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Form **990-PF**

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

OMB No 1545-0052

2011

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

	endar year 2011, or tax year beginning	, 201	l, and ending	, ,	
	foundation SHOWERS FOUNDATION HEALTH	CENTER		A Employer identification null 26-0454602	mber
	ind street (or P O box number if mail is not delivered to WIGEON COURT	o street address)	Room/suite	B Telephone number (see the (614) 798-48	
City or to			ZIP code		
DUBL			43017	C If exemption application is	pending, check here
G Che	eck all that apply Initial return	Initial Return of a for	mer public charity	D 1 Foreign organizations, che	ck here
	Final return	Amended return		2 Foreign organizations mee	ting the 950/ test check
	Address change	Name change 501(c)(3) exempt private 1	for an alpha p	here and attach computation	on Signification of the control of t
H C	heck type of organization. X Section Section 4947(a)(1) nonexempt charitable			E If private foundation status	was terminated
I Fa		Accounting method X		under section 507(b)(1)(A)	
	rom Part II, column (c), line 16)	Other (specify)		F If the foundation is in a 60	-month termination
► \$		rt I, column (d) must be or	n cash basis)	under section 507(b)(1)(B)	
Part I	Analysis of Revenue and	(a) Revenue and	(b) Net investme	nt (c) Adjusted net	(d) Disbursements
	Expenses (The total of amounts in columns (b), (c), and (d) may not necessity	avnances nor books	income	income	for charitable
	sarily equal the amounts in column (a)				purposes (cash basis only)
	(see instructions)) 1 Contributions, gifts, grants, etc, received (att s	ch) 176,340.		· · · · · · · · · · · · · · · · · · ·	
	2 Ck Inf the foundn is not reg to att Sch			1	
	3 Interest on savings and temporary		 		
	cash investments	7.	ļ		
	4 Dividends and interest from securities 5a Gross rents				
	b Net rental income				
R	or (loss) 6a Net gain/(loss) from sale of assets not on line				,
E	b Gross sales price for all assets on line 6a				
V E	7 Capital gain net income (from Part IV, line 2)	,			,
N	8 Net short-term capital gain	, ,	,		,
U E	9 Income modifications	20			
	10 a Gross sales less returns and allowances		,		٠,٠
	b Less Cost of goods sold				,
	c Gross profit/(loss) (att sch)	· · · · ·		,	,
	11 Other income (attach schedule)				
		176 247			,
	12 Total. Add lines 1 through 1113 Compensation of officers, directors, trustees, et	176,347.			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
А	16a Legal fees cattact (schedule) ED				
D M	b Accounting fees (attach_sch)———— (3)				
Ņ	c Other prof fees (attach sch)				
O I P S E T R R	c Other prof fees (attach sch) 17 Interest MAY 1 1 2012				
	18 Tates (attach schedule)(see instrs)				
A A	sch) and Depelber N, UT		<u> </u>		'
N V G E	20 Occupancy				
_	21 Travel, conferences, and meetings		 		
A E N X D P	22 Printing and publications23 Other expenses (attach schedule)		<u> </u>		
	20 Strot experiess (attach seriedate)				
E N S E S	24 Total operating and administrative				
	expenses. Add lines 13 through 23	190,916.	1.5		190,791
j n	25 Contributions, gifts, grants paid		Tarite it i	<u>(1) </u>	190,/91
	26 Total expenses and disbursements Add lines 24 and 25	190,916.			190,791
; 	27 Subtract line 26 from line 12:	- Like was salling a second	14.	j · · · ·	
0	a Excess of revenue over expenses and disbursements	-14,569.			٠.
<i>)</i>	b Net investment income (if negative, enter 0-)	S	<u> </u>		
y	C Adjusted net income (if negative, enter -0)	7 7 1	er + 3 - 5		

<u> </u>	. 11.	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	of year
Par	CHP	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	26,630.	12,061.	12,061.
	2	Savings and temporary cash investments	•		
	3	Accounts receivable			
		Less allowance for doubtful accounts			70.0 10.0 70.0
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
A		Less allowance for doubtful accounts			
A S E T	8	Inventories for sale or use			
E	9	Prepaid expenses and deferred charges			
S	10 a	a Investments – U.S. and state government obligations (attach schedule)			
	l t	b Investments — corporate stock (attach schedule)			
		c Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule)			_
		`			
		see the instructions. Also, see page 1, item I)	26,630.	12,061.	12,061.
Ļ	17	' '			
Á	18	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
В	19	Deferred revenue			
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons			
ł	21	Mortgages and other notes payable (attach schedule)			
<u>i</u>	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
N F	24	Unrestricted			
N F E U T N	25	Temporarily restricted			
D	26	Permanently restricted			
A B S A L A		Foundations that do not follow SFAS 117, check here xI			
Ĕ L T A	27	Capital stock, trust principal, or current funds		· · · · · · · · · · · · · · · · · · ·	
SNC	28	Paid-in or capital surplus, or land, building, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds	26,630.	12,061.	
ŔŚ	30 31	Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances	26,630. 26,630.	12,061. 12,061.	
Pari	<u> </u>	(see instructions) Analysis of Changes in Net Assets or Fund Balance		12,001.	<u> </u>
	end-	I net assets or fund balances at beginning of year — Part II, colum of-year figure reported on prior year's return)	ın (a), line 30 (must agre	1	26,630.
		ar amount from Part I, line 27a		2	-14,569.
		Increases not included in line 2 (itemize)		3	10.055
		lines 1, 2, and 3		4	12,061.
		ases not included in line 2 (itemize)	Dort II column (IS)	5	10 001
6	rota	I net assets or fund balances at end of year (line 4 minus line 5) -	- mart II, column (b), line	30 6	12,061.

(a) List and descri 2-story brick wareho	(b) How acqu P — Purchas D — Donatio	se (month, day, year)	(d) Date sold (month day, year)		
			D Donatio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gain or (e) plus (f) m	
a					
b					
С					
d					
е					
Complete only for assets show (i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if ar		(I) Gains (Coli gain minus column (I than -0-) or Losses (fr	(), but not less
а					
b					
С					
d					
e					
	(loss) as defined in sections 1222(5) and 8, column (c) (see instructions). If (3	
	er Section 4940(e) for Reduce	d Tay on Not Investme	nt Incom	10	
If 'Yes,' the foundation does not qua	ction 4942 tax on the distributable am alify under section 4940(e) Do not cor in each column for each year, see the	nplete this part	·	Yes	☐ No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets	(d) Distribution (column (b) divided	
2010	145,780.	52	2,527.		2.775335
2009	66,709.		0.		0.000000
2008	136,556.		0.		0.00000
2007	24,148.				
2006				·	
2 Total of line 1, column (d)				2	2.775335
	the 5-year base period – divide the tot on has been in existence if less than 5			3	0.925112
4 Enter the net value of noncha	ritable-use assets for 2011 from Part 2	K, line 5		4	22,295.
5 Multiply line 4 by line 3				5	20,625.
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	20,625.
8 Enter qualifying distributions	from Part XII, line 4			8	190,791.
If line 8 is equal to or greater Part VI instructions	than line 7, check the box in Part VI,	line 1b, and complete that p	art using a	1% tax rate See th	e

Form 990-PF (2011) THE SHOWERS FOUNDATION HEALTH CENTER		045460		F	age 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	– see	instructio	ns)		
1 a Exempt operating foundations described in section 4940(d)(2), check here]				
Date of ruling or determination letter (attach copy of letter if necessary - see instrs)					
b Domestic foundations that meet the section 4940(e) requirements in Part V,	 	1			
check here ► X and enter 1% of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)	J				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				-	
foundations only. Others enter -0-)		2			
3 Add lines 1 and 2		3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -(1-)	4			
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5			0.
6 Credits/Payments					
a 2011 estimated tax pmts and 2010 overpayment credited to 2011		1			
b Exempt foreign organizations – tax withheld at source		1			
c Tax paid with application for extension of time to file (Form 8868)					
d Backup withholding erroneously withheld 7. Table and be appropriate Add larger for through 6d.		· _			
7 Total credits and payments Add lines 6a through 6d		7			
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8			
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		9			0.
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 2012 estimated tax Refunded		10			0.
11 Enter the amount of line 10 to be Credited to 2012 estimated tax Refunded Rart VII-A' Statements Regarding Activities		111	•		
				Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	ıt		1 a	163	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			1 b		х
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materia	ls publ	ished			
or distributed by the foundation in connection with the activities					
c Did the foundation file Form 1120-POL for this year?			1 c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ► \$ (2) On foundation managers ► \$					
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax important	sed or		۱. ا		
foundation managers \$			£_		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
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, a	rticles				
of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	5		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?			4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
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 t 	nat cor	nflict			١
with the state law remain in the governing instrument?			6		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			7	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) See States Registered In					ļ
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>			 8b	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' cor	(3) or 4	1942(j)(5) Part XIV	9	_	х
					1
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing to and addresses	ieir nai	rnes	10	х	1
BAA			Form 99		(2011)

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r ai	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		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		<u>x</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address N/A		:	
14	The books are in care of ► REV GODFRED OCUN Located at ► 4635 SW 148TH AVE BEAVERTON OR ZIP + 4 ► 97007	361	<u>-067</u>	_0
15	Located at ► 4635 SW 148TH AVE BEAVERTON OR ZIP + 4 ► 97007 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			TT -
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the name of the foreign country ▶	,		
Pái	rt 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	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 disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) Yes X No			'
ì	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	 1b		
	Organizations relying on a current notice regarding disaster assistance check here		·	
(c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1 c	2	Х
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 $4942(j)(5)$).			
ā	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2011? Yes X No			
	If 'Yes,' list the years ► 20 , 20 , 20 , 20	ļ		
ŀ	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions)	2 b		
(c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	► 20 , 20 , 20 , 20			
3 8	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			t
l	b If 'Yes,' did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)	3b		
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
ا 	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	 4b		Х
D A A			O DE	

			ATION HEALTH C		26-04	54602	Page 6
Part VII-B Statements Rega	rding	Activiti	<u>ies for Which Forn</u>	<u>1 4720 May Be Req</u>	uired (continued)		····
5a During the year did the founda		•	-				
(1) Carry on propaganda, or o	otherwis	se attemp	t to influence legislation	(section 4945(e))?	∐ Yes X	No	
(2) Influence the outcome of a on, directly or indirectly, a	any spe ny vote	ecific publi er registra	ic election (see section tion drive?	4955), or to carry	Yes X	No	
(3) Provide a grant to an indiv	/idual fo	or travel,	study, or other similar p	ourposes?	☐ Yes X	No	
(4) Provide a grant to an organin section 509(a)(1), (2), (2)	inizatio or (3), c	n other th or section	an a charitable, etc, org 4940(d)(2)? (see instru	ganızatıon described ictions)	Yes X	No	
(5) Provide for any purpose o educational purposes, or f	ther that or the p	an religiou preventior	is, charitable, scientific, n of cruelty to children o	literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1) described in Regulations secti (see instructions)?	-(5), did on 53.4	d any of ti 1945 or in	he transactions fail to q a current notice regard	ualify under the exception ing disaster assistance	ons	_ 5b	
Organizations relying on a cui	rent no	tice regar	ding disaster assistanc	e check here	▶ 🗌		
c If the answer is 'Yes' to questi tax because it maintained exp	on 5a(4 enditur	4), does th e respons	ne foundation claim exe sibility for the grant?	mption from the	Yes	No	
If 'Yes,' attach the statement i	equired	d by Regu	lations section 53 4945	-5(d)			
6a Did the foundation, during the on a personal benefit contract	year, r	eceive an	y funds, directly or indii	rectly, to pay premiums	Yes X	No	
b Did the foundation, during the	year, p	ay premii	ums, directly or indirect	ly, on a personal benefit	contract?	6b	X
If 'Yes' to 6b, file Form 8870 7a At any time during the tax yea		the found	ation a norty to a graphil	utod tov shalter transport	ion? Yes X	No	
b If 'Yes,' did the foundation rec	•		, , ,			7b	-
				Foundation Manag			S.
and Contractors		, -		•	, , <u></u>		,
1 List all officers, directors, tru	stees, f	oundatio	n managers and their c	ompensation (see instru	ıctions).	,	
(a) Name and addres	SS		(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) Expens other all	se account, owances
DOROTHY SANDOVAL					•		
1904 WINGED FOOT DRIV	Ξ		CHAIRPERSON				
		5714	0.25	0.	0.		0.
FATHER GODFRED F OCUN 4635 SW 184TH AVENUE	<u>, AJ</u>		TREASURER/SECRETARY				
	OR 9	7007	5.00	0.	0.		0.
DAVE SHOWERS							
9838 STRAUSSER ROAD	a 4	4614	MEMBER		0		0
		4614	2.00	0.	0.	ļ	0.
See Information about Officers, Direct	<u> </u>	Siees, Eic					
				0.	0.		0.
2 Compensation of five highes			s (other than those incl	uded on line 1- see ins	tructions). If none, ent	er 'NONE.'	
(a) Name and address of each paid more than \$50,0	emplo 00	oyee	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		se account, owances
NONE							
0							
0							
0							
0							
Total number of other employees pa	aid ovei	r \$50,000			•		None
BAA				12/05/11		Form 99	0-PF (2011

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Information About Officers, Directors, Trustees, Foundation Managers and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, e	enter 'NONE '
(a) Name and address of each person paid more than \$50,000 (b) Type of	
NONE (2) The second of the sec	(c) compensation
Total number of others receiving over \$50,000 for professional services	None
	, None
Part X-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the i	number of
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 GRANT FOR TRAINING IN NURSING FOR HEALTH CARE	
	2,820.
2 GRANT FOR TRAINING IN HIV/AIDS COUNSELING	
2 DINANGIAL GUDDODE EO UDALEU GENEDO DOD GUDDITES	350.
3 FINANCIAL SUPPORT TO HEALTH CENTER FOR SUPPLIES, EQUIPMENT AND OTHER SUPPLIES PERTINENT TO THE	
HEALTH CENTER'S OPERATIONS	187,746.
4	107,740.
	
Part B Summary of Program-Related Investments (see instructions)	<u> </u>
Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2 Amount
1	
2	
All albert average validad investments Committee	······
All other program-related investments See instructions 3	
ن	1

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Total. Add lines 1 through 3

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Form 990-PF (2011) THE SHOWERS FOUNDATION HEALTH CENTER	26-045460	2 Page 8
Minimum Investment Return (All domestic foundations must complete this passee instructions.)	art. Foreign fou	ındatıons,
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	<u>-</u> 1a	
b Average of monthly cash balances	1 b	22,635.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	22,635.
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	22,635.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	340.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	22,295.
6 Minimum investment return. Enter 5% of line 5	6	1,115.
Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ▶ ☐ and do not complete this p		
1 Minimum investment return from Part X, line 6	1	1,115.
2a Tax on investment income for 2011 from Part VI, line 5	0.	
b Income tax for 2011 (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	1,115.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	1,115.
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	1,115.
Pant XIII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	190,791.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	····
 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 	3a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	190,791.
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	190,791.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating when qualifies for the section 4940(e) reduction of tax in those years	nether the foundati	on

BAA Form **990-PF** (2011)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
Distributable amount for 2011 from Part XI,				
Ine 7 2 Undistributed income, if any, as of the end of 2011:				1,115.
a Enter amount for 2010 only .			0.	
b Total for prior years 20, 20, 20			0.1	
3 Excess distributions carryover, if any, to 2011				
a From 2006 0.				
b From 2007 24,148.				
c From 2008 136, 559.				
d From 2009 66,709.				
e From 2010 143, 154.				
f Total of lines 3a through e	370 , 570.			
4 Qualifying distributions for 2011 from Part				
XII, line 4 ► \$ 190,791.			-	
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)			:	
 Treated as distributions out of corpus (Election required – see instructions) 				
d Applied to 2011 distributable amount				1,115.
e Remaining amount distributed out of corpus	189,676.			
5 Excess distributions carryover applied to 2011				
(If an amount appears in column (d), the same amount must be shown in column (a))				
.,,				
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	560,246.			1
b Prior years' undistributed income Subtract line 4b from line 2b		0.		,,,
c Enter the amount of prior years' undistributed income for which a notice of deficiency				
has been issued, or on which the section				
4942(a) tax has been previously assessed		······································		
d Subtract line 6c from line 6b Taxable amount – see instructions		0.		
e Undistributed income for 2010 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2012				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	560,246.			
10 Analysis of line 9.				
a Excess from 2007 24,148.				
b Excess from 2008 136,559.				
c Excess from 2009 66, 709.				
d Excess from 2010 143, 154.				
e Excess from 2011 189, 676.				

Form 990-PF (2011) THE SHOWERS FOUN				<u> 26-0454602</u>	Page 10
Part XIV Private Operating Foundate	t ions (see ınstru	uctions and Part	t VII-A, question	9)	N/A
1 a If the foundation has received a ruling or d is effective for 2011, enter the date of the r	uling		•	_	-
b Check box to indicate whether the foundati		ating foundation de:		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	(h) 2010	Prior 3 years	(4) 2000	(a) Takal
investment return from Part X for each year listed	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed	··· · · · · · · · · · · · · · · · · ·				
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					·
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 					
(2) Support from general public and 5 or					
more exempt organizations as provided in section 4942()(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income			<u> </u>	<u> </u>	
Supplementary Information assets at any time during the	(Complete this	part only if the	organization ha	ad \$5,000 or more	e in
		structions.,		·····	
1 Information Regarding Foundation Manag a List any managers of the foundation who h		re than 2% of the to	stal contributions rec	reived by the foundation	on before the
close of any tax year (but only if they have	contributed more th	han \$5,000) (See s	ection 507(d)(2))	cived by the loundation	on before the
DAVID SHOWERS					
ROBERT MAHONEY	1004				
b List any managers of the foundation who o a partnership or other entity) of which the f	wn 10% or more of oundation has a 10	the stock of a corpo	oration (or an equali st	y large portion of the	ownership of
N/A					
2 Information Regarding Contribution, Gran	t, Gift, Loan, Schola	arship, etc, Progran	ns:		
Check here X if the foundation only requests for funds if the foundation makes	nakes contributions gifts, grants, etc, (to preselected char (see instructions) to	itable organizations individuals or orgar	and does not accept nizations under other of	unsolicited conditions,
complete items 2a, b, c, and d a The name, address, and telephone numbe	r of the person to w	hom applications st	nould be addressed		
a The Hame, address, and telephone number	of the person to w	потт аррпсацоть зг	louid be addressed		
b The form in which applications should be s	ubmitted and inforn	nation and materials	s they should include	е	
c Any submission deadlines					
d Any restrictions or limitations on awards, s	uch as by geograph	nical areas, charitab	ele fields, kinds of in	stitutions, or other fac	tors
					000 DE (0011)

Part XV | 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 status of recipient Amount contribution Name and address (home or business) a Paid during the year NURSING HEALTH CARE TRAINING TRAINING **UGANDA** NURSING STAFF UGANDA AFRICA OH 0000 NONE NONE IN HEALTH CARE 2,820. TRAINING NURSING NURSING HIV/AIDS COUNSELING TRAINING **UGANDA** STAFF IN HIV/AIDS NONE OH 0000 NONE COUNSELING 350. UGANDA AFRICA SUPPORT FOR HEALTH CENTER MEDICAL/HEALTH CENTER EQUIPMENT, SUPPLIES **UGANDA** UGANDA AFRICA OH 0000 NONE NONE AND OTHER EXPENSES 187,746. 190,916. Total b Approved for future payment

3ь

Total

Part:XVI Analysis of Income-Producing Activities

	T		1		
er gross amounts unless otherwise indicated		ed business income		y section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(c) Exclu-	(d) Amount	Related or exemp function income
	code	rinounc	sion	7 11110 2111	(See instructions)
Program service revenue			code		
a					
b					
c					
d					
ee					
i					
g Fees and contracts from government agencies				·	
Membership dues and assessments					
Interest on savings and temporary cash investments			41	7.	
Dividends and interest from securities					
Net rental income or (loss) from real estate					
a Debt-financed property			<u> </u>		
b Not debt-financed property .					······································
Net rental income or (loss) from personal property			1 1		
Other investment income			+		
Gain or (loss) from sales of assets other than inventory			+ +		
· · · · · · · · · · · · · · · · · · ·	-				
Net income or (loss) from special events			+ +		······································
Gross profit or (loss) from sales of inventory		·	 		
Other revenue					
a					
b					
c					
			1 1		
d					
d e					
d				7.	
d e				7. 13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated.	tions)			13	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	tions)	shment of Exem	pt Purpos	13	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula it.XVI-B Relationship of Activities to the	tions)			13 <u>.</u>	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula	tions)			13 <u>.</u>	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula it.XVI-B Relationship of Activities to the	tions)			13 <u>.</u>	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula it.XVI-B Relationship of Activities to the	tions)			13 <u>.</u>	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula it.XVI-B Relationship of Activities to the	tions)			13 <u>.</u>	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula T.XVI-B Relationship of Activities to the	tions)			13 <u>.</u>	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula T.XVI-B Relationship of Activities to the	tions)			13 <u>.</u>	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula	tions)			13 <u>.</u>	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula	tions)			13 <u>.</u>	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula T.XVI-B Relationship of Activities to the	tions)			13 <u>.</u>	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula	tions)			13 <u>.</u>	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula T.XVI-B Relationship of Activities to the	tions)			13 <u>.</u>	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula	tions)			13 <u>.</u>	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula	tions)			13 <u>.</u>	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula TXVI-B Relationship of Activities to the	tions)			13 <u>.</u>	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula TXVI-B Relationship of Activities to the	tions)			13 <u>.</u>	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula	tions)			13 <u>.</u>	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula	tions)			13 <u>.</u>	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula	tions)			13 <u>.</u>	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula T.XVI-B Relationship of Activities to the	tions)			13 <u>.</u>	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula	tions)			13 <u>.</u>	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula T.XVI-B Relationship of Activities to the	tions)			13 <u>.</u>	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula it.XVI-B Relationship of Activities to the	tions)			13 <u>.</u>	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula it.XVI-B Relationship of Activities to the	tions)			13 <u>.</u>	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula it.XVI-B Relationship of Activities to the	tions)			13 <u>.</u>	

Form 990-PF (2011) THE SHOWERS FOUNDATION HEALTH CENTER 26-0454602 Part-XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

									i i	Yes	No
1 D	d the o	rganization direct	ly or indirectly ei	ngage in any c	of the following	with any of	her organization	17			
re	escribed Hating to	l in section 501(c o political organiz) of the Code (of ations?	ner than section	on 501(c)(3) or	ganizations	b) or in section 52	27,	·		- (
	-	from the reporting		a noncharitabl	e exempt orga	nization of					
) Cash	•	.5 .00		o onompt or go				1a (1)	1	х
•	•	r assets							1a (2)		<u>x</u>
•	•	nsactions.							14 (2)		
		of assets to a no	ancharitable ever	mnt organizati	on				1 h (1)		v
•	•	nases of assets fr							1b(1)		<u>X</u>
•	•			,	garrization				1b (2)		<u>X</u>
•	-	al of facilities, equ	•	assets					1 b (3)		<u>X</u>
•	•	bursement arrang	-						1b (4)		<u>X</u>
•	•	s or loan guarant							1 b (5)		<u>X</u>
•	•	rmance of service		•	•				1 b (6)		<u>X</u>
c 51	naring o	of facilities, equip	ment, mailing lis	ts, other asset	s, or paid emp	loyees			1 c		<u>X</u>
d If	the ans	wer to any of the	above is 'Yes.'	complete the fo	ollowing sched	ule Column	(b) should alway	vs show the fai	ır market value	of	
th	e goods	s, other assets, or	r services given i	by the reportin	a foundation I	f the founda	ation received les	s than fair ma	rket value in		
		action or sharing									
(a) Line	по	(b) Amount involved	(c) Name	of noncharitable e	xempt organization		d) Description of tran	isters, transactions	s, and sharing arrar	gement	<u>s</u>
											
							·				
											
											
				<u> </u>							
							,				
2 a lc	the fou	ndation directly o	r indirectly affilia	ated with or re	lated to one o	r more tay.	evernt organiza	tions			
Za is	escribed	l in section 501(c	of the Code (ot	her than section	on 501(c)(3)) o	r in section	527?	tions	Yes	Х	No
b If	'Yes,' c	omplete the follow	wing schedule							_	
		Name of organiz		(b) Ty	pe of organiza	ition	(0) Description (of relationship		
						.,					
		-									
	Under pe	nalties of perjury, I decard complete Declarat	clare that I have exam	nined this return, in	cluding accompany	ing schedules	and statements, and to	o the best of my kn	owledge and belief,	t is true	
	correct, a	and complete Declarat	ion of preparer (other	than taxpayer) is t	pased on all informa	ation of which p	oreparer has any know	vledge			
Sign		11,001	$\Lambda \Lambda \Lambda \Lambda $		1-1717		Contra		May the I this return	RS disci n with th	uss e
Here	-	000471	14 1. Om		15/7/20		Secretar	<u>Y</u>	preparer (see insti	shown b uctions <u>)</u>	elow
	Signati	ure of officer or trustee	· · · · · · · · · · · · · · · · · · ·	T _	Date		Title			Yes	No
		Print/Type preparer's	name	Prepare	s signature		Date /	Check	PTIN		
Paid		STEPHEN A.	GREEN		7//		13/12	self-employe	d		
Prepa	rer	Firm's name		EEN 🕢 VAN	HORN LLE		//	Firm's EIN ►	_		
Use O		Firm's address	3752 N HI	GH/ST]			
	,		COLUMBUS	(OH 4:	3214-3525	Phone no (614) 261-	1494	
BAA			·						Form 99	0-PF (2011)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization	Employer identification number				
THE SHOWERS FOUNDATION HEALTH	26-0454602				
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization				
Form 990-PF	X 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 Gen Note. Only a section 501(c)(7), (8), or (10) organ	neral Rule or a Special Rule nization can check boxes for both the General Rule and a Sp	ecial Rule See instructions			
General Rule X For an organization filing Form 990, 990-EZ, contributor (Complete Parts I and II)	or 990-PF that received, during the year, \$5,000 or more (in	ı money or property) from any one			
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) organizatotal contributions of more than \$1,000 for us the prevention of cruelty to children or animal	tion filing Form 990 or 990-EZ that received from any one cose exclusively for religious, charitable, scientific, literary, or eals Complete Parts I, II, and III	ontributor, during the year, educational purposes, or			
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 <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> 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 its Form 990; or check the box on line H of its Form 990-EZ or on Part I, 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 990EZ, or 990-PF.	the Instructions for Form 990, Schedule B	(Form 990, 990-EZ, or 990-PF) (2011			

Page

1 of

1 of Part 1

Name of organization Employer identification number THE SHOWERS FOUNDATION HEALTH CENTER 26-0454602 Part | Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (c) Number Name, address, and ZIP + 4 Total Type of contribution contributions SHOWERS FAMILY FOUNDATION Person 1 **Pavroll** 9838 STRAUSSER ROAD 86,800. Noncash (Complete Part II if there CANAL FULTON is a noncash contribution) (d) (a) (b) (c) Number Name, address, and ZIP + 4 Total Type of contribution contributions Х 2 Person THE CLEVELAND CLINIC **Payroll** 40,000. 9500 EUCLID AVENUE Noncash (Complete Part II if there CLEVELAND OH 44195 is a noncash contribution) (b) (d) (a) (c) Total Number Name, address, and ZIP + 4 Type of contribution contributions 3 ROBERT MAHONEY Person **Pavroll** 21,949. 3781 NW BANFF DRIVE___ Noncash (Complete Part II if there PORTLAND OR 97229 is a noncash contribution) (b) (a) (c) (d) **Total** Type of contribution Number Name, address, and ZIP + 4 contributions DAVE SHOWERS Person Payroli 9838 STRAUSSER ROAD 13,800. Noncash (Complete Part II if there CANAL FULTON is a noncash contribution) (a) (b) (c) (d) **Total** Name, address, and ZIP + 4 Type of contribution Number contributions Person **Payroll** Noncash (Complete Part II if there is a noncash contribution) (d) (a) (b) (c) Total contributions Type of contribution Number Name, address, and ZIP + 4 Person **Payroll**

Noncash

(Complete Part II if there is a noncash contribution)

Page

1 to

of Part II

1

Employer identification number

THE SHOWERS FOUNDATION HEALTH CENTER

26-0454602

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	HOSPITAL BEDS AND MATTRESSES; ANASTHESIA		
2	MACHINES; DIALYSIS MACHINES; AND OTHER		
	HOSPITAL AND MEDICAL SUPPLIES AND		
	EQUIPMENT	\$ 40,000	. Various
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
F		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

THE SHOWERS FOUNDATION HEA	LTH CENTER	26-0454602						
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) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances				
Person X Business ROBERT MAHONEY 3781 NW BANFF DRIVE PORTLAND OR 97229 Person X Business I	MEMBER 2.00	0.	0.	0.				
JAMIE SHOWERS 9838 STRAUSSER ROAD CANAL FULTON OH 44614 Person X Business	<u>MEMBER</u>	0.	0.	0.				
RICK JERIC 6186 WIGEON COURT DUBLIN OH 43017 Person X Business		0.	0.	0.				

Total