 N Meridian Street, Suite 200, Indianapolis, IN 46204 Phone no: 317-633-4705

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

To preserve and enhance the health-care services available within our region by raising funds for capital building projects, technology and to improve and expand health-care facilities to better serve residents

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 514,834 including grants of \$ 433,290 ) (Revenue \$ )

The Fisher-Titus Foundation is organized to raise funds to support health-related programs, projects and activities throughout Huron and the adjacent counties. In 2019, the Fisher-Titus Foundation

1 Supported the Autistic Spectrum Kids (ASK) program at Fisher-Titus Medical Center, which holds various programs and support group meetings for autistic children, their families and for educators (program costs \$17,003)

2 Made a donation to affiliated organization, Fisher-Titus Medical Center in support of the High School Health Education program (program costs \$6,800)

3 Donated to affiliated organization, Fisher-Titus Medical Center in support of the Radiology department for Smartcurve Breast paddles and MammoTest Biopsy Equipment (program costs \$104,500)

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

continued on Schedule O

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O )

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses 514,834

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .		
	2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	X

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		X
<b>15b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **OH**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **David Wilson, MBA/CMA/CFE**  
 272 Benedict Avenue, Norwalk, OH 44857-2374 419-668-8101

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

See instructions for the order in which to list the persons above

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Brent W Burkey, MD President & CEO	4 00 61 00	X		X				441,927	58,911	
(2) Dr Farid Said, MD Director	8 25 32 75	X						295,018	26,227	
(3) Matthew C Gross - end March 2019 CEO/ Senior Advisor Board	4 00 61 00	X		X				284,738	34,802	
(4) Scott E Endsley Chief Financial Officer	2 00 58 00			X				213,060	39,561	
(5) Steven Fries Former CFO / Chief Operations Officer	0 00 50 00					X		141,475	16,573	
(6) Skip Wilde Chairman	2 00 0 00	X		X						
(7) Dr Glenn Trippe Vice Chairman	2 00 0 00	X		X						
(8) Janice Smith Treasurer & Secretary	2 00 0 00	X		X						
(9) Perry Dryden Director	1 00 13 00	X								
(10) Jon Ditz Director	1 00 0 00	X								
(11) Jeffrey C Huber Director	1 00 6 00	X								
(12) Erin Lendrum Director	1 00 0 00	X								
(13) Frank VanDresser, Jr Director	1 00 0 00	X								
(14) Dan White Director	1 00 0 00	X								

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) W Taylor Hart, III - end June 2019 Director	1 00 0 00	X								
(16) .....										
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
<b>1b Subtotal</b>							0	1,376,218	176,074	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							0	1,376,218	176,074	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		0
		0
		0
		0
		0

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>	0				
	<b>b</b> Membership dues	<b>1b</b>	0				
	<b>c</b> Fundraising events	<b>1c</b>	20,635				
	<b>d</b> Related organizations	<b>1d</b>	70,000				
	<b>e</b> Government grants (contributions)	<b>1e</b>	0				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	347,673				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 0				
	<b>h Total.</b> Add lines 1a-1f			438,308			
	<b>Program Service Revenue</b>			Business Code			
<b>2a</b> -----				0			
<b>b</b> -----				0			
<b>c</b> -----				0			
<b>d</b> -----				0			
<b>e</b> -----				0			
<b>f</b> All other program service revenue				0			
<b>g Total.</b> Add lines 2a-2f				0			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			114,342		114,342	
	<b>4</b> Income from investment of tax-exempt bond proceeds			0			
	<b>5</b> Royalties			0			
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>6a</b>					
		<b>6b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)		0	0			
	<b>d</b> Net rental income or (loss)			0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>7a</b>		109,110	0		
		<b>7b</b> Less cost or other basis and sales expenses		88,632	0		
	<b>c</b> Gain or (loss)		20,478	0			
	<b>d</b> Net gain or (loss)			20,478		20,478	
	<b>8a</b> Gross income from fundraising events (not including \$ 20,635 of contributions reported on line 1c) See Part IV, line 18						
		<b>8a</b>		29,402			
<b>8b</b> Less direct expenses			17,353				
<b>c</b> Net income or (loss) from fundraising events			12,049		12,049		
<b>9a</b> Gross income from gaming activities See Part IV, line 19							
	<b>9a</b>		0				
	<b>9b</b> Less direct expenses		0				
<b>c</b> Net income or (loss) from gaming activities			0				
<b>10a</b> Gross sales of inventory, less returns and allowances							
	<b>10a</b>		0				
	<b>10b</b> Less cost of goods sold		0				
<b>c</b> Net income or (loss) from sales of inventory			0				
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b> -----			0			
	<b>b</b> -----			0			
	<b>c</b> -----			0			
	<b>d</b> All other revenue			0			
	<b>e Total.</b> Add lines 11a-11d			0			
<b>12 Total revenue.</b> See instructions			585,177	0	0	146,869	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments See Part IV, line 21	433,290	433,290		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0		0	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	149,829	21,994	71,917	55,918
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	30,437	4,468	14,610	11,359
10	Payroll taxes	0			
11	Fees for services (nonemployees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O )	14,572		11,700	2,872
12	Advertising and promotion	0			
13	Office expenses	14,841		14,566	275
14	Information technology	7,472		7,472	
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	445		445	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	762	0	762	0
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a	Dues and Subscriptions	1,424		1,424	
b	Community & Health Outreach Expenses	55,082	55,082		
c		0			
d		0			
e	All other expenses	0			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	708,154	514,834	122,896	70,424
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing		0	<b>1</b>		
	<b>2</b> Savings and temporary cash investments		595,122	<b>2</b>	425,622	
	<b>3</b> Pledges and grants receivable, net		13,034	<b>3</b>	8,307	
	<b>4</b> Accounts receivable, net		0	<b>4</b>	0	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	<b>6</b>		
	<b>7</b> Notes and loans receivable, net		0	<b>7</b>	0	
	<b>8</b> Inventories for sale or use		0	<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges		0	<b>9</b>		
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 23,878				
	<b>b</b> Less accumulated depreciation	<b>10b</b> 18,799	5,841	<b>10c</b>	5,079	
	<b>11</b> Investments—publicly traded securities		2,668,228	<b>11</b>	2,824,000	
	<b>12</b> Investments—other securities See Part IV, line 11		0	<b>12</b>	0	
	<b>13</b> Investments—program-related See Part IV, line 11		0	<b>13</b>	0	
	<b>14</b> Intangible assets		0	<b>14</b>	0	
	<b>15</b> Other assets See Part IV, line 11		0	<b>15</b>	0	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)		3,282,225	<b>16</b>	3,263,008		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		248	<b>17</b>	2,793	
	<b>18</b> Grants payable		0	<b>18</b>		
	<b>19</b> Deferred revenue		0	<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities		0	<b>20</b>		
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		0	<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		0	<b>23</b>	0	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		0	<b>24</b>	0	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D		232,670	<b>25</b>	184,063	
	<b>26 Total liabilities.</b> Add lines 17 through 25		232,918	<b>26</b>	186,856	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>					
	<b>and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b> Net assets without donor restrictions		1,927,119	<b>27</b>	1,965,639	
	<b>28</b> Net assets with donor restrictions		1,122,188	<b>28</b>	1,110,513	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>					
	<b>and complete lines 29 through 33.</b>					
	<b>29</b> Capital stock or trust principal, or current funds		0	<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		0	<b>30</b>		
<b>31</b> Retained earnings, endowment, accumulated income, or other funds		0	<b>31</b>			
<b>32</b> Total net assets or fund balances		3,049,307	<b>32</b>	3,076,152		
<b>33</b> Total liabilities and net assets/fund balances		3,282,225	<b>33</b>	3,263,008		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	585,177
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	708,154
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-122,977
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	3,049,307
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	160,533
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-10,711
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	3,076,152

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Fisher-Titus Foundation

Employer identification number

34-1476937

**Part I Reason for Public Charity Status** (All organizations must complete this part ) See instructions

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations 0
  - g Provide the following information about the supported organization(s)

07

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	358,176	381,109	408,979	339,854	438,308	1,926,426
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 Total.</b> Add lines 1 through 3	358,176	381,109	408,979	339,854	438,308	1,926,426
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						235,511
<b>6 Public support.</b> Subtract line 5 from line 4						1,690,915

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4	358,176	381,109	408,979	339,854	438,308	1,926,426
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	71,768	79,526	104,813	95,503	114,342	465,952
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
<b>11 Total support.</b> Add lines 7 through 10						2,392,378
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	50,750
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	70.68%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14	<b>15</b>	71.13%

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization: Fisher-Titus Foundation; Employer identification number: 34-1476937

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

Form with multiple sections for conservation easements, including checkboxes for purposes, a table for tax year data (2a-2d), and various questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions about reporting art and historical treasures, including checkboxes and dollar amount fields.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply)
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 0      |
| d Additions during the year     |        |
| e Distributions during the year |        |
| f Ending balance                | 0      |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	237,925	214,709	165,332	161,656	135,839
b Contributions	25,000	25,000	50,000		25,000
c Net investment earnings, gains, and losses	6,558	-1,784	2,877	3,676	817
d Grants or scholarships			3,500		
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	269,483	237,925	214,709	165,332	161,656

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment  %
  - b Permanent endowment  100%
  - c Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0	0	0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	23,878	18,799	5,079
e Other	0	0	0	0
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				5,079

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	0	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	0	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	0

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	0
(2)	Due to affiliated Fisher-Titus Medical	37,303
(3)	Gift Annuities Payable	146,760
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		184,063

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	751,853
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 160,533		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	160,533
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	591,320
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII)	<b>4b</b> -6,143		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-6,143
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12)		<b>5</b>	585,177

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	725,008
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	725,008
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII)	<b>4b</b> -16,854		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-16,854
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18)		<b>5</b>	708,154

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Part V Line 4 - The Healthcare Education Assistance endowment is used to ensure the availability of financial assistance to employees and residents of our service area who are pursuing degrees in recognized healthcare speciality areas where employees are in short supply

Part X Line 2 - Management has analyzed the tax positions taken by these entities, and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying consolidated financial statements The entities are subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress Fisher-Titus Foundation's individual accrued uncertain tax liability was \$0.00

Part XI Line 4b Fisher Titus Foundation Annuity Adjustment of \$10,711, Special Events

**Part XIII Supplemental Information** (continued)

Expense reclassified from Form 990, Part VIII, Line 8b of (\$17,353) and Schlink funds

reclassified from Form 990 Part IX, line 25c for \$499, for a total of negative (\$6,143)



Part XII Line 4b Special Events Expense reclassified from Form 990, Part VIII, Line 8b of

negative (\$17,353)

Part XII Line 4b Distribution Schlink Funds reclassified from Form 990, Part IX, Line 25c of

\$499



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Golf Outing (event type)	(event type)	NONE (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	50,037	0	50,037
	2	Less Contributions	20,635	0	20,635
	3	Gross income (line 1 minus line 2)	29,402	0	29,402
Direct Expenses	4	Cash prizes	500	0	500
	5	Noncash prizes	2,149	0	2,149
	6	Rent/facility costs	5,208	0	5,208
	7	Food and beverages	5,250	0	5,250
	8	Entertainment		0	0
	9	Other direct expenses	4,246	0	4,246
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Subtract line 10 from line 3, column (d)				12,049

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				0
	3	Noncash prizes				0
	4	Rent/facility costs				0
	5	Other direct expenses				0
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				( 0)	
8	Net gaming income summary Subtract line 7 from line 1, column (d)				0	

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

▶ Attach to Form 990.

Name of the organization

Employer identification number

Fisher-Titus Foundation

34-1476937

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
 Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Fisher-Titus Medical Center 272 Benedict Ave Norwalk, OH 44857	34-4430716	501 (c)(3)	8,400				Support FTMC Helmet for Kids Program
(2) Fisher-Titus Medical Center 272 Benedict Ave Norwalk, OH 44857	34-4430716	501 (c)(3)	6,800				FTMC High School Health Education
(3) Fisher-Titus Medical Center 272 Benedict Ave Norwalk, OH 44857	34-4430716	501 (c)(3)	104,500				Support Radiology Dept
(4) Fisher-Titus Medical Center 272 Benedict Ave Norwalk, OH 44857	34-4430716	501 (c)(3)	120,000				Support various FTMC Depts.
(5) Fisher-Titus Medical Center 272 Benedict Ave Norwalk, OH 44857	34-4430716	501 (c)(3)	7,950				FTMC Population Wellness Program
(6) Fisher-Titus Medical Center 272 Benedict Ave Norwalk, OH 44857	34-4430716	501 (c)(3)	23,408				Purchase IV Poles Nursing Depts
(7) Fisher-Titus Medical Center 272 Benedict Ave Norwalk, OH 44857	34-4430716	501 (c)(3)	90,000				Help purchase Heart Cath Lab Roof
(8) Fisher-Titus Medical Center 272 Benedict Ave Norwalk, OH 44857	34-4430716	501 (c)(3)		17,003	FMV	Misc Supplies	Autistic Spectrum Kids Programs
(9) Fisher-Titus Medical Center 272 Benedict Ave Norwalk, OH 44857	34-4430716	501 (c)(3)		14,413	FMV	2012 Burck Regal	Support FTMC Volunteer Dept
(10) Norwalk Memorial Home 272 Benedict Ave Norwalk, OH 44857	34-4430716	501 (c)(3)	7,991				Purchase Sara Lift & Hoyer Lift
(11) Second Harvest Food Bank 7445 Deer Trail Lane Lorain, OH 4405	34-1446685	501 (c)(3)		32,825	FMV	Misc Supplies	Weekend without Hunger Program
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 3
- 3 Enter total number of other organizations listed in the line 1 table. 0



**SCHEDULE J  
(Form 990)**

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Fisher-Titus Foundation

Employer identification number  
34-1476937

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		X

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Dr Farid Said, MD Director	(i)					0	
	(ii)	273,971		21,047	5,508	321,246	
2 Brent W Burkey, MD President & CEO	(i)	400,465	36,800	4,662	55,911	0	
	(ii)				3,000	500,838	
3 Matthew C. Gross - end March 2019 CEO/ Senior Advisor Board	(i)	238,656		46,082	9,995	0	
	(ii)				24,808	319,541	
4 Scott E. Endsley Chief Financial Officer	(i)	192,645	10,000	10,415	30,267	0	
	(ii)				9,294	252,621	
5 Steven Fries Former CFO / Chief Operations Officer	(i)	140,144		1,331	5,227	0	
	(ii)				11,346	158,048	
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I Line 4b & Part II, Line 2 - Included in Dr. Burkey's total contribution to deferred compensation of \$55,911 reported in Column C is \$13,071 of vested deferred wages and qualified retirement plan contributions and \$42,840 for the current year accrual of a non-vested, non-qualified retirement plan. This plan provides an additional benefit based on years of eligible service and vested status and remains subject to a substantial risk of forfeiture

Part I Line 4a & Part II, Line 3 - Included in Mr. Gross's total W-2 compensation of \$284,738 is \$44,662 in severance pay which was a one time payment. His last day was Dec-31-2019.

Part I Line 4b & Part II, Line 4 - Included in Mr. Endsley's total contribution to deferred compensation of \$30,267 reported in Column C is \$8,674 of vested deferred wages and qualified retirement plan contributions and \$21,593 for the current year accrual of a non-vested, non-qualified retirement plan. This plan provides an additional benefit based on years of eligible service and vested status and remains subject to a substantial risk of forfeiture

Part II Line 2-4 - Dr. Brent Burkey, Mait Gross and Scott Endsley all received their compensation from Fisher-Titus Medical Center, a related organization. This includes compensation for a significant amount of Dr. Burkey's 65 hour average work week, Mr. Gross's 65 hour average work week and Mr. Endsley's 60 hour average work week devoted to the functioning of Fisher-Titus Medical Center as well as uncompensated time devoted to other commonly controlled organizations listed in Schedule R.

Part I Line 3 - Responsibility for determining and recommending executive compensation rests with the Personnel Committee of the

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Fisher-Titus Health board. The committee retains an independent executive compensation consultant to help establish cash compensation target ranges and identify reasonable and customary benefit programs for executives. The independent consultant reports to the Personnel Committee on relevant peer groups, cash compensation reported in available salary surveys for the peer group and trends in perquisite programs customarily available among the peer group for executives. Recommendations by the consultant are presented to the Personnel Committee which prepares minutes of its deliberations regarding executive compensation including recommendations that are then provided to each of the Directors of the Fisher-Titus Health board. The recommendations to be acted on must be approved by the Personnel Committee and then by the Fisher-Titus Health Board of Directors. The minutes of each board meeting where such action is taken reflect such action. This is done annually and was last done in March 2019.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization Fisher-Titus Foundation	Employer identification number 34-1476937
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Form 990, Part III, Line 4a - Item 4 Supported the Helmets for Kids programs at Fisher-Titus

Medical Center, which distributes helmets to kids in the local community (program costs  
\$8,400)

Form 990, Part III, Line 4a - Item 5 Donated to affiliated organization Fisher-Titus Medical

Center in support of the Nursing depts for IV Poles (program costs \$23,408)

Form 990, Part III, Line 4a - Item 6 Donated to affiliated organization Fisher-Titus Medical

Center in support of various depts for defibrillators (program costs \$120,000)

Form 990, Part III, Line 4a - Item 7 Donated to affiliated organization Fisher-Titus Medical

Center in support of Cardiovascular dept for Heart Cath Lab roof (program costs \$90,000)

Form 990, Part III, Line 4a - Item 8 Donated to affiliated organization Fisher-Titus Medical

Center in support of Population Wellness program (program costs \$7,950)

Form 990, Part III, Line 4a - Item 9 Donated to affiliated organization Fisher-Titus Medical

Center a 2012 Buick Regal in support of the volunteer dept (program costs \$14,413)

Form 990, Part III, Line 4a - Item 10 Made a donation to affiliated organization Norwalk

Memorial Home which is a skilled nursing facility for Sara Lift and Hoyer Lift (program costs

\$7,991)

Form 990, Part III, Line 4a - Item 11 Made a donation to Second Harvest Food Bank of North

Central Ohio in support of Norwalk's Weekends without Hunger program (program costs \$32,825)

Form 990, Part VI, Section A, Line 6 - The sole member of "Fisher-Titus Foundation" is the

parent company Fisher-Titus Health an Ohio non-profit corporation

Form 990, Part VI, Section A, Line 7a & 7b - The following powers are reserved exclusively to

the member, Fisher-Titus Health a) to elect the Directors of the Corporation and to remove

them at will or without cause, b) to amend or repeal the Articles of Incorporation and the

Code of Regulations, c) to approve the annual operating and capital budgets of the

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HTA

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization Fisher-Titus Foundation	Employer identification number 34-1476937
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Corporation, d) to approve any capital or other extraordinary expenditures, e) to approve any merger of the Corporation or any sale of substantially all of its assets and f) to dissolve or terminate the existence of the Corporation and to determine the distribution of assets upon termination

Form 990, Part VI, Section B, Line 11a - The Board of Directors of the Fisher-Titus Foundation delegated the responsibility for the review of the Fisher-Titus Foundation's Form 990 plus all required schedules and attachments to the Fisher-Titus Audit Committee. The members of this committee have a strong background in accounting, legal, finance and business and have the technical expertise to perform a substantive review. The Audit Committee reviewed the Foundation's Form 990 prior to filing and reported to the Foundation's Board of Directors regarding the results of their review. In addition, each member of the Foundation's Board of Directors had access to a copy of the Form 990 for viewing prior to filing via a secure internet website.

Form 990, Part VI, Section B, Line 12c - All of our affiliated corporate Board members are required to complete a Conflict of Interest statement upon joining the board and annually throughout their tenure. These are retained by Fisher-Titus Medical Center administration. Areas of conflict are reviewed and addressed as necessary for the transactions of the Board. When an area of conflict arises, board members are excused and prohibited from participating in the board's deliberations and decisions regarding the area of conflict.

Form 990, Part VI, Section B, Line 15a - The Fisher-Titus Foundation officers receive all of their compensation from Fisher-Titus Medical Center, (FTMC) a related organization. Such compensation is subject to the guidance of the Personnel Committee of the Fisher-Titus Health board. The committee retains an independent executive compensation consultant to help establish cash compensation target ranges and identify reasonable and customary benefit programs for executives. The independent consultant reports to the Personnel Committee on

Name of the organization

Fisher-Titus Foundation

Employer identification number

34-1476937

relevant peer groups, cash compensation reported in available salary surveys for the peer

group and trends in perquisite programs customarily available among the peer group for

executives. Recommendations by the consultant are presented to the Personnel Committee which

prepares minutes of its deliberations regarding executive compensation including

recommendations that are then provided to each of the Directors of Fisher-Titus Health board

The recommendations to be acted on must be approved by the Personnel Committee and then by the

Fisher-Titus Health Board of Directors. The minutes of each board meeting where such action is

taken reflect such action. This is done annually and was last done in March 2019

Form 990, Part VI, Section C, Line 19 - As required, we offer a timely response to written

requests for copies of the 990, as well as having them available on the premises for the

public to review and on the Guidestar website. Additionally, our conflict of interest, code of

regulations, governing documents and financial statements are also available upon written

request

Form 990, Part VII, Section A, Line 1, 3 & 4 - Dr. Burkey, Mr. Gross and Mr. Endsley all

receive all of their compensation from Fisher-Titus Medical Center. This includes compensation

for a significant amount of Dr. Burkey's 65 hour average work week, Mr. Gross's 65 hour

average work week and Mr. Endsley's 60 hour average work week devoted to the functioning of

FTMC's Norwalk Memorial Home, an integrated nursing facility, The Carriage House, an assisted

living facility as well as uncompensated time devoted to other commonly controlled

organizations listed in Schedule R

Form 990, Part XI, Line 9 - Other Changes in Net Assets include change in in value of annuity

liability of negative (\$10,711)

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Fisher-Titus Foundation

Employer identification number

34-1476937

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Fisher Titus Medical Center, 34-4430716 272 Benedict Avenue Norwalk, OH 44857	Hospital	OH	501(c)(3)	3	Fisher-Titus Health		X
(2) Fisher-Titus Affiliated Services 34-1476934 272 Benedict Avenue Norwalk, OH 44857	Ambulance Service	OH	501(c)(3)	10	Fisher-Titus Health		X
(3) Fisher-Titus Health 34-1476935 272 Benedict Avenue Norwalk, OH 44857	System Parent	OH	501(c)(3)	12c, Type III - FI	N/A		X
(4) -----							
(5) -----							
(6) -----							
(7) -----							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

HTA

Schedule R (Form 990) 2019

**Part III** Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) See Part VII Norwalk, OH 44857	Pain Management	OH	N/A		0	0		X			X	%
(2) See Part VII Norwalk, OH 44857	Partnership in Surgery Center	OH	N/A		0	0		X			X	%
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Health Promotions of Norwalk, 34-1502102 572 Benedict Avenue, Norwalk, OH 44857	Support Prof	OH	N/A	C Corp	0	0	%		X
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
<b>1</b>	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b>	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b>	Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b>	Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b>	Loans or loan guarantees to or for related organization(s)		X
<b>e</b>	Loans or loan guarantees by related organization(s)		X
<b>f</b>	Dividends from related organization(s)		X
<b>g</b>	Sale of assets to related organization(s)		X
<b>h</b>	Purchase of assets from related organization(s)		X
<b>i</b>	Exchange of assets with related organization(s)		X
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s)	X	
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b>	Sharing of paid employees with related organization(s)	X	
<b>p</b>	Reimbursement paid to related organization(s) for expenses	X	
<b>q</b>	Reimbursement paid by related organization(s) for expenses	X	
<b>r</b>	Other transfer of cash or property to related organization(s)	X	
<b>s</b>	Other transfer of cash or property from related organization(s)	X	

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
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(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Part III Line 1 Name, Address & EIN of related organization Fisher-Titus Pain Management LLC,

272 Benedict Avenue, Norwalk OH 44857, EIN# 27-1471272

Part III Line 2 Name, Address & EIN of related organization Fisher-Titus Shared Services LLC,

272 Benedict Avenue, Norwalk OH 44857, EIN# 83-4555068