

For calendar year 2019, or tax year beginning 07-01-2019, and ending 06-30-2020

Name of foundation Austin-Bailey Health & Wellness Foundation		A Employer identification number 34-1845584	
% AUSTIN-BAILEY HEALTH & WELLN			
Number and street (or P.O. box number if mail is not delivered to street address) 2719 Fulton Drive NW Suite D	Room/suite	B Telephone number (see instructions) (330) 580-2380	
City or town, state or province, country, and ZIP or foreign postal code Canton, OH 44718		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 6,775,299	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	0			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	190,452	190,452		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	117,895			
	b Gross sales price for all assets on line 6a 1,470,762				
	7 Capital gain net income (from Part IV, line 2) . . .		117,895		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	308,347	308,347		
	13 Compensation of officers, directors, trustees, etc.	68,690	24,041		44,648
	14 Other employee salaries and wages	31,513	2,836		28,677
	15 Pension plans, employee benefits	7,549	2,021		5,528
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	6,450	0	0	6,450
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	4,858			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	15,372	3,843		11,529
	21 Travel, conferences, and meetings	316			316
	22 Printing and publications				
	23 Other expenses (attach schedule)	45,874	36,970		8,904
	24 Total operating and administrative expenses. Add lines 13 through 23	180,622	69,711	0	106,052
	25 Contributions, gifts, grants paid	395,897			325,757
	26 Total expenses and disbursements. Add lines 24 and 25	576,519	69,711	0	431,809
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-268,172			
	b Net investment income (if negative, enter -0-)		238,636		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	32,799	52,758	52,758
	2 Savings and temporary cash investments	31,352	190,057	190,057
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	4,345,931	4,160,396	4,160,396
	c Investments—corporate bonds (attach schedule)	1,655,275	1,370,179	1,370,179
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	998,785	999,309	999,309
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	3,471	2,600	2,600	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	7,067,613	6,775,299	6,775,299	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable	72,947	70,140	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	72,947	70,140	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	6,994,666	6,705,159	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	6,994,666	6,705,159	
	30 Total liabilities and net assets/fund balances (see instructions) .	7,067,613	6,775,299	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	6,994,666
2 Enter amount from Part I, line 27a	2	-268,172
3 Other increases not included in line 2 (itemize) ▶ _____	3	72,947
4 Add lines 1, 2, and 3	4	6,799,441
5 Decreases not included in line 2 (itemize) ▶ _____	5	94,282
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	6,705,159

Part IV Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,470,762		1,352,867	117,895
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			117,895
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	117,895
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	405,895	6,896,217	0.058858
2017	419,223	7,172,743	0.058447
2016	415,904	6,848,827	0.060726
2015	548,562	6,886,124	0.079662
2014	446,808	7,674,131	0.058223

2 Total of line 1, column (d)	2	0.315916
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.063183
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	6,762,007
5 Multiply line 4 by line 3	5	427,244
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	2,386
7 Add lines 5 and 6	7	429,630
8 Enter qualifying distributions from Part XII, line 4	8	431,809

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	2,386
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	2,386
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	2,386
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	7,280
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	7,280
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	4,894
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 2,400 Refunded ▶	11	2,494

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
c Did the foundation file Form 1120-POL for this year?		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	Yes	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ OH _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	Yes	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► http://fdnweb.org/austinbailey/	13	Yes	
14	The books are in care of ► <u>AUSTIN-BAILEY HEALTH & WELLN</u> Telephone no. ► <u>(330) 580-2380</u>			

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

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	No

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

5a	During the year did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Total number of other employees paid over \$50,000.				

Part VIII

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

[illegible]

Total number of others receiving over \$50,000 for professional services.	▶
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Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses

1	GRANT TO PEGASUS FARM FOR OPERATIONAL SUPPORT FOR MILITARY FAMILY CENTER EXPENSES	40,000
2	GRANT TO AULTMAN HEALTH FOUNDATION FOR TELESTROKE CONSULTATION	27,000
3	GRANT TO BEACON CHARITABLE PHARMACY FOR OPERATING EXPENSES	25,000
4	GRANT TO MEALS ON WHEELS STARK & WAYNE COUNTIES FOR PARTIAL FUNDING OF A NEW FREEZER	25,000

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

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	6,808,191
b	Average of monthly cash balances.	1b	54,191
c	Fair market value of all other assets (see instructions).	1c	2,600
d	Total (add lines 1a, b, and c).	1d	6,864,982
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	6,864,982
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	102,975
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,762,007
6	Minimum investment return. Enter 5% of line 5.	6	338,100

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

1	Minimum investment return from Part X, line 6.	1	338,100
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	2,386
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	2,386
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	335,714
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	335,714
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	335,714

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	431,809
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	431,809
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	2,386
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	429,423

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				335,714
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 2017, 2016, 2015		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.	72,162			
b From 2015.	207,282			
c From 2016.	77,112			
d From 2017.	70,642			
e From 2018.	68,342			
f Total of lines 3a through e.	495,540			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>431,809</u>				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2019 distributable amount.				335,714
e Remaining amount distributed out of corpus	96,095			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	591,635			
b Prior years' undistributed income. Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b. Taxable amount—see instructions.		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	72,162			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	519,473			
10 Analysis of line 9:				
a Excess from 2015.	207,282			
b Excess from 2016.	77,112			
c Excess from 2017.	70,642			
d Excess from 2018.	68,342			
e Excess from 2019.	96,095			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ▶

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

NA

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

NA

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

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

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

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

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

See Grant Guidelines on website

c Any submission deadlines:

See Grant Guidelines on website

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

See Grant Guidelines on website

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				325,757
b <i>Approved for future payment</i> See Additional Data Table				
Total ▶ 3b				70,140

Enter gross amounts unless otherwise indicated.

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

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

Form **990-PF** (2019)

Part XVII

		Yes	No
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1a(1)	No
1a(2)	No

--	--	--

1b(1)	No
--------------	-----------

1b(2)		No
--------------	--	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
--------------	--	-----------

1c		No
----	--	----

value
ue


[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

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

Sign Here 	*****	2020-11-10	*****	<div style="border: 1px solid black; padding: 5px;"> May the IRS discuss this return with the preparer shown below (see instr.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>
	_____ Signature of officer or trustee	_____ Date	_____ Title	

Paid Preparer Use Only	Brian C Miller CPA				
	Firm's name ► HALL KISTLER & COMPANY LLP				Firm's EIN ►
	Firm's address ► 220 MARKET AVENUE SOUTH - SUITE 700 CANTON, OH 447022100				Phone no. (330) 453-7633

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
DON A SULTZBACH	EXECUTIVE DIRECTOR 16.0	51,824	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
PETER KOPKO	TREASURER 4.0	16,866	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
DANIEL N MORETTA DO	VICE CHAIRMAN 1.0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
JENNIFER R KESSEL	TRUSTEE 1.0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
FREDERICK W ROHRIG	CHAIRMAN 1.0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
SCOTT P SANDROCK	TRUSTEE 1.0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
THOMAS F TURNER	TRUSTEE 1.0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
Thomas B Arnold	TRUSTEE 1.0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
DIANE K JARRETT	TRUSTEE 1.0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
EUGENE A THORN III	TRUSTEE 1.0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
DANIEL J FULINE	TRUSTEE 1.0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
CHARLES R CONKLIN DO	SECRETARY 1.0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
JAMES MOLNAR	TRUSTEE 1.0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				
D J McFadden M D	Trustee 1.0	0	0	0
2719 Fulton Drive NW Suite D Canton, OH 44718				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
STARK STATE TECHNICAL COLLEGE 6200 FRANK AVE NW NORTH CANTON, OH 44720	NOT APPLICABLE	NC	MEDICAL TRAINING SCHOLARSHIPS	4,000
KENT STATE UNIVERSITY - TUSCARAWAS CAMPUS 330 UNIVERSITY DR NE NEW PHILADELPHIA, OH 44663	NOT APPLICABLE	NC	MEDICAL TRAINING SCHOLARSHIPS	4,000
OU COLLEGE OF OSTEOPATHIC MEDICINE GROSVENOR HALL ATHENS, OH 45701	NOT APPLICABLE	NC	MEDICAL TRAINING SCHOLARSHIPS	6,000
Total ▶ 3a				325,757

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OU COLLEGE OF OSTEOPATHIC MEDICINE GROSVENOR HALL ATHENS, OH 45701	NOT APPLICABLE	NC	MEDICAL TRAINING SCHOLARSHIPS	5,000
AULTMAN COLLEGE 2600 Sixth Street SW Canton, OH 44710	Not Applicable	NC	Medical training scholarships	4,000
MISCELLANEOUS MATCHING GRANTS 2719 FULTON DRIVE NW CANTON, OH 44718	NOT APPLICABLE	PC	MISCELLANEOUS MATCHING GRANTS	1,995
Total ► 3a				325,757

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF MOUNT UNION 1972 CLARK AVENUE ALLIANCE, OH 44601	NOT APPLICABLE	NC	MEDICAL TRAINING SCHOLARSHIPS	4,000
WALSH UNIVERSITY 2020 EAST MAPLE STREET NORTH CANTON, OH 44720	NOT APPLICABLE	NC	MEDICAL TRAINING SCHOLARSHIPS	4,000
KENT STATE UNIVERSITY - STARK CAMPUS 6000 FRANK AVENUE NW NORTH CANTON, OH 44720	Not Applicable	NC	Medical Training Scholarships	4,000
Total ► 3a				325,757

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MALONE COLLEGE515 25TH STREET NW Canton, OH 44709	Not Applicable	NC	MEDICAL TRAINING SCHOLARSHIPS	4,000
WAYNE COLLEGE1901 Smucker Rd Orrville, OH 44667	NOT APPLICABLE	NC	MEDICAL TRAINING SCHOLARSHIPS	4,000
Refuge of Hope405 3rd St NE Canton, OH 44711	NOT APPLICABLE	PC	Industrial washer and dryer for new facility * 40-45 men per night	10,000
Total ▶ 3a				325,757

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Kent State University Foundation 350 S Lincoln Street NW Kent, OH 44242	NOT APPLICABLE	PC	Medication simulation cart for nursing lab	10,000
Stark County Educational Service Center 6065 Strip Avenue NW North Canton, OH 44720	NOT APPLICABLE	NC	Gardening program for inner city youth	697
OneEighty Inc104 Spink Street Wooster, OH 44691	NOT APPLICABLE	PC	Equipment for Women's treatment center	10,000
Total ▶ 3a				325,757

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Adaptive Sports Program of Ohio 2829 Cleveland Road Suite B WOoster, OH 44691	NOT APPLICABLE	PC	Basketball wheelchair	3,250
Beacon Charitable Pharmacy 408 9th St SW Canton, OH 44707	NOT APPLICABLE	PC	Operational support	25,000
Community Action905 Pittsburgh Ave Wooster, OH 44691	NOT APPLICABLE	PC	Out-of-County medical trasnportation	5,000
Total ▶ 3a				325,757

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Community Harvest Inc 4915 Fulton Dr NW Canton, OH 44718	NOT APPLICABLE	PC	Vehicle to transport food	10,000
ICAN Inc1214 Market Ave N Canton, OH 44714	Not applicable	PC	Furnishings to ward off bed bugs	9,000
Love Center Food Pantry 1291 Massillon Rd A Millersburg, OH 44654	Not applicable	PC	Food expense	7,600
Total ▶ 3a				325,757

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Pegasus Farm7490 Edison St NE Hartville, OH 44632	Not applicable	PC	Operational support for Military Family Center	40,000
Perry Helping PerryPO Box 80599 Canton, OH 44708	Not applicable	PC	Commercial coolers for food pantry	5,000
Stark State College Foundation 6200 Frank Ave NW North Canton, OH 44720	Not applicable	PC	Equipment to upgrade dental clinic	10,000
Total ▶ 3a				325,757

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
American Red Cross of Stark Cty 408 9th St SW Unit 1800 Canton, OH 44707	Not applicable	PC	Purchase five blood scales	8,315
Aultman Health Foundation 2600 Sixth St SW Canton, OH 44710	Not applicable	PC	Telestroke consultations	27,000
Hope United85 Harrison Ct Springboro, OH 45066	Not applicable	PC	Transportation for relapse prevention	1,000
Total ▶ 3a				325,757

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Lake Township FISH934 W Maple St Hartville, OH 44632	Not applicable	PC	Air-conditioning for new facility	11,000
Meals on Wheels of Stark & Wayne Cty 4533 Stephen Cir NW Canton, OH 44718	NOT APPLICABLE	PC	Partial funding of a new freezer	25,000
Minerva United Methodist Church 204 N Main St Minerva, OH 44657	Not Applicable	PC	Purchase a trailer to haul food	4,000
Total ▶ 3a				325,757

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NAMI of Wayne & Holmes Counties 2525 Back Orrville Road Wooster, OH 44691	Not Applicable	PC	Art therapy program	3,900
The Salvation Army420 Market Ave S Canton, OH 44702	Not Applicable	PC	Food pantry and community meal	5,000
Tuscarawas Clinic for Working Uninsured 420 S Reeves Ave Dover, OH 44622	Not Applicable	PC	Salary support for three staff	10,000
Total ▶ 3a				325,757

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Viola Startzman Clinic1874 Cleveland Rd Wooster, OH 44691	Not Applicable	PC	Dental expansion project	20,000
DOMESTIC VIOLENCE PROJECT INC 720 19TH ST NE Canton, OH 44714	Not Applicable	PC	Emergency Grants	10,000
ICAN INC1214 Market Ave N CANTON, OH 44714	Not Applicable	PC	EMERGENCY GRANT	5,000
Total ▶ 3a				325,757

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALLIANCE FAMILY HEALTH CENTER 1401 S ARCH AVE ALLIANCE, OH 44601	Not Applicable	PC	EMERGENCY GRANT	2,500
STARK STATE COLLEGE FOUNDATION 6200 FRANK AVE NW NORTH CANTON, OH 44720	Not Applicable	PC	EMERGENCY GRANT	2,500
Total ▶ 3a				325,757

TY 2019 Accounting Fees Schedule**Name:** Austin-Bailey Health & Wellness Foundation**EIN:** 34-1845584

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
VAR SERVICES INCL REVIEW & TAX	6,450			6,450

TY 2019 All Other Program Related Investments Schedule

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

Category	Amount
NONE	

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

TY 2019 Depreciation Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

TY 2019 Investments Corporate Bonds Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
WELLS FARGO	1,370,179	1,370,179

TY 2019 Investments Corporate Stock Schedule**Name:** Austin-Bailey Health & Wellness Foundation**EIN:** 34-1845584**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
WELLS FARGO	4,160,396	4,160,396

TY 2019 Investments - Other Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
OTHER ALTERNATIVE INVESTMENTS	FMV	999,309	999,309

TY 2019 Other Assets Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INVESTMENT INCOME	671	0	0
PREPAID TAXES	2,800	2,600	2,600

TY 2019 Other Decreases Schedule**Name:** Austin-Bailey Health & Wellness Foundation**EIN:** 34-1845584

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	0
REPORTED AT FAIR VALUE	94,282

TY 2019 Other Expenses Schedule**Name:** Austin-Bailey Health & Wellness Foundation**EIN:** 34-1845584**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	3,698	3,320		378
BOARD OF TRUSTEES EXPENSE	4,585	1,146		3,439
OFFICE	5,191	104		5,087
INVESTMENT FEES	32,400	32,400		

TY 2019 Other Increases Schedule

Name: Austin-Bailey Health & Wellness Foundation

EIN: 34-1845584

Description	Amount
GRANTS ACCRUED PY - PAID CY	72,947

TY 2019 Taxes Schedule**Name:** Austin-Bailey Health & Wellness Foundation**EIN:** 34-1845584

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ATTORNEY GENERAL FILING FEES	200			
EXCISE TAX	4,658			