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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2009

Department of the Treasury Internal Revenue Service Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements , 2009, and ending For calendar year 2009, or tax year beginning Initial Return of a former public charity G Check all that apply Initial return Final return Amended return Address change Name change Name of foundation Employer identification number Α Use the **LRS** label. THE SHOWERS FOUNDATION HEALTH CENTER 26-0454602 Otherwise, Number and street (or P O box number if mail is not delivered to street address) Room/suite В Telephone number (see the instructions) print (614) 798-4830 6186 WIGEON COURT or type. See Specific City or town State ZIP code C If exemption application is pending, check here Instructions. DUBLIN OH 43017 1 Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check X Section 501(c)(3) exempt private foundation Check type of organization: here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Ε If private foundation status was terminated Fair market value of all assets at end of year Accounting method X Cash under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination **►** S 26,316. (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here Part I Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not neces-sarily equal the amounts in column (a) purposes (cash basis only) (see the instructions)) Contributions, gifts, grants, etc, received (att sch) 88,394. Ck ► If the foundn is not req to att Sch B 3 Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit/(loss) (att sch) 11 Other income (attach schedule) Total. Add lines 1 through 11 88,394 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule)

Accounting toos (attach schedule) ADMINISTRAT Other prof fees (attach sch) OPERATING li<u>nt</u>erest 17 lattadir Lendule X de instr , 2016 18 Depreciation (attach 19 sch) and depletion ١V 20 Travel, conferences, and meetings 21 0. σ. ō. 530 Printing and publications 22 Other expenses (attach schedule) 0. 0 See Line 23 Stmt 65,909 65,909. Total operating and administrative <u>65,</u>909. 66,439 0. 0 expenses. Add lines 13 through 23 800. 800. 25 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 67,239 0. 0 66,709. Subtract line 26 from line 12: a Excess of revenue over expenses <u>21,155</u> and disbursements 0. b Net investment income (if negative, enter -0-) 0. C Adjusted net income (if negative, enter -0-)

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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26,316.

5

6

(a) List and descri	Losses for Tax on Investment be the kind(s) of property sold (e.g., ruse, or common stock, 200 shares ML	eal estate,	(b) How acquire P — Purchase D — Donation	(month, day, year)	
1a					
b					
С					
d					
e					<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal	e e	(h) Gain or (e) plus (f) m	
a		<u>-</u>		· —	
b					
e					
	ving gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Col	umn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if ar		gain minus column (than -0-) or Losses (fi	k), but not less
a					
b					
с					
d					
е	l				
2 Capital gain net income or (ne3 Net short-term capital gain or	et capital loss) If gain, also If (loss), en (loss) as defined in sections 1222(5)	enter in Part I, line 7 ter -0- in Part I, line 7 and (6)	<u> </u>	2	<u>-</u>
	e 8, column (c) (see the instructions)	If (loss), enter -0-			
In Part I, line 8 Part V Qualification Under	er Section 4940(e) for Reduce	d Tay on Not Investme	nt Income		
If 'Yes,' the foundation does not qua	ction 4942 tax on the distributable am alify under section 4940(e). Do not co- in each column for each year, see the	mplete this part		Yes	☐ No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets (d	(d) Distribution column (b) divided	
2008	136,556.		0.		0.00000
2007	24,148.				
2006					
2005					
2004					
2 Total of line 1, column (d)				2	0.000000
	he 5-year base period – divide the tot n has been in existence if less than 5			3	0.000000
4 Enter the net value of noncha	ritable-use assets for 2009 from Part	X, line 5	4	1	0.
5 Multiply line 4 by line 3				5	0.
6 Enter 1% of net investment in	come (1% of Part I, line 27b)			5	0.
7 Add lines 5 and 6			- 7	,	0.
8 Enter qualifying distributions f	rom Part XII, line 4			3	66,709.
If line 8 is equal to or greater Part VI instructions	than line 7, check the box in Part VI,	line 1b, and complete that p	art using a 1	% tax rate See th	е
PAA					m 990-PF (2009)

-	990-PF (2009) THE SHOWERS FOUNDATION HEALTH CENTER 26-045460.		F	Page 4
Par		ctions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here			1
	Date of ruling or determination letter (attach copy of letter if necessary - see instr.)			•
Ŀ	Domestic foundations that meet the section 4940(e) requirements in Part V,			0.
	check here ► X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			İ
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			;
3	foundations only Others enter -0-) Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6	Credits/Payments.			 ;
_	2009 estimated tax pmts and 2008 overpayment credited to 2009			1
	Exempt foreign organizations – tax withheld at source 6b			}
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d 7			
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax			
Par	VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1ь		х
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		-	
c	Did the foundation file Form 1120-POL for this year?	1 c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \$ (2) On foundation managers \$	_		į
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?	2	٠	×
2	If 'Yes,' attach a detailed description of the activities			
				1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		' X
4 =	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If 'Yes,' attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions)			
	See States Registered In			
b	of 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 <i>General Instruction G? If 'No,' attach explanation</i>	8b	X	- '
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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9	-	<u>x</u>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10	х	
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Part VII-A Statements Regarding Activities Continued					
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		x
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			12		x
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption	applicat	ion?	13	Х	
Website address • N/A					
14 The books are in care of ► REV GODFRED OCUN Telephon	ne no 🕨	_(33	0) 361	<u>-06</u>	70
Located at ► 4635 SW 148TH AVE BEAVERTON OR ZIP + 4	<u>97</u>	007			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here				>	
and enter the amount of tax-exempt interest received or accrued during the year	>	15			
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
1 a During the year did the foundation (either directly or indirectly)					
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X N	0		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	_				
disqualified person?	Yes	XN	0		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X N	o	ł	1
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X N	o		, ;
(5) Transfer any income or assets to a disqualified person (or make any of either available					
for the benefit or use of a disqualified person)?	Yes	ΧN	0		
(C) Arrestancy managers as property to a reversement official? (Execution Cheek 'No.) of the					
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination	_	_			
of government service, if terminating within 90 days)	Yes	ΧN	0		
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 the instruction	nne\2		- <u>-</u>		
Organizations relying on a current notice regarding disaster assistance (see the instruction of the current notice).	112)	▶ □	"		
		_		l'	
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 2009?			1 c		X
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 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes	X N	0		
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 the instructions)			2 b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h 20, 20, 20, 20	iere				'
20 ,20 ,20			į		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X N	0		}
b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation	_1				[
or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approve by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or	3				
(3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to				1	1 -
determine if the foundation had excess business holdings in 2009)			3 b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its			_		
charitable purposes?			4a	 	X
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			45		
the tax year beginning in 2009?			50rm 90		X (2000)

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Part VII-B Statements Regarding Activit		n 4720 May Be Req	uired (continued)	
5a During the year did the foundation pay or incur	any amount to			
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	(section 4945(e))?	Yes X	No
(2) Influence the outcome of any specific publ on, directly or indirectly, any voter registra	ition drive?		Yes X	No
(3) Provide a grant to an individual for travel,			Yes X	No .
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section			Yes X	No
(5) Provide for any purpose other than religiou educational purposes, or for the prevention			Yes X	No
b If any answer is 'Yes' to 5a(1)-(5), did any of t described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to q a current notice regard	ualify under the exception ing disaster assistance	ons	5b
Organizations relying on a current notice regain	rding disaster assistanc	e check here	▶ [
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsing the statement required by Requirement required by Requirement requirement to the statement t	sibility for the grant?	•	Yes	No
, , , ,		• •		
 6a Did the foundation, during the year, receive an on a personal benefit contract? b Did the foundation, during the year, pay premit 			. — —	No 6b X
If 'Yes' to 6b, file Form 8870	arris, uncony or maneed	y, on a personal benefit	Contract	
7a At any time during the tax year, was the found	ation a party to a prohib	oited tax shelter transact	tion? Yes X	
b If yes, did the foundation receive any proceeds				7Ы
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	mployees,
1 List all officers, directors, trustees, foundation	n managers and their co	ompensation (see instru	uctions).	
(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
DOROTHY SANDOVAL 1904 WINGED FOOT DRIVE	PRESIDENT			
NIXA MO 65714	5.00	0.	0.	0.
ROBERT NOLAN				
1904 WINGED FOOT DRIVE	TREASURER		0	0
NIXA MO 65714 REV GODFRED F OCUN, AJ	5.00	0.	0.	0.
4635 SW 148TH AVE	SECRETARY			
BEAVERTON OR 97007	5.00	0.	0.	0.
See Information about Officers, Directors, Trustees, Etc				
		0.	0.	0.
2 Compensation of five highest-paid employee	s (other than those incl	uded on line 1— see ins	tructions). If none, ente	er 'NONE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE			compensation	
0				
0				
0				
0				
Total number of other employees paid over \$50,000			<u> </u>	None
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Form 990-PF (2009) THE SHOWERS FOUNDATION HEALTH CENTER

Form 990-PF (2009) THE SHOWERS FOUNDATION HEALTH CENTER	26-045460	2 ' Paige 8
Part X Minimum Investment Return (All domestic foundations must complete this part. see instructions.)	Foreign fou	ndations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:	1 a	
a Average monthly fair market value of securities b Average of monthly cash balances	1 b	<u> </u>
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	
e Reduction claimed for blockage or other factors reported on lines 1a and 1c	· · · · ·	
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets		
3 Subtract line 2 from line 1d	3	0.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3		
(for greater amount, see instructions)	4	0.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% of line 5	6	0.
Part XI Distributable Amount (see instructions) (Section 4942(J)(3) and (J)(5) private op and certain foreign organizations check here ► ☐ and do not complete this		ndations
1 Minimum investment return from Part X, line 6	1	0.
2a Tax on investment income for 2009 from Part VI, line 5	0.	
b Income tax for 2009 (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2 c	0.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	0.
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	0.
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	1 a	66,709.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required)	3 a	

6 Adjusted qualifying distributions. Subtract line 5 from line 4 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

4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)

b Cash distribution test (attach the required schedule)

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3 a 3Ь

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66,709.

0. 66,709.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2009.				
a Enter amount for 2008 only			0.	
b Total for prior years 20, 20, 20				
3 Excess distributions carryover, if any, to 2009				
a From 2004 0.]			
b From 2005 0.				
c From 2006 0.				
d From 2007 24,148.				
e From 2008 136, 559.				
f Total of lines 3a through e	160,707.			
4 Qualifying distributions for 2009 from Part				
XII, line 4 • \$ 66,709.				
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
 Treated as distributions out of corpus (Election required – see instructions) 				
d Applied to 2009 distributable amount				
e Remaining amount distributed out of corpus	66,709.			
5 Excess distributions carryover applied to 2009				
(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:	227 416			•
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	227,416.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		• 5
c Enter the amount of prior years' undistribut-				
ed 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 2008 Subtract line 4a from			0	
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2009 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2010.				0.
7 Amounts treated as distributions out of				<u></u>
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2004 not				
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	227,416.			
10 Analysis of line 9				
a Excess from 2005 0.				
b Excess from 2006 0.]			
c Excess from 2007 24,148.]			
d Excess from 2008 136,559.				
e Excess from 2009 66, 709.				

Part XIV Private Operating Foundations (see instructions and Part VIII-A, question 9) N/A	Form 990-PF (2009) THE SHOWERS FOUN				26-045460	2 Page 10
b Check box to indicate whether the foundation is a ginvate operating foundation described in section 4942(j)(3) or 4942(j)(5) at 2a. Either the lesser of the adjusted net increme from Part I or the minimum investment steam from Part I for the minimum investment steam from Part I for the minimum investment steam from Part I for a for each year lested of the property of the state	Part XIV Private Operating Foundation	ons (see instruc	tions and Part	VII-A, question	9)	N/A
2a Enter the lesser of the adjusted net incore from Part I or the minimum minimum minimum manustment intum from Part X for the incore from Part X for the incore from Part X for the part of the minimum minimum manustment intum from Part X for the part of the						
income from Part X for the minimum invasiment lettern from Part X for the programs invasiment lettern from Part X for the programs of the part X for part X for the part X for part X for the part X for			<u>atıng foundatıon de</u> T		4942(j)(3) or	4942(j)(5)
investment return from Part X for each year Isladd b 85% of line 2a Couglifying distributions from Part XIII, included of the 2a for each year Isladd d Acoustis Model of line 2a rot steed for line 2a rot steed fo	Income from Part I or the minimum		#1.0000		T	
c Qualifying distributions from Part XII, lime 4 for each year listed of Animatis included in line 2 for used directly for side control of exempt shurles of conduct of exempt shurles of conduct of exempt shurles of the conduct of exempt shurles of exempting under a factor of the conduct of exempt shurles of exempting under section 4942(0)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)	investment return from Part X for	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
Irre A for each year isted d Annustr indied in line iz cat used interly for active conduct of exempt activities C Qualitying distributions made directly for active conduct of exempt activities 3 Complete 2a, b, or c for the alternative test relied upon a "Assets' alternative test - enter (1) Value of all assets (2) Value of all assets (2) Value of assets qualitying under section 4942(y,6)(3(9)) b "Endowment stimulate set - enter 21 of minimum mediment retien shown in Part X, into 6 to each year isted c "Support alternative test - enter 27 of minimum mediment retien shown in Part X, into 6 to each year isted c "Support alternative test - enter (7) (1) Totals support other than gross investment income (interest), on securities loans (section 51/2(a)(5)), or royaltics) (2) Support from general public and 5 or mine seempt organizations as provided in section \$45(2)(3(5)), or royaltics) (3) Largest amount of support from an exempt organization of support from an exempt organization 1 Information Regarding Foundation Managers a List any managers of the foundation who have contributed more than \$5,000; (See section \$07(6)(2)) DAVID SHOWERS b List any managers of the foundation who have contributed more than \$5,000; (See section \$07(6)(2)) DAVID SHOWERS b List any managers of the foundation who nove 10% or more of the stock of a corporation (or an equally large portion of the ownership of a particular portion of the stock of an expensive provided the particular portion of the foundation has a 10% or greater interest N/A 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs: Check here? A The name, address, and telephone number of the person to whom applications should be addressed: a The name, address, and telephone number of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines:	b 85% of line 2a					
for active conduct of exempt activities Outside project protections or conduct of exempt activities Subtract line 28 from line 28 fro	line 4 for each year listed					
for active conduct of exempt activities Subtract lare 2d from line 2d from line 2d 3 Complete 3a, b, or for the alternative test relied upon a Assets' alternative test - enter (1) Value of all assets (2) Value of assets qualifying under section 4942(i)(3(6)(6) b Endowerer alternative test - enter (1) Value of assets qualifying under section 4942(i)(3(6)(6) b Endowerer alternative test - enter (1) Totale usupor other than gross minimum investion relief and the process resisting process of the formation of the control of the co	for active conduct of exempt activities		-			
alternative test relied upon a 3-/assets alternative test — enter (1) Value of all assets (2) Value of all assets (2) Value of assets qualifying under section 4942()(3)(3)(3) b Endowment alternative test — enter 2/3 of the section 4942()(3)(3)(3) b Endowment alternative test — enter 2/3 of the section 4942()(3)(3)(3) the 6 for each year listed c Support alternative test — enter. (1) Total support other than pross investment income (interests dividends, rents, payments) on securities loans (section 512(a)(5)), or royalties) (2) Support from gearal public and 5 or miner securities and section 512(a)(5)), or royalties) (3) Largest amount of support from an exempt organization as provided in section 4942(3/3)(8)(in)) 1) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 25 of the total contributions received by the foundation before the disce of any lower (a) to high rithey have contributed more than 35,000 (See section 507(d)(2)) DAVID SHOWERS 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 N/A 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs: Check here? X If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete terms 2e, bc, cand of b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:	for active conduct of exempt activities					
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BAA TEFA0310 07/06/09 Form 990-PF (2009)	d Any restrictions or limitations on awards, si	uch as by geograph	ical areas, charitabl	le fields, kinds of ins	stitutions, or other fa	ctors.
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Form 990-PF (2009) THE SHOWERS FOUNDATION HEALTH CENTER

Ture XV Cuppicine intary in					
3 Grants and Contributions Pai	d During the Ye	ar or Approved for Futu	re Payment		
Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or	business)	substantial contributor	recipient	35	
a Paid during the year ANSELMA AND TWO OTHER UGANDA					
UGANDA AFRICA	ОН 0000	NONE	0	NURSE TRAINING	800.
Total	· · · · · · · · · · · · · · · · · · ·		l <u></u>	► 3a	800.
Total b Approved for future payment Total				► 3a	

Page 12

Part XVI-A	Analysis	of Income	Producing	Activities
railavi-A	Milalysia	or income.	rrouncing	ACTIVITIES

nter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by	section 512, 513, or 514		
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions	
a	+ +	 _	 		<u> </u>	
b	1		 			
d	1					
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities		 	 			
5 Net rental income or (loss) from real estate.	 		 			
a Debt-financed property	-		 			
b Not debt-financed property			+			
Net rental income or (loss) from personal property Other investment income	-		+			
8 Gain or (loss) from sales of assets other than inventory			+	····		
9 Net income or (loss) from special events					-	
O Gross profit or (loss) from sales of inventory						
1 Other revenue						
a						
b						
c	l l	,				
d						
e	<u></u>					
2 Cultistal Add solumons (b) (d) and (s)	1 1					
3 Total. Add line 12, columns (b), (d), and (e)				13	_	
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Yes No

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

	descr	ibed in section 501(c) or	f the Code (ot	ngage in any of the follow her than section 501(c)(3	wing with ar 3) organizat	ny other organization ions) or in section 5	า 27,		1
		ng to political organization							
		, ,	foundation to	a noncharitable exempt	organization	of.		- <u>-</u>	
	(1) (1a(1)	- X
	\- / -	Other assets						1a (2)	- X
		transactions							
	• •	ales of assets to a nonc						1 b (1)	- X -
				ole exempt organization				1 b (2)	<u> </u>
	• • •	tental of facilities, equipi	•	assets				1b (3)	<u> </u>
		leimbursement arrangen						1b (4)	<u> </u>
		oans or loan guarantees						1b (5)	- X
	٠,			p or fundraising solicitati				1b (6)	- X
	c Snari	ng of facilities, equipme	nt, mailing lis	s, other assets, or paid	employees			1c	X
	the a	oods, other assets, or se	ervices given l	complete the following so by the reporting foundation from the valume of the value	on If the for	undation received le	ss than fair marke	et value in	
(2) Line no	(b) Amount involved	(c) Name o	of noncharitable exempt organiz	zation	(d) Description of tra	nsfers, transactions, a	nd sharing arrangei	ments
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		(a) Name of organization		(b) Type of orga	nization		c) Description of i	relationship	
				<u> </u>					
_									
	Under pen	alties of perjury, I declare that I	have examined th	is return, including accompanyir uciary) is based on all informati	ng schedules ar	nd statements, and to the l	est of my knowledge a	ind belief, it is true, o	correct, and
	i	becommen or preparer (ounce)	\	aciary, is sused on all miorinal	on or which pro				
	_ (wahiel Lil	1011			MAY 12, 2010	► SECRE	ETARY	
<u>'</u>	- C	ature of officer or trustee				Date	Title		
:	Jigri	attack of officer of flustee				Date		reparer's Identifying	number
ا ب	Paid	Preparer's	11			· / •	Check if (S	See Signature in the	instrs)
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۱	parer's Use	Firm's name (or BREEN yours if self-		& GREEN LLP			EIN ►		
	Only	employed), 3/52	N HIGH S	<u>T</u>			4		
		ZIP code COLUN	IBUS		ОН	43214-3525	Phone no ► (614) 261-1	
3/	AA							Form 990-F	PF (2009)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF

OMB No +545-0047 +

2009

Employer identification number

Name of the organization 26-0454602 THE SHOWERS FOUNDATION HEALTH CENTER Organization type (check one) Filers of: Section: 501(c)(_ _) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule -[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II) Special Rules -For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) Schedule B (Form 990, 990-EZ, or 990-PF) (2009) BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
•	HOWERS FOUNDATION HEALTH CENTER		154602
Part I	Contributors (see instructions)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROBERT MAHONEY 3781 NW BANFF DRIVE PORTLAND OR 97229	\$ <u>15,236.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	DAVID SHOWERS 9839 STAUSSER ROAD CANAL FULTON OH 44614	\$65 , 000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
BAA	TEEA0702 06/23/09	Schedule B (Form 990), 990-EZ, or 990-PF) (2009)

Showers Foundation Substantial Contributors Page 4, Part VII-A Line 10 December 31, 2009

David Showers 9838 Strausser Road Canal Fulton, OH 44614

Robert Mahoney 3781 NW Banff Drive Portland, OR 97229 Form 990-PF, Page 1, Part I, Line 23 Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
CONSTRUCTION OF HEALTH CENTER	7,000.	0.	0.	7,000.
SHIPPING CONTAINER OF MEDICAL SU	550.	0.	0.	550.
MEDICINE AND WORKERS	53,120.	0.	0.	53,120.
WIRE TRANSFER FEES	160.	0.	0.	160.
MEDICAL EQUIPMENT	2,140.	0.	0.	2,140.
MISCELLANEOUS	2,939.	0.	0.	2,939.

Form 990-PF, Page 4, Part VII-A, Line 8a

States Registered In

Total

OH - Ohio OR - Oregon

Form 990-PF, Page 6, Part VIII, Line 1 Information about Officers, Directors, Trustees, Etc.

				
(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
Person X Business ROBERT MAHONEY 3781 NW BANFF DRIVE PORTLAND OR 97229 Person X Business MARCELLA PETTIS	DIRECTOR 2.00	0.	0.	0.
7830 SW EVERRET CIRCLE BEAVERTON OR 97007 Person X Business	DIRECTOR 2.00	0.	0.	0.
DAVID SHOWERS 9838 STRAUSSER RD CANAL FULTON OH 44614 Person X Business	DIRECTOR 2.00	0.	0.	0.
RICK H JERIC 6186 WIGEON CT DUBLIN OH 43017	DIRECTOR 2.00	0.	0.	0.

Total

0.	0.	0.