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Form **990-P**F

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

OMB No 1545-0052

2014

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

Open to Public Inspection

		anuary 1 ,2014,	, and ending Dec	cember 31 , 2014	_
Name of fo				A Employer identification number	
	SHOWERS FOUNDATION HEALTH CEN		Room/suite	26-0454602 B Telephone number (see instructions)	_
	and street (or P O box number if mail is not delivered to street add	uress)	Room/suite	Telephone number (see instructions) (614) 798-4830	
City or tow	WIGEON COURT wn, state or province, country, and ZIP or foreign postal code			(014) /38-4030	_
DUBL		OH	43017	C If exemption application is pending, check here . ►	1
	eck all that apply Initial return	Initial return of a forme			_
U 0	Final return	Amended return		D 1 Foreign organizations, check here	┛
	Address change	Name change		2 Foreign organizations meeting the 85% test, check	_
H Che		c)(3) exempt private fou	undation	here and attach computation	╛
	Section 4947(a)(1) nonexempt charitable trust		rivate foundation	E If private foundation status was terminated	
I Fair		ounting method X C		under section 507(b)(1)(A), check here ▶	1
(fron	Co. 4.11 - a t	Other (specify)	asii	E Mithe foundation is in a CO month township.	_
⊢ ş		column (d) must be on c	ash hasis T	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here -	7
Part I	<u>, +=/::::</u> ,				_
		(a) Revenue and expenses per books	(b) Net investment income	t (c) Adjusted net (d) Disbursements income for charitable	
	columns (b), (c), and (d) may not neces-	expenses per books	moonic	purposes	
	sarily equal the amounts in column (a) (see instructions))			(cash basis only)	
	1 Contributions, grifts, grants, etc, received (attach schedule)	66,209.			۰,
	2 Ck If the foundn is not required to attach Sch B	30,203.			ij
					٦
	3 Interest on savings and temporary cash investments				_!
	4 Drydends and interest from securities				_;
	b Net rental income				_
_	or (loss) · · · ·				-
R E	6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all	a t	1		-
V	assets on line 6a · · ·	, ,	1		
E N	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain				-
ΰ	9 Income modifications			JEOGNIED !	-
E	10 a Gross sales less returns and	 		RECEIVED	٦
	allowances	"			_
	b Less Cost of goods sold	No.	் ம	ADD 2 9 2015 191	
	C Gross profit or (loss) (attach schedule)		မ္တ	102	
	11 Other income (attach schedule)		1		
2015	40 Total Addison different 44	66,209.		OGUEN, UI	_
욳	12 Total. Add lines 1 through 11	00,209.			
9	14 Other employee salaries and wages				_
Õ	15 Pension plans, employee benefits				_
> ^	16 a Legal fees (attach schedule)				_
	b Accounting fees (attach sch)				_
ï	c Other prof fees (attach sch)		· · · ·		_
	17 Interest		-		_
S ∠E. T	18 Taxes (attach schedule)(see instrs) STATE .TAXES.	100.	-	0. 0. 0	
CONTRACT->E	19 Depreciation (attach				_
6	sch) and depletion	<u>-</u>			
CN Y	20 Occupancy		 		_
_	22 Printing and publications	200.		0. 0. 0	_
A E N X D P	23 Other expenses (attach schedule)	200.		<u> </u>	<u> </u>
E	See Line 23 Stmt	450.	_	0. 0. 0	
S	24 Total operating and administrative				_
E S	expenses Add lines 13 through 23 · · · · · ·	750.	٠, ١	0. 0. 0	
	25 Contributions, gifts, grants paid	96,800.	, , ,	96,800	-
	26 Total expenses and disbursements. Add lines 24 and 25 · · · · · · · · · · · ·	97,550.		0. 96,800	
	27 Subtract line 26 from line 12:	51,330.		0. 90,800	÷
	a Excess of revenue over expenses				
	and disbursements	-31,341.			_
	b Net investment income (if negative, enter -0-)			0.	_
	C Adjusted net Income (if negative, enter -0-)			0.	_

Attached schedules and amounts in the description End of year Beginning of year Part II Balance Sheets column should be for end-of-year amounts only (See instructions) (a) Book Value (b) Book Value (c) Fair Market Value 53,237 21,896 21,896. Savings and temporary cash investments Accounts receivable Less allowance for doubtful accounts Pledges receivable...... Less allowance for doubtful accounts Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . Other notes and loans receivable (attach sch) . > ASSETS Less allowance for doubtful accounts Prepaid expenses and deferred charges . . . 10 a Investments - U.S and state government obligations (attach schedule) **b** Investments — corporate stock (attach schedule) c Investments - corporate bonds (attach schedule) . . . Investments - land, buildings, and equipment: basis . Less: accumulated depreciation 12 Investments - mortgage loans 13 Investments - other (attach schedule) . . 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) 15 Other assets (describe Total assets (to be completed by all filers see the instructions. Also, see page 1, item I). . 21,896. 21,896. 53,237 Accounts payable and accrued expenses. 18 Grants payable......... AB ٠, 19 20 Loans from officers, directors, trustees, & other disqualified persons Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe Е s 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 E U T N 25 Temporarily restricted N D ASSET Foundations that do not follow SFAS 117, check here . > В and complete lines 27 through 31. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 53,237. 21,896 R S Total net assets or fund balances (see instructions) 53,237. 21,896 Total liabilities and net assets/fund balances 53,237. (see instructions)........... 21,896 Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with 53,237. 2 -31,341. 3 Other increases not included in line 2 (itemize) 4 21,896. 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 21,896.

 (a) List and describ 	d Losses for Tax on Investmen be the kind(s) of property sold (e.g., real se, or common stock, 200 shares MLC (estate, (b	How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a			· - · · · ·		
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) mi	
a					
b			1		
С		<u> </u>			_
d					
e					
Complete only for assets show	wing gain in column (h) and owned by the	foundation on 12/31/69		(I) Gains (Co	lumo (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (ı) over column (j), ıf any		ain minus column (k an -0-) or Losses (fr), but not less
a	-	 			
b			- -		.
d				•	
e			<u> </u>	-	
2 Capital gain net income or (ne	et capital loss) If gain, also e	enter in Part I, line 7 r -0- in Part I, line 7	2		
3 Net short-term capital gain or	(loss) as defined in sections 1222(5) and	(6)			•
If gain, also enter in Part I, line	e 8, column (c) (see instructions). If (loss), enter -0-	3		
	ler Section 4940(e) for Reduce		nt Income	<u> </u>	
	ction 4942 tax on the distributable amour		od?	Yes	No
	in each column for each year, see the in	<u>'</u>	entries.		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ımn (b) divided b	
2013	33,550.	21	978.		1.52652
2012	39,200.		352.		2.731327
2011	190,791.		295.		8.557569
2010	145,780.		527.		2.775335
2009		52,			
2009	66,709.		0.	1	0.000000
2 Total of line 1, column (d) .			2		15.590758
	he 5-year base period — divide the total of				
	on has been in existence if less than 5 year		3		3.118152
4 Enter the net value of nonchar	ritable-use assets for 2014 from Part X, li	ne 5	4		33,339
5 Multiply line 4 by line 3			5		103,956
6 Enter 1% of net investment in	come (1% of Part I, line 27b)		6		0
7 Add lines 5 and 6			-		
			7		103,956
8 Enter qualifying distributions for	rom Part XII, line 4				103,956 96,800

26-0454602	26	- 0	4 6	54	6	0	2
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Par	t.VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruc	tions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.				
	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,				0.
	check here . ► and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				
	foundations only. Others enter -0-)				0.
3	Add lines 1 and 2				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4				0.
5	Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0	*			0.
6	Credits/Payments:				
	2014 estimated tax pmts and 2013 overpayment credited to 2014				
	Exempt foreign organizations — tax withheld at source				
	: Tax paid with application for extension of time to file (Form 8868) 6 c				
_	I Backup withholding erroneously withheld				-
7	Total ordate and paymonter reasonable and an experience of the paymonter reasonable and the paymonter r				
8	Zinor any portany for an adolpsyment of definition and the control of the control				
9	Tax due: If the total of lines 5 and 6 is more than line 7, cities amount owed				0.
10	Overpayment, if the 7 3 more than the total of three 3 and 0, enter the amount overpaid				<u> </u>
11 Dor	Enter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax Parameter the amount of line 10 to be: Credited to 2015 estimated tax				
			T	Yes	No
1 a	i 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?	}	1 a	163	X
_		1			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		1ь		Х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ı	Ť		
	or distributed by the foundation in connection with the activities.				
c	Did the foundation file Form 1120-POL for this year?		1 c		Х
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation > \$ (2) On foundation managers > \$			((
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$		-	(Miles	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	- 31	×
-	If 'Yes,' attach a detailed description of the activities	1			
_	· · · · · · · · · · · · · · · · · · ·				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a		Х
	of 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	If 'Yes,' attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict				
	with the state law remain in the governing instrument?	٠	6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If Yes,' complete Part II, column (c), and Part XV	[7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)	.			
	See States Registered In	.			
b	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	-			
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation	· · ·	8 b	X	ļ
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 2014 or the taxable year beginning in 2014 (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	لنن	10	<u> X</u>	L

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Form	1990-PF (2014) THE SHOWERS FOUNDATION HEALTH CENTER 26-04546	02	P	age 5
	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		Х
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		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	. 13	Х	
	Website address · · · · · · · · · · · · · · · N/A	_ 		
14	Website address	<u> 361</u>	<u>-067</u>	0
	Located at 4615 SW 148TH AVE BEAVERTON OR ZIP + 4 97078 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	_		-
13	and enter the amount of tax-exempt interest received or accrued during the year		•	
16	At any time during calendar year 2014, 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 FinCEN Form 114, (formerly TD F 90-22 1). If 'Yes,' enter the name of the foreign country			
Par	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			L.,
ı aı	File Form 4720 if any Item is checked in the 'Yes' column, unless an exception applies.	Τ-	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 XNo			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	-		,
	(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			
	(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)?			
	(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)			
t	olf 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		1	
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 2014?	. 1c	_ 好	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		=	
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?			
	If 'Yes,' list the years ► 20 , 20 , 20			
t	The Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions.)	. 2b		
c	of 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 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
t	o If 'Yes,' did it have excess business holdings in 2014 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 2014)	. 3b		,
4 a	a Did the foundation invest during the year any amount in a manner that would jeopardize its			
	charitable purposes?	. 4a		X
t	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 2014?	4 b		X
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Part VII-B Statements Regarding Activiti									
5 a During the year did the foundation pay or incur a		1-11-20 may 20 mag	41.04/		\neg				
(1) Carry on propaganda, or otherwise attempt to	•	ection 4945(e))?	· · · · Yes X	No					
(2) Influence the outcome of any specific public election (see section 4955), or to carry									
on, directly or indirectly, any voter registration drive?									
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions).	a charitable, etc, organi	zation described	···· Yes X	No					
(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes X No								
described in Regulations section 53 4945 or in a	b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?								
Organizations relying on a current notice regarding									
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib	foundation claim exempt	tion from the	· · · · Yes	No	ļ				
If 'Yes,' attach the statement required by Regulat									
6 a Did the foundation, during the year, receive any f on a personal benefit contract?				No Ch]				
b Did the foundation, during the year, pay premium	is, directly or indirectly, o	n a personal benefit con	tract?	6 b	<u>X</u>				
If 'Yes' to 6b, file Form 8870.		l tour de altae teamanation 2		No.					
7 a At any time during the tax year, was the foundation	•								
b if 'Yes,' did the foundation receive any proceeds					—				
Part VIII Information About Officers, Diand Contractors	rectors, i rustees,	Foundation Manag	gers, nigniy Paid i	imployees,					
1 List all officers, directors, trustees, foundatio		ompensation (see inst	ructions).	<u> </u>					
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account other allowances					
DOROTHY SANDOVAL			· · · · · · · · · · · · · · · · · · ·						
1904 WINGED FOOT DRIVE NIXA MO 65714	CHAIRPERSON 0.25	0.	0.	, (0.				
FATHER GODFRED F OCUN, AJ 4615 SW 148TH AVENUE	TREASURER/SECRETARY								
BEAVERTON OR 97078	5.00	0.	0.	(0.				
DAVE SHOWERS									
	MEMBER								
CANAL FULTON OH 44614	2.00	0.	0.	(0.				
See Information about Officers, Directors, Trustees, Etc.									
		0.	0.	(0.				
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1 - see ir	nstructions). If none, e	nter 'NONE.'					
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense accoun other allowances					
NONE									
					_				
	· ·								
					—				
Total number of other employees paid over \$50,000 .			·	Noi	ne				
RAA	TEFA0306 06/			Form 990-PF (201					

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Part VIII Information About Officers, Directors, Trustees, Foundation Mana and Contractors (continued)	gers, Highly Paid Employees,	
3 Five highest-paid independent contractors for professional services (see instructions). If n	one, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type	pe of service (c) Compensat	ion
NONE		
Total number of others receiving over \$50,000 for professional services		None
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as torganizations and other beneficianes served, conferences convened, research papers produced, etc.	he number of Expenses	
1 FINANCIAL SUPPORT TO HEALTH CENTER FOR SUPPLIES,		
EQUIPMENT AND TRAINING PERTINENT TO THE		200
HEALTH CENTER'S OPERATIONS 2	96,8	300.
*		
		
3		
<u> </u>		
"		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lir	es 1 and 2 Amount	
1		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		
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r;ar	see instructions.)	jii ioui	idations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes Average monthly fair market value of securities	1 a	
	Average of monthly cash balances	1 b	22 047
	Fair market value of all other assets (see instructions)	1 c	33,847.
	Total (add lines 1a, b, and c)	1 d	22.047
		10	33,847.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)	2	
	Acquisition indebtedness applicable to line 1 assets		
3	Subtract line 2 from line 1d	3	33,847.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	508.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	33,339.
6	Minimum Investment return. Enter 5% of line 5	6	1,667.
Par	TXI™ Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here □ and do not complete this part.)	found	ations
1	Minimum investment return from Part X, line 6	1	1,667.
2 a	Tax on investment income for 2014 from Part VI, line 5		· · ·
t	Income tax for 2014. (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2 c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,667.
4	Recoveries of amounts treated as qualifying distributions	4	2,00,1
5	Add lines 3 and 4	5	1,667.
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	1,667.
Par	t XII. Qualifying Distributions (see instructions)	<u></u>	
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	96,800.
t	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3 a	
t	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	96,800.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	96,800.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for qualifies for the section 4940(e) reduction of tax in those years.	ındatıor	1
BAA			Form 990-PF (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				1,667.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for pnor years 20 , 20 , 20				
3 Excess distributions carryover, if any, to 2014				
· · · · · · · · · · · · · · · · · · ·				
a From 2009 66,709 b From 2010 143,154				
c From 2011				
d From 2012	- 1			
e From 2013	_			
f Total of lines 3a through e	472,289.			
4 Qualifying distributions for 2014 from Part				
XII, line 4: \$ 96,800.				
a Applied to 2013, but not more than line 2a	•			
b Applied to undistributed income of prior years (Election required – see instructions)	•			
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2014 distributable amount				
e Remaining amount distributed out of corpus .	96,800.			
5 Excess distributions carryover applied to 2014	. 1,667.			1,667.
(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	567,422.			
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 2013. Subtract line 4a from				,
line 2a Taxable amount — see instructions	•		0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	65,042.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a		-		
10 Analysis of line 9.	302,330.			
a Excess from 2010 143,154				
b Excess from 2011				
© Excess from 2012	_	,		
	–			
33,333	- 1			
e Excess from 2014 96,800	· I	<u> </u>		

Form 990-PF (2014) THE SHOWERS FOUND	DATION HEALT	H CENTER		26-045460	2 Page 10
PartXIV Private Operating Foundat					N/A
1 a If the foundation has received a ruling or dete is effective for 2014, enter the date of the ruli	ermination letter tha	at it is a private opera	iting foundation, and	the ruling	
b Check box to indicate whether the foundation	i is a private operat	ting foundation descr	bed in section	4942(j)(3) or	4942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
b 85% of line 2a					
© Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test – enter					
(1) Value of all assets					
' section 4942(j)(3)(B)(i) b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X,		-		<u> </u>	
line 6 for each year listed			 		
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
PartXV Supplementary Information	(Complete this	s part only if the	foundation ha	d \$5,000 or more	e in
assets at any time during th		nstructions.)			
a List any managers of the foundation who have coose of any tax year (but only if they have co	e contributed more			ed by the foundation (pefore the
b List any managers of the foundation who own a partnership or other entity) of which the foundation	n 10% or more of the ndation has a 10%	ne stock of a corpora or greater interest	tion (or an equally la	rge portion of the own	nership of
2 Information Regarding Contribution, Gran Check here X if the foundation only ma requests for funds. If the foundation makes g complete items 2a, b, c, and d	kes contributions to	o preselected charita e instructions) to indi	ble organizations ar viduals or organizati	ons under other cond	solicited itions,
a The name, address, and telephone number of	or e-mail address of	f the person to whom	applications should	l be addressed:	
b The form in which applications should be sub	mitted and informa	tion and materials th	ey should include		
c Any submission deadlines:		.		 	
d Any restrictions or limitations on awards, suc	h as by geographic	al areas, chantable f	ields, kınds of institu	itions, or other factors	
BAA	ті	EEA0310 06/17/14			Form 990-PF (2014)

Form 990-PF (2014) THE SHOWERS FOUNDATION HEALTH CENTER Part Supplementary Information (continued)

a Pad during the year SUPPORT FOR HEALTH CENTER UGANDA UGANDA AFRICA OH 0000 NONE NONE CENTER Total Total	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Pad during the year SUPPORT FOR HEALTH CENTER UGANDA UGANDA AFRICA OH 0000 NONE NONE CENTER Total Total	Name and address (home or business)	substantial contributor	recipient		
b Approved for future payment	SUPPORT FOR HEALTH CENTER UGANDA			THE HEALTH	96,800.
b Approved for future payment					
b Approved for future payment					
b Approved for future payment	Takal		<u> </u>		3 06 000
			1	3	a 96,800.
Total	7.441				

Part XVI-A Analysis of Income-Producing Activities

Enter o	ross amounts unless otherwise indicated.	Unrelate	d business income	Excluded	by section 512, 513, or 514	
	Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions.)
а						
b_		·				
c -						
ď						
e						
f						
g F	ees and contracts from government agencies					
2 1	Membership dues and assessments		-			
3 li	nterest on savings and temporary cash investments					
4 [Dividends and interest from securities					
5 N	let rental income or (loss) from real estate					
аC	Pebt-financed property					
Þ١	lot debt-financed property	-	- ·			
	let rental income or (loss) from personal property					
	Other investment income					
8 6	iain or (loss) from sales of assets other than inventory					
9 1	let income or (loss) from special events			1 1		
	Gross profit or (loss) from sales of inventory	· · · · · ·				
	Other revenue					
а						<u> </u>
ь [_]						
c -						
ď		,	<u> </u>			<u> </u>
e -						
12 3	Subtotal Add columns (b), (d), and (e)			Ì		
13 1	otal. Add line 12, columns (b), (d), and (e)				13	
	orksheet in line 13 instructions to verify calculations				-	
			linkwant of Even	nt Durin		
Рап	XVI-B Relationship of Activities to the	Accomp	iisnment of Exem	preurpo)Ses	
Line	No. Explain below how each activity for which inco accomplishment of the foundation's exempt put	me is report	ed in column (e) of Part	XVI-A cor	tributed importantly to t	he
	accomplishment of the foundation's exempt pu	urposes (othe	er than by providing fun	ds for such	n purposes). (See instru	ctions.)
						
						
				_		<u></u>
						·

Form 990-PF (2014) THE SHOWERS FOUNDATION HEALTH CENTER 26-0454602 Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

										Yes	No
1 Di	d the o	rganization directly d in section 501(c)	y or indirectly eng	age in any of the f	following with any	other or	ganization				
		o political organiza		er man section 50	r(C)(S) Organizati	0115) 01 11	1 5000011 527,				
	- 0	from the reporting		noncharitable exe	mnt organization	of					i i
			-		· •				1 a (1)		X
											_
- '	•								1 a (2)		X
b Other transactions:											
(1) Sales of assets to a noncharitable exempt organization											X
(2)) Purc	hases of assets fro	om a noncharitabl	le exempt organiza	ation				1 b (2)		X
(3)) Rent	al of facilities, equi	ipment, or other a	assets				1 b (3)		X	
(4) Reim	nbursement arrang	ements						1 b (4)		Х
(5) Loan	ns or loan quarante	es						1 b (5)		X
(5) Loans or loan guarantees										Х	
									1 c		X
U 31	ianng (or racillies, equipm	ient, mainig iists,	Other assets, or p	ald elliployees.						
d If	the ans	wer to any of the a	above is 'Yes ' co	mplete the following	na schedule. Coli	ımn (b) s	should always sh	now the fair market	value of		
the	e aood	s other assets or	services given by	the reporting four	ndation. If the fou	ındatıon i	received less tha	an fair market value	in		
ar	y trans	saction or sharing a	arrangement, sho	w in column (d) th	e value of the go						
(a) Line	no.	(b) Amount involved	(c) Name	of noncharitable exem	pt organization	(d)	Description of trans	sfers, transactions, and	sharing arran	gement	<u> </u>
											
	_										
									<u> </u>		
			-				<u></u>				
									_		
					N-						
	-										
	-										
											
							-				
2 a ls	the for	undation directly or	ndirectly affiliate	d with or related t	to one or more to	ax-exemi	ot organizations		_	_	
de	scribe	d in section 501(c)	of the Code (other	er than section 50	1(c)(3)) or in sect	tion 527?	· • • • • • • • •		Yes	s x	No
		complete the follow							ш		
	(a)	Name of organiza	ıtion	(b) Type	of organization		(c) Description of rela	tionship		
	(-,	, , , , , , , , , , , , , , , , , , ,	-	(-, -, -, -			\ <u>-</u>	,	<u> </u>		
											
	-										
				<u></u>							
	Under p	enalties of perjury, I decl and complete Declaration	are that I have examine	ed this return, including a	accompanying schedu	les and state	ements and to the be	est of my knowledge and b	elief, it is true,		
Sign	CONTECT,	and complete Declaration	. Preparer (other th	an taxpayer, is based or	r an imormation or write	cii piopaioi	nas any knowledge		May the	IRS discu	188
Here		1 without	1 λ		و المالي	-	Sacrila.	1-10000	this retur	n with the	e
nere		W69/109,	1. 0m		4 21 2015		secretary	Treasurer	preparer (see inst	snown b (uctions)	2
	Signa	ture of officer of trustee	<u>/</u>		Date	Tri	tie			Yes	No
		Print/Type preparer's r	name	Prepare s s	ignature		Date	Check If	PTIN		
Paid		Stephen A.	Green	141	/_		14/3/15	self-employed	P01079	5955	
				TIPNI C 1773	ODN IID		14.		•		
Prepa		Firm's name	WINKEL GRI	υ	ORN LLP			1 1 1 3 1 - 4	442423		
Use O	nly	Firm's address	3752 N HI	JH ST							
		<u> </u>	COLUMBUS			OH 43	214-3525	Phone no (614) 261-		
BAA									Form 99	0-PF (2014)

Schedule B

(Form 990, 990-EZ, or 990-PF) .

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2014

Employer Identification number

THE SHOWERS FOUNDATION HEALTH	CENTER	26-0454602			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ					
	4947(a)(1) nonexempt charitable trust not treated as a priv	ate foundation			
	527 political organization				
	— F				
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 Gene	ral Rule or a Special Rule				
Note. Only a section 501(c)(7), (8), or (10) organize	ation can check boxes for both the General Rule and a Special	Rule. See instructions			
General Rule					
X For an organization filing Form 990, 990-EZ, o	r 990-PF that received, during the year, contributions totaling \$5 Parts I and II. See instructions for determining a contributor's tot	5,000 or more (in money or			
property) from any one contributor. Complete t	ats Faild II. Dee instituctions for determining a contributor 5 tot	ar contributions.			
Consider Bullet					
Special Rules	c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support tes	et of the regulations			
under sections 509(a)(1) and 170(b)(1)(A)(vi).	that checked Schedule A (Form 990 or 990-EZ), Part II, line 13,	, 16a, or 16b, and that			
received from any one contributor, during the y Form 990, Part VIII, line 1h, or (ii) Form 990-E.	year, total contributions of the greater of (1) \$5,000 or (2) 2% of Z, line 1. Complete Parts I and II.	the amount on (I)			
_	•				
For an organization described in section 501(c	;)(7), (8), or (10) filing Form 990 or 990-EZ that received from an n \$1,000 exclusively for religious, charitable, scientific, literary,	ny one contributor, or educational			
purposes, or for the prevention of cruelty to ch	ildren or animals Complete Parts I, II, and III.	or cadoditorial			
_					
For an organization described in section 501(c	(7), (8), or (10) filing Form 990 or 990-EZ that received from ar	y one contributor,			
	eligious, charitable, etc., purposes, but no such contributions total				
	otal contributions that were received during the year for an exclu- of the parts unless the General Rule applies to this organization				
	etc , contributions totaling \$5,000 or more during the year				
Caution: An organization that is not covered by the	e General Rule and/or the Special Rules does not file Schedule , of its Form 990, or check the box on line H of its Form 990-EZ	B (Form 990, 990-EZ, or or on its Form 990-PF			
Part I, line 2, to certify that it does not meet the filing	ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				
BAA For Paperwork Reduction Act Notice, see	the Instructions for Form 990, 990EZ, Schedule B	(Form 990, 990-EZ, or 990-PF) (2014)			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

	B (Form 990, 990-EZ, or 990-PF) (2014)	Page	1 of 1 of Part
Name of org		1 ' *	r Identification number
	Contributors (assessment) Health CENTER		154602
(a)	Contributors (see instructions). Use duplicate copies of Part I if additional space (b)	(c) Total	(d) Type of contribution
Number	Name, address, and ZIP + 4	contributions	Type of contribution
1	SHOWERS FAMILY FOUNDATION		Person X
	9838 STRAUSSER ROAD	\$29,200.	Noncash
	CANAL FULTON OH 44614		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARGARET A. HEINECK		Person X Payroll
	4764 SW 172ND AVENUE	\$ <u>22,265.</u>	Noncash
	BEAVERTON OR 97007		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		ie.	Person Payroll

(Complete Part II for noncash contributions)

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
POSTAGE AND SHIPPING	0.	0.	0.	0.
BANK FEES	450.	0.	0.	0.
Total	450	0.	0.	0.

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	MEMBER 2.00	0.	0.	0.
Person . X Business . RICK JERIC 6186 WIGEON COURT DUBLIN OH 43017 Person . X Business .	MEMBER 2.00	0.	0.	0.

Total

0.	0.	0.