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## Form **990-P**F

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

2010

OMB No 1545-0052

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

| For cale        | For calendar year 2010, or tax year beginning , 2010, and ending , |                                               |                                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |             |                                              |                                                  |                                                                                                                    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |  |
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| G Che           | ck all                                                             | that apply                                    | Initial return                     | Init        | ıal Return o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | f a former p                  | ublic chai   | rity        |                                              |                                                  | Ī                                                                                                                  | Fina                                               | al return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |  |
|                 |                                                                    |                                               | Amended ret                        | <u> </u>    | Address change Nan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |              | ame change  |                                              |                                                  |                                                                                                                    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |  |
| Name of         | foundat                                                            | tion                                          | <u> </u>                           |             | A Employer identification number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |              | mber        |                                              |                                                  |                                                                                                                    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |  |
| THE :           | SHOV                                                               | VERS FOUNI                                    | DATION HEAD                        | LTH C       | CENTER 26-0454602                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |              |             |                                              |                                                  |                                                                                                                    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |  |
|                 |                                                                    |                                               | mber if mail is not deli           |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | Room/suite   | e           | В                                            |                                                  |                                                                                                                    |                                                    | ee the instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |  |
| 6186            | WIG                                                                | SEON COURT                                    | Г                                  |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |             |                                              | (614                                             | 1) 79                                                                                                              | 8-48                                               | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |  |
| City or to      | wn                                                                 |                                               |                                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State                         | ZIP code     |             | c                                            | <del></del>                                      |                                                                                                                    |                                                    | pending, check her                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | re ►               |  |
| DUBL            | IN                                                                 |                                               |                                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ОН                            | 43017        |             | D                                            | 1 Foreign                                        | organizati                                                                                                         | ions, ched                                         | k here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ▶                  |  |
| H C             | heck t                                                             | type of organiz                               | ation X Se                         | ction 50    | 1(c)(3) exer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | npt private f                 | oundation    | 1           | 1                                            |                                                  |                                                                                                                    |                                                    | ting the 85% test, o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | check              |  |
|                 | Sec                                                                | tion 4947(a)(1                                | ) nonexempt cha                    | ritable t   | rust 🗌 Otl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | her taxable p                 | orivate fo   | undation    | 1_                                           |                                                  | d attach c                                                                                                         |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |  |
|                 |                                                                    | et value of all ass                           |                                    | J Acc       | counting me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | thod X C                      | ash          | Accrual     | ٦E                                           |                                                  |                                                                                                                    |                                                    | was terminated<br>, check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ►□                 |  |
| (fi             | rom Pa                                                             | rt II, column (c), lır                        | ne 16)                             |             | Other (specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n)                            |              |             | J F                                          |                                                  |                                                                                                                    |                                                    | , check here<br>I-month termination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |  |
| <b>-&gt;</b> \$ |                                                                    | 26                                            | 5,630.                             | (Part I,    | , column (d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ) must be on                  | cash ba      | sis)        | <u>]                                    </u> |                                                  |                                                                                                                    |                                                    | , check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ▶                  |  |
| <b>Partil</b>   | <b>公 Ai</b>                                                        | nalysis of R                                  | evenue and                         |             | (a) Rev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | enue and                      | (h) Ne       | t investm   | ent                                          | (c) A                                            | djusted                                                                                                            | net                                                | (d) Disburse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ments              |  |
|                 |                                                                    |                                               | e total of amount                  |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | per books                     |              | ncome       | Cit                                          |                                                  | income                                                                                                             | 1101                                               | for charita                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |  |
|                 |                                                                    |                                               | and (d) may not<br>mounts in colum |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | ļ            |             |                                              |                                                  |                                                                                                                    |                                                    | purpose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |  |
|                 | (56                                                                | ee the instruction                            | ons).)                             | (u)         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | l            |             |                                              |                                                  |                                                                                                                    |                                                    | (cash basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | orlly)             |  |
|                 | 1                                                                  | Contributions, gifts                          | s, grants, etc, received           | d (att sch) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | .57 <b>,</b> 296.             | - '          | . *         | •                                            | 1. 3.77                                          | ,                                                                                                                  |                                                    | 7.1 K 5.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | * *,               |  |
|                 | 2                                                                  |                                               | foundn is <b>not</b> req to a      |             | - 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6 . 5                         |              |             | . , .                                        | Eggs. 1                                          | ,                                                                                                                  | . <u>, `</u> `-                                    | H Jasty Have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2 72               |  |
|                 | 3                                                                  | Interest on sa-<br>cash investme              | vings and tempo                    | rary        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 13.                           | 1            |             |                                              |                                                  |                                                                                                                    |                                                    | 是"城市"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ٠                  |  |
| ,               | 4                                                                  |                                               | erest from securities              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <del> </del> | <del></del> |                                              | +                                                |                                                                                                                    |                                                    | , 2,5 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7/2                |  |
|                 |                                                                    | Gross rents                                   | orose from societies               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <del> </del> |             |                                              | +                                                |                                                                                                                    |                                                    | 3° 1 2° 1 5° 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | T - 1 - 1          |  |
| ·               | b                                                                  | Net rental income or (loss)                   |                                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 -,                          | 1, 100%      | A           | . , .                                        | 7 3 3                                            | 16 T                                                                                                               | , -tr                                              | 7,11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |  |
| R               | 6a                                                                 |                                               | m sale of assets not o             | n line 10   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | 1 40.        |             | - 1/2                                        | 12.                                              |                                                                                                                    | Y17 11 15                                          | 11272                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1-5                |  |
| E               | b                                                                  | Gross sales price assets on line 6a           | for all                            |             | 1 2 - 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13.1                          |              |             | ٠,٠ ٠,٠                                      | 7.1                                              | ب الآي                                                                                                             | A Sec                                              | Maria A - Michigan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tr Char            |  |
| V<br>E          | 7                                                                  |                                               | come (from Part IV, I              | ne 2)       | المجاساتين                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |              |             |                                              | p. '                                             | ` ' .                                                                                                              |                                                    | Sale of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1.13               |  |
| N               | 8                                                                  | Net short-term                                | n capital gain                     |             | 15.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                             |              |             | :                                            |                                                  |                                                                                                                    |                                                    | With the Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 45.5.61            |  |
| U<br>E          | 9                                                                  | Income modifi                                 | ications                           |             | . ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | ,            | 100         | ا فع مجالة وا                                |                                                  |                                                                                                                    |                                                    | المرازية والمراتبة                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | لي توس تميع وشهو م |  |
| -               | 10 a                                                               | Gross sales less<br>returns and<br>allowances |                                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | J. 17-5                       | \$17.40      |             | ر ا<br>اور کار                               | 特特                                               | الاستان المتعلق<br>الاستان المتعلق |                                                    | <b>医安全型等</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 37.7.73            |  |
|                 | , P                                                                | Less Cost of                                  |                                    | <del></del> | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3                             |              |             | 3 - 23                                       |                                                  | ب در آنو                                                                                                           | <u>  የጨምስት                                    </u> | T 20 1/25/80 10 10 10 10 10 10 10 10 10 10 10 10 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 100g (A)           |  |
|                 |                                                                    | goods sold                                    | ,                                  |             | 14.7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u> </u>                      | <u> </u>     | <u> </u>    | ( و سيد                                      | £43.                                             |                                                                                                                    | · · · ·                                            | 40 % A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3 - 1              |  |
|                 |                                                                    | Gross profit/(loss                            |                                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | -            | ji N.       | `•, ~' 2``;                                  | <u> </u>                                         |                                                                                                                    | -                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4,44               |  |
|                 | 11                                                                 | Other income                                  | (attach schedule                   | ;)          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |             |                                              |                                                  |                                                                                                                    |                                                    | CHEST A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |  |
|                 | 12                                                                 | Total Add line                                | es 1 through 11                    |             | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 57,309.                       |              |             |                                              | <del>                                     </del> |                                                                                                                    |                                                    | E CETTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |  |
|                 | 13                                                                 |                                               | officers, directors, trus          | tees, etc   | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | .577505.                      | <del> </del> |             |                                              | <del>                                     </del> |                                                                                                                    |                                                    | 27 6 241451                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e. 113e 2944       |  |
|                 | 14                                                                 | Other employee sa                             |                                    | ,           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11,120.                       |              |             |                                              |                                                  |                                                                                                                    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.                 |  |
|                 | 15                                                                 | ' '                                           | s, employee bene                   | efits       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | /                             |              |             |                                              |                                                  |                                                                                                                    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |  |
| A               | 16a                                                                | Legal fees (attach                            |                                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |             |                                              |                                                  |                                                                                                                    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |  |
| D               | b                                                                  | Accounting fees (a                            | attach sch)                        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              | REC         | E                                            | AED                                              |                                                                                                                    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |  |
| ï               |                                                                    | Other prof fees (a                            |                                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                   |              | 1           | 1                                            | -                                                | 20°S                                                                                                               |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |  |
| O Î             | 17                                                                 | Interest                                      |                                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | امرا         |             |                                              | 0011                                             | 181                                                                                                                |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |  |
| ĘŤ              | 18                                                                 | Taxes (attach schedule)                       | (see instr.) STATE                 | TAXES       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 95.                           | 150          | MAR         | 2.                                           | 2011                                             | S                                                                                                                  |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.                 |  |
| RRAA            | 19                                                                 | Depreciation (                                |                                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | 1            |             |                                              |                                                  | 一里                                                                                                                 |                                                    | THE PARTY OF THE P | でを発                |  |
|                 | 20                                                                 | sch) and deple                                | etion                              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              | OG          | TE                                           | TU VI                                            | <del>`                                    </del>                                                                   |                                                    | to the little to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 立しい 知知             |  |
| N Ý<br>G E      |                                                                    | Occupancy Travel conference                   | ences,-and-meet                    | inas        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              | UG          |                                              | ,                                                |                                                                                                                    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |  |
| A E             | 22                                                                 | Printing and p                                |                                    | igs         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |             |                                              | -                                                |                                                                                                                    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |  |
| DΡ              | 23                                                                 | • ,                                           | es (attach schedu                  | ıle)        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |             |                                              |                                                  |                                                                                                                    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |  |
| E<br>N          |                                                                    | See Line 23 S                                 | Stmt                               |             | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 45,530.                       |              |             |                                              |                                                  |                                                                                                                    |                                                    | 145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>,530.</u>       |  |
| S               | 24                                                                 | Total operating                               | g and administr                    | ative       | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |              |             |                                              |                                                  | <u> </u>                                                                                                           |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |  |
| š               | 25                                                                 |                                               | d lines 13 throug                  | h 23        | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 56,745.                       | <b></b> ,    | 3000 " 1 =  | 41 64 6                                      | 127 16                                           |                                                                                                                    | e (- +, ·                                          | 145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ,530.              |  |
|                 | 25                                                                 | Contributions, gift                           |                                    |             | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 250.                          |              | [21 ] ~P ]  | . ten                                        | 3. 12 m                                          | विश्व कर्                                                                                                          | 3 45 to 1.                                         | ····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 250.               |  |
|                 | 26                                                                 | Add lines 24 a                                | es and disburser<br>and 25         | nents.      | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 56,995.                       |              |             |                                              |                                                  |                                                                                                                    |                                                    | 1/5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ,780.              |  |
|                 | 27                                                                 |                                               | 26 from line 12:                   |             | F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | JO, 990.                      | . Z.         | A. C.       | 2                                            | 17479460                                         | N. 3.04                                                                                                            | يناء يَّلُم لِي فَرَّ                              | ESTANCE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u></u>            |  |
|                 |                                                                    | Excess of rev                                 | enue over exper                    | ises        | The state of the s | الذاك الإنفيسيتية سناهما بديا |              | 200 1 70    |                                              | 15.76                                            | ره برسر الانتهاء<br>الأسمالية                                                                                      |                                                    | <b>国籍等的</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |  |
|                 |                                                                    | and disburser                                 | nents                              |             | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 314.                          | 10. C. E     | AND PARTY.  |                                              | 1225                                             | 3,7 3 6                                                                                                            | · · · //                                           | は大学され                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 854 - W.E.         |  |
|                 | b                                                                  | Net investment inc                            | come (if negative, ent             | er -0-)     | Carly Tie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | 15 6 6 7     | ()-         | <del></del>                                  | 14.3                                             | 1.4.3                                                                                                              | - 60°                                              | 品質な場合とは                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 124172             |  |
|                 | C                                                                  | Adjusted net incor                            | me (if negative, enter             | -0-)        | · 19 20 16 16 16 16 16 16 16 16 16 16 16 16 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | B. C. 1989.                   | 7. 40.       | 35 F 15     | <b>13</b> 04                                 | 9                                                |                                                                                                                    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 選擇第二5              |  |

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3 3 Other increases not included in line 2 (itemize) 4 26,630. Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 6 26,630. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

| (a) List and descri                                                     | Losses for I ax on Investmen<br>be the kind(s) of property sold (e.g., rouse, or common stock, 200 shares ML              | eal estate.                                  | (b) How acc<br>P — Purch<br>D — Dona | ase   | (c) Date acquired (month, day, year)                                   | (d) Date sold<br>(month, day, year) |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------|-------|------------------------------------------------------------------------|-------------------------------------|
|                                                                         | · · · · · · · · · · · · · · · · · · ·                                                                                     |                                              | D — Dona                             | uon   |                                                                        |                                     |
| b                                                                       |                                                                                                                           |                                              |                                      |       |                                                                        |                                     |
| С                                                                       |                                                                                                                           |                                              |                                      |       |                                                                        |                                     |
| d                                                                       |                                                                                                                           |                                              |                                      |       |                                                                        |                                     |
| е                                                                       |                                                                                                                           |                                              |                                      |       |                                                                        |                                     |
| (e) Gross sales price                                                   | (f) Depreciation allowed (or allowable)                                                                                   | (g) Cost or other bas<br>plus expense of sal |                                      |       | (h) Gain or<br>(e) plus (f) m                                          |                                     |
| a                                                                       |                                                                                                                           |                                              |                                      |       |                                                                        |                                     |
| b                                                                       |                                                                                                                           | <del></del>                                  |                                      |       |                                                                        |                                     |
| С                                                                       |                                                                                                                           | <del></del>                                  |                                      |       |                                                                        |                                     |
| d                                                                       |                                                                                                                           |                                              |                                      |       |                                                                        |                                     |
| e                                                                       |                                                                                                                           |                                              | <u> </u>                             |       | <del></del>                                                            | <del></del>                         |
| (i) Fair Market Value as of 12/31/69                                    | wing gain in column (h) and owned by  (j) Adjusted basis as of 12/31/69                                                   | (k) Excess of column over column (j), if a   |                                      |       | (1) Gains (Colu<br>ain minus column (k<br>an -0-) <b>or</b> Losses (fr | ), but not less                     |
| а                                                                       |                                                                                                                           |                                              |                                      |       |                                                                        | -                                   |
| b                                                                       |                                                                                                                           |                                              |                                      |       |                                                                        |                                     |
| С                                                                       |                                                                                                                           |                                              |                                      |       |                                                                        |                                     |
| d                                                                       |                                                                                                                           |                                              |                                      |       |                                                                        |                                     |
| е                                                                       |                                                                                                                           |                                              |                                      |       |                                                                        |                                     |
| If gain, also enter in Part I, Iir<br>in Part I, Iine 8                 | (loss) as defined in sections 1222(5) and 8, column (c) (see the instructions)                                            | If (loss), enter -0-                         |                                      | 3     |                                                                        |                                     |
| Part V Qualification Under                                              | er Section 4940(e) for Reduce                                                                                             | d Tax on Net Investme                        | ent Inco                             | me    |                                                                        |                                     |
| If 'Yes,' the foundation does not qua                                   | ction 4942 tax on the distributable am<br>alify under section 4940(e) Do not cor<br>in each column for each year, see the | nplete this part                             | <u> </u>                             | es    | Yes                                                                    | No                                  |
| (a)<br>Base period years<br>Calendar year (or tax year<br>beginning in) | (b) Adjusted qualifying distributions                                                                                     | (c)<br>Net value of<br>noncharitable-use ass | sets                                 | (colu | <b>(d)</b><br>Distribution<br>umn (b) divided                          |                                     |
| 2009                                                                    | 66,709.                                                                                                                   |                                              | 0.                                   |       |                                                                        | 0.000000                            |
| 2008                                                                    | 136,556.                                                                                                                  |                                              | 0.                                   |       |                                                                        | 0.000000                            |
| 2007                                                                    | 24,148.                                                                                                                   |                                              |                                      |       |                                                                        |                                     |
| 2006                                                                    |                                                                                                                           |                                              |                                      |       |                                                                        |                                     |
| 2005                                                                    |                                                                                                                           |                                              |                                      |       |                                                                        |                                     |
| 2 Total of line 1, column (d)                                           |                                                                                                                           |                                              |                                      | 2     |                                                                        | 0.000000                            |
| 3 Average distribution ratio for t<br>number of years the foundation    | he 5-year base period – divide the tot<br>on has been in existence if less than 5                                         | al on line 2 by 5, or by the years           |                                      | 3     |                                                                        | 0.000000                            |
| 4_Enter-the-net-value-of-noncha                                         | ritable=use=assets=for=2010=from=Part=)                                                                                   | K, line 5                                    |                                      | 4     |                                                                        | 52,527.                             |
| 5 Multiply line 4 by line 3                                             |                                                                                                                           |                                              |                                      | 5     |                                                                        | 0.                                  |
| 6 Enter 1% of net investment in                                         | come (1% of Part I, line 27b)                                                                                             |                                              |                                      | 6     |                                                                        |                                     |
| 7 Add lines 5 and 6                                                     |                                                                                                                           |                                              |                                      | 7     |                                                                        | 0.                                  |
| 8 Enter qualifying distributions f                                      | rom Part XII, line 4                                                                                                      |                                              | L                                    | 8     | ·                                                                      | 145,780.                            |
| Part VI instructions                                                    | than line 7, check the box in Part VI,                                                                                    | line 1b, and complete that p                 | art using a                          | a 1%  |                                                                        |                                     |
| BAA                                                                     |                                                                                                                           |                                              |                                      |       | Forn                                                                   | n <b>990-PF</b> (2010)              |

| 4 Subtile A (nacome) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0 - 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Forn | 1990-Ph (2010) THE SHOWERS FOUNDATION HEALTH CENTER 26-0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>45460</u> | <u>Z</u>                                | <u> </u>    | 2age 4       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------|-------------|--------------|--|
| Date de rulego of elementation letter   Section 4940(e) requirements in Part V, chack here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Pai  | tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ıe instru    | ctions)                                 |             |              |  |
| b Domestic foundations that meet the section 4940(c) requirements in Part V, check here   1   1   1   2   2   2   2   2   2   2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 a  | Exempt operating foundations described in section 4940(d)(2), check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                         |             |              |  |
| check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      | Date of ruling or determination letter (attach copy of letter if necessary – see instr.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                         |             |              |  |
| c All other domestic foundations enter 2% of time 27b Esembl foreign organizations enter 4% of Part I, Inte 12 column (b)  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0.)  3 Add limes 1 and 2  4 Subtitle 4 (incromes) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0.)  5 Tax based on investment incrome. Subtract line 4 from line 3 if zero or less, enter -0.  6 Credits/Payments:  a 200 estimated tas pints and 200 everypinent credited to 2010  b Exempt foreign organizations — tax withhelds 4 source  c Tax paid with applications for extension of time to file (Form 8868)  6 Exempt foreign organizations — tax withhelds 4 source  c Tax paid with application for extension of time to file (Form 8868)  6 Exempt foreign organizations — tax withhelds 4 source  c Tax paid with application for extension of time to file (Form 8868)  6 Exempt foreign organizations — tax withhelds 4 source  7 Total credits and payments Add lines 6 at through 6d  8 Enter any penalty for underpayment of estimated tax. Check here — If Form 2220 is attached  9 Tax due if the fold if lines 3 and 8, enter the anount owerpaid  10 Verypayment I file 7 is more than the total of lines 5 and 8, enter the anount owerpaid  10 Verypayment I file 7 is more than the total of lines 5 and 8, enter the anount overpaid  10 Verypayment I file 8 is more than the total of lines 5 and 8, enter the anount overpaid  10 Verypayment I file 8 is more than the total of lines 5 and 8, enter the anount overpaid  10 Verypayment I file 8 is more than the total of lines 5 and 8, enter the anount overpaid  10 Verypayment II file 8 is more than the total of lines 5 and 8, enter the anount overpaid  10 Verypayment II file 8 is more than the total of lines 5 and 8, enter the anount overpaid  10 Verypayment II file 8 is more than the total of lines 5 and 8, enter the anount overpaid  10 Verypayment II file 8 is not than line 8, the second of the section of the section of the section of the    | ŀ    | Domestic foundations that meet the section 4940(e) requirements in Part V,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1            |                                         |             |              |  |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable (undations only Others enter -0.) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0.) 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0.) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0. 5 O., 6 Credits/Payments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | check here ► X and enter 1% of Part I, line 27b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -            |                                         | -           | `.`          |  |
| foundations only Others enter -0-) 3 Add lines 1 and 2 4 Subtille A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 5 Tax based on investment income, Subtract line 4 from line 3 If zero or less, enter -0- 6 Cradits/Payments' a 2010 estimated tax pints and 2009 everpayment credited to 2010 b Exempt foreign organizations — tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6 c d Backup withholding erroreously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •    | : All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                         |             | a - , 11     |  |
| foundations only Others enter -0-) 3 Add lines 1 and 2 4 Subtille A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 5 Tax based on investment income, Subtract line 4 from line 3 If zero or less, enter -0- 6 Cradits/Payments' a 2010 estimated tax pints and 2009 everpayment credited to 2010 b Exempt foreign organizations — tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6 c d Backup withholding erroreously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2    | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u></u>      |                                         |             | ا ا          |  |
| 4 Subtile A (nacome) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0 - 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2            |                                         |             |              |  |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0. 6 Credits/Payments: a 2000 estimated by arbit and 2009 overpayment credited to 2010 b Exempt foreign organizations — tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6 althrough 6d 8 Enter any penalty for underpayment of estimated tax. Check here   of Form 2220 is attached 8 Enter any penalty for underpayment of estimated tax. Check here   of Form 2220 is attached 8 Triat any penalty for underpayment of estimated tax. Check here   of Form 2220 is attached 8 Triat with file 1/s are from the total of lines 5 and 8; is more than line 7, enter amount owed 9 Tax due if the total of lines 5 and 8; is more than line 7, enter amount owed 10 Overpayment film 6 /s more than the total of lines 5 and 8; shore than line 7, enter amount owed 11 Einter the amount of line 10 to be. Credited to 2011 estimated tax.   Paid to Pai   | 3    | Add lines 1 and 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3            |                                         |             | <u>0.</u>    |  |
| 6 Crecits/Payments a 2010 estimated tax pints and 2009 overpayment credited to 2010 b Exempt foreign organizations — tax withhelid at source c Tax paid with application for extension of time to file (Form 8869) d Backup withholding erroneously withhelid 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here g Tax due if the total of lines 3 nd 8 is more than line 7, eiter amount owed 9 Tax due if the total of lines 3 nd 8 is more than line 7, eiter amount owed 9 Tax due if the total of lines 3 nd 8 is more than 167, eiter amount owed 10 overpayment. If line 7 is nore than the total of lines 5 and 8, effer the amount overpand 11 Enter the amount of line 10 to be. Credited to 2011 estimated tax.    PairXIII-A   Statements Regarding Activities 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4    | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <del></del>  |                                         |             |              |  |
| a 200 estimated tar pints and 2009 evergament credited to 2010 b Exempt foreign organizations — tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6 at brough 6d 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 the total of lines 5 and 8, enter the amount over 10 Overgament. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be. Credited to 2011 estimated tax  12 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 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?  1b Did it spend more than \$100 during the year ceither directly or indirectly) for political purposes (see the instructions for definition)?  1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  1a 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?  1b List Statements Regarding Activities  1a During the tax year, did the foundation attempt by ear or indirectly) for political purposes  (see the instructions for definition)?  1b List Statements Regarding Activities  1c List Statements Regarding Activities  1c List Statements Regarding Activities  2 Did the foundation in file Form 1120-POL for this year?  1b List Statements Political expenditures (section 4955) imposed during the year  1c) On the foundation in section 120-POL for this year?  2 Has the foundation of the activities  3 Has the foundation of made any changes, not previously reported to th  | 5    | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5            |                                         |             | <u> </u>     |  |
| b Exempt foreign organizations — tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld d Backup withholding erroneously withholding withholdi   |      | · 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ,            |                                         |             |              |  |
| c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax Check here 9 Tax due if the total of lines 5 and 8; more than the 5, enter amount owner 10 Overpayment if line? is more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; more than the total of lines 5 and 8; mo   |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | .:*                                     |             |              |  |
| d Backup withholding erroneously withhold 7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 Total credits and payments Add lines 5a mil 8, enter the amount owed 9 Tax due if the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment if line 7 is more than the total of lines 5 and 8, enter the amount overpad 11 Enter the amount of line 10 be. Credited to 2011 estimated tax.  Refunded 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                         |             | '            |  |
| 7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax Check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | -                                       |             |              |  |
| 8 Enter any penalty for underpayment of estimated tax. Check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _            |                                         |             |              |  |
| 9 Tax flue if the total of lines 5 and 8 is more than line 7, enter amount overpaid 10 Overpayment if line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be. Credited to 2011 estimated tax Refunded 11 Text the amount of line 10 to be. Credited to 2011 estimated tax Refunded 11 Refunded 11 Text the amount of line 10 to be. Credited to 2011 estimated tax Refunded 11 Text the amount of line 10 to be. Credited to 2011 estimated tax Refunded 11 Text the amount of line 10 to be. Credited to 2011 estimated tax Refunded 11 Text the amount of line 10 to be. Credited to 2011 estimated tax Refunded 11 Text the amount of line 10 to be. Credited to 2011 estimated 20   | _    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>  |                                         |             |              |  |
| 10 Overpayment if line? is more than the total of lines 5 and 8, enter the amount or verpaid  11 Einer the amount of line 10 to be. Credited to 2011 estimated tax    Refunded   11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _    | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <del></del>  |                                         |             |              |  |
| Enter the amount of line 10 to be. Credited to 2011 estimated tax   Refunded   Table                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <del></del>  |                                         |             |              |  |
| 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?  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?  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?  d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation \( \cdot \sigma \) S  e Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation \( \cdot \sigma \) S  e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers  2 Has the foundation engaged in any activities that have not previously been reported to the IRS?  If 'Yes,' attach a detailed description of the activities  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  4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?  6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either  8 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?  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  8 a Enter the states to which the foundation furnished a copy of form 990-PF to t |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                         |             |              |  |
| 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?  b Did it spend more than \$100 during the year (either directly) for political purposes (see the instructions for definition)?  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? 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 \$ \$ \$ \$ \$ (2) On foundation managers \$ \$ \$ \$ \$ (2) On foundation managers \$ \$ \$ \$ \$ (2) On foundation managers \$ \$ \$ \$ \$ \$ (2) On foundation managers \$ \$ \$ \$ \$ \$ \$ (3) On foundation managers \$ \$ \$ \$ \$ \$ \$ (2) On foundation managers \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>     |                                         |             |              |  |
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| See the instructions for definition    Ib   X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | 'a                                      |             | _            |  |
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| or distributed by the foundation in connection with the activities  c Did the foundation file Form 1120-POL for this year?  d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | 35230                                   | e , *' ,    | -k' 1.5.     |  |
| c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                         |             |              |  |
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| foundation managers  Abas the foundation engaged in any activities that have not previously been reported to the IRS?  If 'Yes,' attach a detailed description of the activities  Abas 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  Aba Did the foundation have unrelated business gross income of \$1,000 or more during the year?  Ab If 'Yes,' has it filed a tax return on Form 990-T for this year?  By Was there a liquidation, termination, dissolution, or substantial contraction during the year?  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?  By 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  Ba Enter the states to which the foundation reports or with which it is registered (see the instructions)  See States Registered-In  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 of 'If 'No,' attach explanation or Calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV  10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses  10 X                                                                                                                                                                                                                                                                                                                                                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                         |             |              |  |
| 2 X  If 'Yes,' attach a detailed description of the activities  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  4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  4b 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?  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?  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  8a Enter the states to which the foundation reports or with which it is registered (see the instructions)  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 67 If 'No,' attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or 4942(i)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV  9 X  10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses  10 X                                                                                                                                                                                                                                                                                | •    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                         | 34.         | F3 .         |  |
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| 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  4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  4b 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?  6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either  8 By language in the governing instrument, or  8 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?  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  8a Enter the states to which the foundation reports or with which it is registered (see the instructions)  See States Registered-In  b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No, 'attach explanation (or Part XIV) or Ap42(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV  9 Ly Ax  10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | 5.                                      | -           | 5.           |  |
| 4a X 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?  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?  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  8 a Enter the states to which the foundation reports or with which it is registered (see the instructions)  See States Registered-In  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 6° If 'No,' attach explanation  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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV  10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _    | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | 1                                       | 2, 14, 1    | 3 7-3        |  |
| 4a X 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?  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?  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  8 a Enter the states to which the foundation reports or with which it is registered (see the instructions)  See States Registered-In  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 6° If 'No,' attach explanation  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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV  10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3    | of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              | 3                                       |             | X            |  |
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| 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?  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 X  8a Enter the states to which the foundation reports or with which it is registered (see the instructions)  See-States-Registered-In  b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation  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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV  10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5    | Was there a liquidation, termination, dissolution, or substantial contraction during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | 5                                       |             | X            |  |
| <ul> <li>By language in the governing instrument, or</li> <li>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?</li> <li>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</li> <li>Ba Enter the states to which the foundation reports or with which it is registered (see the instructions)</li> <li>See-States-Registered-In</li> <li>b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation</li> <li>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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV</li> <li>Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | If 'Yes,' attach the statement required by General Instruction T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | 7 2                                     |             |              |  |
| <ul> <li>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?</li> <li>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</li> <li>8a Enter the states to which the foundation reports or with which it is registered (see the instructions)</li> <li>See-States-Registered-In</li> <li>b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation</li> <li>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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV</li> <li>9 X</li> <li>Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses</li> <li>10 X</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6    | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                         |             |              |  |
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| 8a Enter the states to which the foundation reports or with which it is registered (see the instructions)  See-States-Registered-In  b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation  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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV  10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | with the state law remain in the governing instrument?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •            | 6                                       |             | X            |  |
| 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 <i>General Instruction G? If 'No,' attach explanation</i> 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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV  10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 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           |              |  |
| 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 <i>General Instruction G? If 'No,' attach explanation</i> 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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV  10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8 a  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                         |             |              |  |
| (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i> 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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i> 10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                         | [. ]        | - <u>.</u>   |  |
| 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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV  10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | b    | If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                         | -,          |              |  |
| for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV  10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses  10 X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | 86                                      | Α.          | -3           |  |
| 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9    | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 49- for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part VIVA2 (6 Very learning of Part VIVA2 (6 Very | 42(j)(5)     | اخـــــــــــــــــــــــــــــــــــــ |             |              |  |
| and addresses 10 X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | 3                                       |             |              |  |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | es           | 10                                      | x           |              |  |
| : Onn 384 11 (2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BAA  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                         |             | (2010)       |  |

|     | 990-PF (2010) THE SHOWERS FOUNDATION HEALTH CENTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 26-            | 045460 | 2            | P                                        | age <b>5</b> |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------|--------------|------------------------------------------|--------------|
| Pär | t.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           |                                          | X            |
| 12  | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |        | 12           |                                          | х            |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address  N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | on application | on?    | 13           | Х                                        | <u> </u>     |
| 14  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | one no         | (330)  | 361          | -067                                     |              |
|     | Located at ► 4635 SW 148TH AVE BEAVERTON OR ZIP + 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |        | - 50+        | ,                                        |              |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — Check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |        |              |                                          | Μ-           |
|     | and enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ►[             | 15     |              | ,                                        | <u> </u>     |
| 16  | At any time during calendar year 2010, did the foundation have an interest in or a signature or other bank, securities, or other financial account in a foreign country?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | authority ov   | er a   | 16           | Yes                                      | No<br>X      |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If 'Yes,' enter the r foreign country ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | name of the    |        |              |                                          | 1            |
| Pâr | t: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 No   | -            |                                          | -            |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a<br>disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes            | X No   | <br>         | * - *<br>*                               |              |
|     | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes            | X No   | 3,           | , ;                                      |              |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes            | X No   | [ *·` ;      |                                          |              |
|     | (5) Transfer any income or assets to a disqualified person (or make any of either available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _              | _      |              | Mary.                                    | F            |
|     | for the benefit or use of a disqualified person)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes            | X No   | ]            | F                                        | . 1          |
|     | (C) Associate and the second of the second o |                |        | -            |                                          | . 1          |
|     | (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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | _      | 21.4<br>22.4 |                                          | . "          |
|     | of government service, if terminating within 90 days.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | . Yes          | X No   | A CALL       | 泛                                        |              |
| ь   | If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in<br>Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instruc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1              |        | 1            |                                          | الكنسة       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |        | 1b           | 634 7                                    | ارة ال       |
|     | Organizations relying on a current notice regarding disaster assistance check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | •              | · 📙    | 2            | 1,1                                      | 34           |
| 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 2010?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1              |        | 76.<br>1c    | 7100                                     | 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 $4942(j)(5)$ )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |        |              | 1 25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1.5          |
| а   | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                | X No   | , = +,       |                                          | '.           |
|     | and 6e, Part XIII) for tax year(s) beginning before 2010?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ∐ Yes          | X No   |              | ]. : [                                   | [4]          |
|     | If 'Yes,' list the years 20, 20, 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |        |              | ٠                                        |              |
| b   | Are there any years listed in 2a for which the foundation is not applying the provisions of section 494.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2(a)(2)        |        |              | v. 1                                     | ·-           |
|     | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942 all years listed, answer 'No' and attach statement — see the instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2(a)(2) to     |        | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |        | -            |                                          |              |
| 3 a | Did the foundation hold more than a 2% direct or indirect interest in any business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _              | _      | [            |                                          | • {          |
|     | enterprise at any time during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes            | X No   | ,            |                                          | -            |
| b   | olf 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | )<br>          |        |              |                                          | -,-          |
|     | <u>or disqualified persons</u> after May 26, 1969, <b>(2)</b> the lapse of the 5-year-period (or-longer period approvible the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ea             |        |              |                                          |              |
|     | (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 2010)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |        | 3b           |                                          |              |
|     | · ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |        | 30           |                                          |              |
| 4 a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |        | 4a           |                                          | х            |
|     | οπαιπαυτό μαιμόσου                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |        |              |                                          |              |
| b   | Did the foundation make any investment in a prior year (but after December 31, 1969) that could                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |        | ] ··         | ٠,٠                                      |              |
|     | jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |        | 4b           |                                          | X            |
| BAA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | Fo     |              | n_PE (                                   | 2010)        |

| Form 990-PF (2010) THE SHOWERS FOUND                                                                                                                                 |                                                      |                                                       | 26-045                                                 | 4602         | Page 6              |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|--------------|---------------------|--|--|--|
| Part VII-B Statements Regarding Activiti                                                                                                                             | es for Which Form                                    | n 4720 May Be Req                                     | uired (continued) _                                    |              | <del></del>         |  |  |  |
| 5a During the year did the foundation pay or incur                                                                                                                   | any amount to                                        |                                                       |                                                        |              | 1.                  |  |  |  |
| (1) Carry on propaganda, or otherwise attempt                                                                                                                        | •                                                    |                                                       | ∐ Yes X                                                | No           | -                   |  |  |  |
| (2) Influence the outcome of any specific publi<br>on, directly or indirectly, any voter registra                                                                    | c election (see section discountrible)               | 4955); or to carry                                    | 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                                                                       | 4940(d)(2)? (see instru                              | ctions)                                               | Yes X                                                  | No           |                     |  |  |  |
| (5) Provide for any purpose other than religiou<br>educational purposes, or for the prevention                                                                       |                                                      |                                                       | Yes X                                                  | No .         |                     |  |  |  |
| b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?                                             | he transactions fail to q<br>a current notice regard | ualify under the exception<br>ing disaster assistance | ons                                                    | 51           | 2                   |  |  |  |
| Organizations relying on a current notice regar                                                                                                                      | ding disaster assistance                             | e check here                                          | ▶ ∐                                                    | - '          |                     |  |  |  |
| c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes No |                                                      |                                                       |                                                        |              |                     |  |  |  |
| If 'Yes,' attach the statement required by Regu                                                                                                                      | lations section 53 4945                              | ·5(d)                                                 |                                                        | İ            | 1.1                 |  |  |  |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes X No                         |                                                      |                                                       |                                                        |              |                     |  |  |  |
| <b>b</b> Did the foundation, during the year, pay premit                                                                                                             | ums, directly or indirectl                           | y, on a personal benefit                              | contract?                                              | 61           | b X                 |  |  |  |
| If 'Yes' to 6b, file Form 8870                                                                                                                                       |                                                      |                                                       |                                                        |              |                     |  |  |  |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No                                                     |                                                      |                                                       |                                                        |              |                     |  |  |  |
| b If yes, did the foundation receive any proceeds  Rart VIII Information About Officers, D                                                                           |                                                      |                                                       |                                                        | 71           | <del></del>         |  |  |  |
| Information About Officers, Dand Contractors                                                                                                                         | irectors, Trustees,                                  | Foundation Manag                                      | gers, nignly Pald b                                    | mpioye       | <b>2</b> 5,         |  |  |  |
| 1 List all officers, directors, trustees, foundation                                                                                                                 | managers and their of                                | omponention (see instru                               | uctions)                                               |              | <del></del>         |  |  |  |
| List all officers, directors, trustees, foundation                                                                                                                   | (b) Title and average                                | (c) Compensation                                      | (d) Contributions to                                   | (a) Eyper    | nse account,        |  |  |  |
| (a) Name and address                                                                                                                                                 | hours per week devoted to position                   | (If not paid, enter -0-)                              | employee benefit<br>plans and deferred<br>compensation |              | llowances           |  |  |  |
| DOROTHY SANDOVAL                                                                                                                                                     |                                                      |                                                       |                                                        |              |                     |  |  |  |
| 1904 WINGED FOOT DRIVE                                                                                                                                               | PRESIDENT                                            | ı                                                     |                                                        |              |                     |  |  |  |
| NIXA MO 65714                                                                                                                                                        | 5.00                                                 | 0.                                                    | 0.                                                     |              | 0.                  |  |  |  |
| ROBERT NOLAN                                                                                                                                                         |                                                      |                                                       |                                                        |              |                     |  |  |  |
| 1904 WINGED FOOT DRIVE                                                                                                                                               | TREASURER                                            |                                                       |                                                        |              |                     |  |  |  |
| NIXA MO 65714                                                                                                                                                        | 5.00                                                 | 0.                                                    | 0.                                                     |              | 0.                  |  |  |  |
| REV GODFRED F OCUN, AJ                                                                                                                                               | 1                                                    |                                                       |                                                        |              |                     |  |  |  |
| 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 employees                                                                                                                        | s (other than those incl                             |                                                       |                                                        | er 'NONE.'   |                     |  |  |  |
| (a) Name and address of each employee                                                                                                                                | (b) Title and average                                | (c) Compensation                                      | (d) Contributions to                                   |              | nse account,        |  |  |  |
| paid more than \$50,000                                                                                                                                              | hours per week devoted to position                   | , ,                                                   | employee benefit<br>plans and deferred<br>compensation | other a      | llowances           |  |  |  |
| NONE                                                                                                                                                                 |                                                      |                                                       | compensation                                           | <del> </del> |                     |  |  |  |
|                                                                                                                                                                      |                                                      |                                                       |                                                        |              |                     |  |  |  |
| 0                                                                                                                                                                    |                                                      |                                                       |                                                        |              |                     |  |  |  |
| <del></del>                                                                                                                                                          |                                                      |                                                       |                                                        |              |                     |  |  |  |
| 0                                                                                                                                                                    |                                                      |                                                       |                                                        |              | · · · · · ·         |  |  |  |
| 0                                                                                                                                                                    |                                                      |                                                       |                                                        |              |                     |  |  |  |
|                                                                                                                                                                      |                                                      |                                                       |                                                        |              |                     |  |  |  |
| 0                                                                                                                                                                    |                                                      |                                                       |                                                        |              |                     |  |  |  |
| Total number of other employees paid over \$50,000                                                                                                                   |                                                      |                                                       | •                                                      |              | None                |  |  |  |
| BAA                                                                                                                                                                  | TEEA0306 0                                           | 7/23/10                                               |                                                        | Form 9       | <b>90-PF</b> (2010) |  |  |  |

Total. Add lines 1 through 3

BAA

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Form 990-PF (2010)

Page 8

| Minimum Investment Return (All domestic foundations must complete this p see instructions.)                                                                                  | art. Foreign foi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | undations,   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 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                                                                                                                            | 1 a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |
| <b>b</b> Average of monthly cash balances                                                                                                                                    | _1b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 53,327.      |
| c Fair market value of all other assets (see instructions)                                                                                                                   | 1 c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |
| d Total (add lines 1a, b, and c)                                                                                                                                             | 1 d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 53,327.      |
| 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                                                                                                                       | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |
| 3 Subtract line 2 from line 1d                                                                                                                                               | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 53,327.      |
| 4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)                                                                   | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 800.         |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4                                                                        | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 52,527.      |
| 6 Minimum investment return. Enter 5% of line 5                                                                                                                              | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2,626.       |
| Part Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private                                                                                          | e operating fou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ndations     |
| and certain foreign organizations check here ► and do not complete                                                                                                           | this part.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |
| 1 Minimum investment return from Part X, line 6                                                                                                                              | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2,626.       |
| 2a Tax on investment income for 2010 from Part VI, line 5                                                                                                                    | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |
| <b>b</b> Income tax for 2010 (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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2,626.       |
| 4 Recoveries of amounts treated as qualifying distributions                                                                                                                  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |
| 5 Add lines 3 and 4                                                                                                                                                          | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2,626.       |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2,626.       |
| PartixIII Qualifying Distributions (see instructions)                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |
|                                                                                                                                                                              | The state of the s | <del> </del> |
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes<br>a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 145,780.     |
| <b>b</b> Program-related investments — total from Part IX-B                                                                                                                  | 1b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                                                                  | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |
|                                                                                                                                                                              | 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |
| 3 Amounts set aside for specific charitable projects that satisfy the<br>a Suitability test (prior IRS approval required)                                                    | 3a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |
| <b>b</b> Cash distribution test (attach the required schedule)                                                                                                               | 3b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |
| 4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4                                                                   | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 145,780.     |
| 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)                        | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4                                                                                                             | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 145,780.     |
| Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w qualifies for the section 4940(e) reduction of tax in those years      | hether the foundat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ion          |

BAA

Form **990-PF** (2010)

Part XIII Undistributed Income (see instructions)

|                                                                 |                               | (a)                                     | (b)            |          | (c)                                   | (d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------|-------------------------------|-----------------------------------------|----------------|----------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                 |                               | Corpus                                  | Years prior to | 2009     | <b>(c)</b><br>2009                    | <b>(d)</b><br>2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 1 Distributable amount for line 7                               | 2010 from Part XI,            | . ,                                     | ,              | •        |                                       | 2,626.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2 Undistributed income, if any, as                              | s of the end of 2010          |                                         | -              |          | ,                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| a Enter amount for 2009 or                                      | nly                           | ٠, ٠                                    | ٠,             | -        | 0.                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>b</b> Total for prior years 20                               | , 20, 20                      | -                                       |                |          | :                                     | F.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 3 Excess distributions carryover,                               | ıf any, to 2010 <sup>.</sup>  |                                         | ١              |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| a From 2005                                                     | 0.                            | ,                                       |                |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>b</b> From 2006                                              | 0.                            | ,                                       |                |          | •                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>c</b> From 2007                                              | 24,148.                       | -                                       | -              |          | ا ج                                   | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>d</b> From 2008                                              | 136,559.                      |                                         |                |          |                                       | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>e</b> From 2009                                              | 66,709.                       |                                         |                |          | •                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| f Total of lines 3a through                                     | · ·                           | 227,416.                                |                |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4 Qualifying distributions for                                  | or 2010 from Part             | -                                       |                |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| XII, line 4 ► \$                                                | 145,780.                      |                                         | •              |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| a Applied to 2009, but not                                      | more than line 2a             |                                         |                |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>b</b> Applied to undistributed in (Election required — see   |                               |                                         |                |          |                                       | `                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| c Treated as distributions of (Election required — see          |                               |                                         |                |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>d</b> Applied to 2010 distributa                             | able amount                   |                                         |                |          |                                       | 2,626.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| e Remaining amount distril                                      | buted out of corpus           | 143,154.                                |                | • ,      | · · · · · · · · · · · · · · · · · · · | And the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 5 Excess distributions carryover a                              |                               | 0.                                      | , .            | ·        |                                       | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (If an amount appears in<br>same amount must be sl              |                               |                                         |                | • •      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| same amount mast be si                                          | ionn in column (a)            | ,                                       |                |          | 4 - 3-15                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6 Enter the net total of each                                   | h column as                   | •                                       | . ,            |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| indicated below:                                                |                               |                                         | , .            |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| a Corpus Add lines 3f, 4c, and 4e                               | e Subtract line 5             | <u>370,570.</u>                         |                | •        | ,                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>b</b> Prior years' undistributed line 4b from line 2b        | I income Subtract             |                                         |                | 0.       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| c Enter the amount of prior<br>ed income for which a no         | r years' undistribut-         |                                         |                |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| has been issued, or on w                                        | hich the section              |                                         |                |          |                                       | The series of th |
| 4942(a) tax has been pre                                        | eviously assessed             | * * * * * * * * * * * * * * * * * * * * |                |          | I Company of the second               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| d Subtract line 6c from line                                    |                               |                                         |                | 0        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| amount - see instruction                                        | 15                            |                                         |                | 0.       | 4 1 2                                 | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| e Undistributed income for 2009<br>line 2a Taxable amount — see |                               | - ' '                                   |                |          | 0.                                    | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 22                                                              |                               |                                         | -              | -        |                                       | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| f Undistributed income for                                      |                               |                                         |                |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4d and 5 from line 1. The distributed in 2011                   | s amount must be              |                                         |                |          | •                                     | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 7 Amounts treated as distri                                     | ibutions out of               |                                         |                |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| corpus to satisfy requiren                                      |                               |                                         |                | :        | • ,                                   | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| by section 170(b)(1)(F) o (see instructions)                    | ir 4942(g)(3)                 |                                         | •              |          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8 Excess distributions carry                                    | vover from 2005 not           |                                         |                | <u> </u> | مشتبست سفينيت                         | الها والمعارض                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| applied on line 5 or line 5                                     | 7 (see instructions)          | 0.                                      | 1              | ,        | and the second                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9 Excess distributions car<br>Subtract lines 7 and 8 fro        | ryover to 2011.<br>om line 6a | 370,570.                                | -t             | ,<br>,   |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10 Analysis of line 9                                           |                               |                                         | :              |          |                                       | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| a Excess from 2006                                              | 0.                            | * .                                     |                |          |                                       | , b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>b</b> Excess from 2007                                       | 24,148.                       | *                                       | · .            | 1        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| c Excess from 2008                                              | 136,559.                      | ·                                       | <u> </u>       |          | ~.;                                   | ا م                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| d Excess from 2009                                              | 66,709.                       |                                         | , '            | ٠.       | 10 E                                  | , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| e Excess from 2010                                              | 143,154.                      |                                         |                | •        | _ : ' · · .                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Form 990-PF (2010) THE SHOWERS FOUN                                                                                                                                               |                       |                           | /ii 'A '              | 26-0454602                              |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------|-----------------------|-----------------------------------------|---------------------------------------|
| Part XIV Private Operating Foundation                                                                                                                                             |                       |                           |                       | <del></del>                             | N/A                                   |
| 1a If the foundation has received a ruling or d is effective for 2010, enter the date of the i                                                                                    | uling                 |                           | _                     |                                         |                                       |
| <b>b</b> Check box to indicate whether the foundation                                                                                                                             |                       | atıng foundatıon des<br>T |                       | 4942(j)(3) or                           | 4942(j)(5)                            |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum                                                                                                         | Tax year              |                           | Prior 3 years         | <del></del>                             |                                       |
| investment return from Part X for each year listed                                                                                                                                | (a) 2010              | <b>(b)</b> 2009           | (c) 2008              | (d) 2007                                | (e) Total                             |
| <b>b</b> 85% of line 2a                                                                                                                                                           |                       |                           |                       |                                         | · · · · · · · · · · · · · · · · · · · |
| c Qualifying distributions from Part XII,<br>line 4 for each year listed                                                                                                          |                       |                           |                       |                                         |                                       |
| d Amounts included in line 2c not used directly<br>for active conduct of exempt activities                                                                                        |                       |                           |                       |                                         |                                       |
| <ul> <li>Qualifying distributions made directly<br/>for active conduct of exempt activities<br/>Subtract line 2d from line 2c</li> </ul>                                          |                       |                           |                       |                                         |                                       |
| 3 Complete 3a, b, or c for the<br>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>b</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                                                                                                                                              | :                     |                           |                       |                                         |                                       |
| <ol> <li>Total support other than gross<br/>investment income (interest,<br/>dividends, rents, payments<br/>on securities loans (section<br/>512(a)(5)), or royalties)</li> </ol> |                       |                           |                       |                                         |                                       |
| • • • •                                                                                                                                                                           |                       |                           |                       |                                         |                                       |
| (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<br>an exempt organization                                                                                                                      |                       |                           |                       |                                         |                                       |
| (4) Gross investment income                                                                                                                                                       |                       |                           |                       |                                         |                                       |
| Part XV Supplementary Information                                                                                                                                                 | (Complete this        | part only if the          | organization h        | ad \$5,000 or mor                       | e in                                  |
| assets at any time during th                                                                                                                                                      |                       | structions.)              |                       | - · · · · · · · · · · · · · · · · · · · |                                       |
| 1 Information Regarding Foundation Manag<br>a List any managers of the foundation who h<br>close of any tax year (but only if they have                                           | ave contributed moi   | e than 2% of the tol      | tal contributions rec | ceived by the foundati                  | on before the                         |
| DAVID SHOWERS                                                                                                                                                                     | contributed more to   | ian \$5,000) (See Se      | scaon 307 (a)(2) )    |                                         |                                       |
| <b>b</b> List any managers of the foundation who o                                                                                                                                | wn 10% or more of     | the stock of a corpo      | ration (or an equal   | ly large portion of the                 | ownership of                          |
| a partnership or other entity) of which the f                                                                                                                                     | oundation has a 10    | % or greater interes      | t                     | in the go portion of the                | owner on                              |
| N/A                                                                                                                                                                               |                       |                           |                       |                                         |                                       |
| 2 Information Regarding Contribution, Gran                                                                                                                                        | t. Gift. Loan. Schola | rship, etc. Program       | is:                   |                                         |                                       |
| Check here X If the foundation only m                                                                                                                                             |                       |                           |                       | and does not accept                     | unsolicited                           |
| requests for funds If the foundation makes complete items 2a, b, c, and d                                                                                                         | gifts, grants, etc, ( | see instructions) to i    | individuals or organ  | nizations under other                   | conditions,                           |
| a The name, address, and telephone number                                                                                                                                         | of the person to wi   | nom applications sho      | ould be addressed     |                                         |                                       |
|                                                                                                                                                                                   |                       |                           |                       |                                         |                                       |
| <b>b</b> The form in which applications should be s                                                                                                                               | ubmitted and inform   | ation and materials       | thou should includ    |                                         |                                       |
| b The form in which applications should be s                                                                                                                                      | ubmitted and inform   | iation and materials      | they should include   | e·                                      |                                       |
| c Any submission deadlines                                                                                                                                                        |                       |                           |                       |                                         |                                       |
| d Any restrictions or limitations on awards, s                                                                                                                                    | uch as by geograph    | ıcal areas, charitabl     | e fields, kinds of in | stitutions, or other fac                | tors                                  |
|                                                                                                                                                                                   |                       |                           |                       |                                         |                                       |
| RAA                                                                                                                                                                               | TEI                   | EA0310 02/16/11           |                       | E/                                      | orm 990-PF (2010)                     |

PartXV\*\* Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or contribution status of **Amount** recipient Name and address (home or business) a Paid during the year NURSE TRAINING **UGANDA** UGANDA AFRICA ОН 0000 NONE 0 NURSE TRAINING 250. 3<u>a</u> 250. Total **b** Approved for future payment  $\blacktriangleright$ Total 3Ь

## Part XVI-A Analysis of Income-Producing Activities

| Ente | r gross amounts unless otherwise indicated                                        | Unrelat                 | ed business income                    | Exclude                                          | d by section 512, 513, or 514 | T                                                        |
|------|-----------------------------------------------------------------------------------|-------------------------|---------------------------------------|--------------------------------------------------|-------------------------------|----------------------------------------------------------|
|      | Program service revenue                                                           | (a)<br>Business<br>code | (b)<br>Amount                         | (c)<br>Exclu-<br>sion<br>code                    | (d)<br>Amount                 | Related or exempt function income (see the instructions) |
|      | a                                                                                 |                         |                                       | Couc                                             |                               | <del>                                     </del>         |
|      | <b></b>                                                                           |                         |                                       |                                                  |                               |                                                          |
| c    |                                                                                   |                         |                                       |                                                  |                               |                                                          |
| c    | i                                                                                 |                         |                                       |                                                  |                               |                                                          |
| €    | ·                                                                                 |                         |                                       |                                                  |                               | <u> </u>                                                 |
| f    |                                                                                   | <u>_</u>                |                                       |                                                  | -                             | <del> </del>                                             |
| _    | Fees and contracts from government agencies                                       |                         |                                       | -                                                |                               | <del> </del>                                             |
| 2    | Membership dues and assessments                                                   |                         |                                       | +                                                |                               | <u> </u>                                                 |
| 3    | Interest on savings and temporary cash investments                                |                         |                                       | +                                                |                               | <del>                                     </del>         |
| 4    | Dividends and interest from securities                                            |                         | `,                                    | <del>                                     </del> | ,                             | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1                 |
| 5    | Net rental income or (loss) from real estate                                      |                         |                                       | <del>                                     </del> |                               | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2                  |
|      | a Debt-financed property  D Not debt-financed property                            |                         |                                       | +                                                | <del> </del>                  | <del>                                     </del>         |
| 6    | Net rental income or (loss) from personal property                                |                         |                                       | +                                                |                               | <del></del>                                              |
| 7    | Other investment income                                                           |                         |                                       | +                                                |                               |                                                          |
| 8    | Gain or (loss) from sales of assets other than inventory                          |                         |                                       | <del>                                     </del> |                               |                                                          |
| 9    | Net income or (loss) from special events                                          |                         |                                       | †                                                |                               | <del> </del>                                             |
| 10   | Gross profit or (loss) from sales of inventory                                    |                         |                                       |                                                  | <del></del>                   | -                                                        |
| 11   | Other revenue                                                                     | S. 2 195                | Project Comments                      |                                                  | h . 3                         | 78 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1                     |
| a    | a                                                                                 |                         |                                       |                                                  |                               |                                                          |
| Ŀ    |                                                                                   |                         |                                       |                                                  |                               |                                                          |
| c    |                                                                                   | Į.                      |                                       |                                                  |                               |                                                          |
| c    | i                                                                                 |                         |                                       |                                                  |                               |                                                          |
| E    |                                                                                   |                         |                                       | 1                                                |                               |                                                          |
|      | Subtotal Add columns (b), (d), and (e)                                            |                         |                                       |                                                  |                               |                                                          |
|      | Total. Add line 12, columns (b), (d), and (e)                                     |                         |                                       |                                                  | 13                            |                                                          |
| (See | worksheet in line 13 instructions to verify calcula                               | tions )                 |                                       |                                                  |                               | <del> </del>                                             |
| Par  | TXVI-B Relationship of Activities to t                                            | he Accomp               | ishment of Exemp                      | ot Purp                                          | oses                          |                                                          |
|      |                                                                                   |                         | · · · · · · · · · · · · · · · · · · · |                                                  |                               |                                                          |
| Lin  | Explain below how each activity for which accomplishment of the foundation's exem | income is repe          | orted in column (e) of F              | Part XVI-                                        | A contributed important       | :ly to the                                               |
|      | accomplishment of the foundation's exem                                           | pr purposes (o          |                                       |                                                  |                               |                                                          |
|      |                                                                                   |                         | <del>-</del>                          | -                                                |                               |                                                          |
|      |                                                                                   |                         |                                       |                                                  |                               | · · · · · · · · · · · · · · · · · · ·                    |
|      |                                                                                   |                         |                                       |                                                  |                               |                                                          |
|      |                                                                                   |                         | ·                                     | •                                                |                               |                                                          |
|      |                                                                                   |                         |                                       |                                                  |                               |                                                          |
|      |                                                                                   |                         |                                       |                                                  |                               |                                                          |
|      |                                                                                   |                         |                                       | <del> </del>                                     |                               |                                                          |
|      |                                                                                   |                         |                                       |                                                  |                               |                                                          |
|      |                                                                                   |                         |                                       |                                                  |                               | <del></del>                                              |
|      |                                                                                   |                         |                                       |                                                  |                               |                                                          |
|      |                                                                                   |                         |                                       | <del></del>                                      |                               |                                                          |
|      |                                                                                   |                         |                                       |                                                  |                               |                                                          |
|      |                                                                                   |                         |                                       |                                                  |                               |                                                          |
|      |                                                                                   |                         |                                       |                                                  |                               |                                                          |
|      |                                                                                   |                         |                                       |                                                  |                               |                                                          |
|      |                                                                                   |                         |                                       |                                                  |                               |                                                          |
|      |                                                                                   |                         |                                       |                                                  |                               |                                                          |
|      |                                                                                   |                         |                                       |                                                  |                               |                                                          |
|      |                                                                                   |                         |                                       |                                                  |                               |                                                          |
|      |                                                                                   |                         |                                       |                                                  |                               |                                                          |
|      |                                                                                   |                         |                                       |                                                  |                               |                                                          |
|      |                                                                                   |                         |                                       |                                                  |                               |                                                          |
|      |                                                                                   |                         |                                       |                                                  |                               |                                                          |
| BAA  |                                                                                   | TEE                     | A0502 02/17/11                        |                                                  |                               | Form <b>990-PF</b> (2010)                                |

Form 990-PF (2010) THE SHOWERS FOUNDATION HEALTH CENTER 26-0454602

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

|                 |                                                     |                        |                                                                                                |                          |                                                  |                                           | -                      | Yes                                    | No       |
|-----------------|-----------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------|-------------------------------------------|------------------------|----------------------------------------|----------|
| 1 Did the       | e organization directly                             | or indirectly enga     | age in any of the following w<br>than section 501(c)(3) orga                                   | ith any oth              | ner organization                                 | 97                                        |                        | .03                                    |          |
| relating        | g to political organizati                           | ions?                  | man section sor(c)(s) orga                                                                     | arnzanoris,              | or in section 52                                 | -7,                                       | ·                      | -                                      | 1        |
|                 |                                                     | foundation to a r      | oncharitable exempt organi                                                                     | zation of                |                                                  |                                           |                        | ئـــــــــــــــــــــــــــــــــــــ |          |
| (1) Ca          |                                                     |                        |                                                                                                |                          |                                                  |                                           | 1 a (1)                |                                        | <u>X</u> |
| • •             | her assets                                          |                        |                                                                                                |                          |                                                  |                                           | 1 a (2)                |                                        | <u>X</u> |
|                 | transactions                                        | -btable                |                                                                                                |                          |                                                  |                                           | 1 h (1)                |                                        | Fatial.  |
|                 | iles of assets to a non-<br>irchases of assets fron | •                      | •                                                                                              |                          |                                                  |                                           | 1b (1)<br>1b (2)       |                                        | X        |
| , ,             | ental of facilities, equip                          |                        |                                                                                                |                          |                                                  |                                           | 1b (3)                 |                                        | X        |
| ` '             | eimbursement arranger                               | •                      | 33013                                                                                          |                          |                                                  |                                           | 1b (4)                 |                                        | X        |
|                 | ans or loan quarantee                               |                        |                                                                                                |                          |                                                  |                                           | 1 b (5)                |                                        | X        |
| <b>(6)</b> Pe   | rformance of services                               | or membership of       | or fundraising solicitations                                                                   |                          |                                                  |                                           | 1 b (6)                |                                        | X        |
| <b>c</b> Sharın | g of facilities, equipme                            | ent, mailing lists,    | other assets, or paid emplo                                                                    | yees                     |                                                  |                                           | 1 c                    |                                        | X        |
| 41645           |                                                     |                        |                                                                                                | . 0-1                    | (le) = leavided edition                          |                                           |                        |                                        |          |
| the go          | ods, other assets, or s                             | ervices given by       | nplete the following schedule<br>the reporting foundation If to<br>vin column (d) the value of | he founda                | tion received les                                | s than fair market v                      | rket value<br>/alue in | Οī                                     |          |
| (a) Line no     | (b) Amount involved                                 | 1                      | oncharitable exempt organization                                                               |                          | <del></del>                                      | sfers, transactions, and                  | sharing arrai          | ngement                                | s        |
|                 |                                                     |                        |                                                                                                |                          |                                                  |                                           |                        |                                        |          |
|                 |                                                     |                        |                                                                                                |                          |                                                  |                                           |                        |                                        |          |
|                 |                                                     |                        |                                                                                                |                          |                                                  |                                           |                        |                                        |          |
|                 |                                                     |                        |                                                                                                |                          |                                                  |                                           |                        |                                        |          |
|                 | <del></del>                                         |                        |                                                                                                |                          | <del></del>                                      |                                           |                        |                                        |          |
|                 |                                                     |                        |                                                                                                |                          |                                                  |                                           |                        |                                        |          |
|                 | <del></del>                                         |                        |                                                                                                |                          | <del></del>                                      | <del> </del>                              |                        |                                        |          |
|                 |                                                     |                        |                                                                                                | <u> </u>                 | <del></del>                                      |                                           |                        |                                        |          |
|                 |                                                     |                        |                                                                                                |                          |                                                  | · · · · · · · · · · · · · · · · · · ·     |                        |                                        |          |
|                 | ····                                                | <u> </u>               |                                                                                                |                          |                                                  |                                           |                        |                                        |          |
|                 |                                                     |                        |                                                                                                |                          |                                                  | <del>"</del>                              |                        |                                        |          |
|                 | ·- ·- ·                                             |                        |                                                                                                |                          |                                                  |                                           |                        |                                        |          |
|                 |                                                     |                        |                                                                                                |                          |                                                  |                                           |                        |                                        |          |
|                 |                                                     |                        |                                                                                                |                          |                                                  |                                           |                        |                                        |          |
|                 |                                                     | <u> </u>               |                                                                                                |                          |                                                  |                                           |                        |                                        |          |
| describ         | oed in section 501(c) o                             | of the Code (other     | d with, or related to, one or than section 501(c)(3)) or                                       | more tax-e<br>in section | exempt organiza<br>527?                          | tions                                     | Yes                    | X                                      | No       |
|                 | ,' complete the following                           | · · · ·                | (h) Type of argonizati                                                                         |                          | 1                                                | Nogoription of role                       | ationship              |                                        |          |
|                 | (a) Name of organizati                              | OH                     | (b) Type of organizati                                                                         | 011                      | <del> </del>                                     | Description of rela                       | attoriship             |                                        |          |
|                 |                                                     |                        |                                                                                                |                          | <del>                                     </del> |                                           |                        |                                        |          |
|                 |                                                     |                        |                                                                                                |                          |                                                  |                                           | <del></del>            |                                        |          |
|                 | -                                                   |                        |                                                                                                |                          |                                                  |                                           |                        |                                        |          |
|                 |                                                     |                        |                                                                                                |                          |                                                  |                                           |                        |                                        |          |
| Unde            | r penalties of perjury, I declar                    | e that I have examine  | d this return, including accompanying taxpayer or fiduciary) is based on                       | schedules a              | ind statements, and t                            | o the best of my knowledges any knowledge | ge and belief,         | it is true                             | <u>,</u> |
| Sign            |                                                     | or proparer (outer the | Transpayor or madelaryy to based on the                                                        |                          | . O When propare                                 | as any kilomougu                          |                        |                                        |          |
| Here            | (loghed)                                            | () um                  |                                                                                                | 13                       | Julzou                                           | · SELRETA                                 | ARY                    |                                        |          |
| <b>      -</b>  | Signature of officer or trustee                     |                        | ·                                                                                              | Date                     | •                                                | Title                                     | <u> </u>               |                                        |          |
|                 | Print/Type preparer's nar                           | ne                     | Preparer's signature                                                                           |                          | Date                                             | Check if if                               | PTIN                   |                                        |          |
| Paid            | STEPHEN A. C                                        | GREEN                  | 1ATh                                                                                           |                          | 3/1/11                                           | self-employed                             |                        |                                        |          |
| Preparer        |                                                     | INKEL GREE             | N & WAN HOKN LLP                                                                               |                          |                                                  | Firm's EIN                                |                        |                                        |          |
| Use Only        | $\frac{1}{3}$                                       | 752 N HIGH             |                                                                                                |                          |                                                  |                                           |                        |                                        |          |
|                 | Thirm's address                                     | OLUMBUS                |                                                                                                | OH 43                    | 3214-3525                                        | Phone no (614                             | ) 261-                 | 1494                                   |          |
| BAA             |                                                     |                        |                                                                                                |                          |                                                  |                                           | Form 99                | 0-PF (                                 | 2010)    |

### 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 1545-0047

2010

Name of the organization Employer identification number THE SHOWERS FOUNDATION HEALTH CENTER 26-0454602 Organization type (check one) Section: Filers of: ) (enter number) organization Form 990 or 990-EZ 501(c)( 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** 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) and 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) BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

| Name of org   | anization                                                              | Employe                           | er identification number                                                        |
|---------------|------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------|
| •             | HOWERS FOUNDATION HEALTH CENTER                                        | 26-0                              | 454602                                                                          |
| Parttl:       | Contributors (see instructions )                                       |                                   |                                                                                 |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution                                                     |
| 1             | DAVE SHOWERS  9939 STRAUSSER ROAD  CANAL FULTON  OH 44614              | \$86,300.                         | Person X Payroll Noncash  (Complete Part II if there is a noncash contribution) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution                                                     |
| 2             | SHOWERS FAMILY FOUNDATION  9939 STRAUSSER ROAD  CANAL FULTON  OH 44614 | \$45,000.                         | Person X Payroll Noncash  (Complete Part II if there is a noncash contribution) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution                                                     |
|               |                                                                        | \$                                | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  |
| (a)<br>Number | (b) Name, address, and ZIP + 4                                         | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution                                                     |
|               |                                                                        | \$                                | Person Payroll Noncash (Complete Part II if there is a noncash contribution)    |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution                                                     |
|               |                                                                        | \$                                | Person Payroll Noncash  (Complete Part II if there is a noncash contribution)   |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution                                                     |
|               |                                                                        | \$                                | Person Payroll Noncash  (Complete Part II if there is a noncash contribution)   |

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 |
|----------------------------------|--------------|-------------|-------------|--------------|
| MATERNITY CONSTRUCTION           | 78,700.      |             |             | 78,700.      |
| SHIPPING CONTAINERS OF MEDICAL S | 1,090.       |             |             | 1,090.       |
| MEDICATIONS                      | 1,000.       | 1           |             | 1,000.       |
| WIRE TRANSFER FEES               | 312.         |             |             | 312.         |
| MEDICAL EQUIPMENT                | 64,400.      |             |             | 64,400.      |
| SUPPLIES                         | 28.          |             |             | 28.          |

Total <u>145,530.</u> <u>145,530.</u>

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

OH - Ohio OR - Oregon

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

| (a)<br>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)<br>Expense<br>account, other<br>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 DAVID SHOWERS                                     | DIRECTOR 2.00                                             | 0.                                        | 0.                                                                    | 0.                                             |
| 9838 STRAUSSER RD  CANAL FULTON OH 44614  Person X Business    RICK H JERIC                                   | DIRECTOR 2.00                                             | 0.                                        | 0.                                                                    | 0.                                             |
| 6186 WIGEON CT DUBLINOH43017_                                                                                 | DIRECTOR2.00                                              |                                           | 0.                                                                    | <u>0.</u> _                                    |

Total

| 0. | 0. | 0. |
|----|----|----|
|    |    |    |